Art. II—Répertoire général d'Anatomie et de Physiologie Pathologiques, et de Clinique Chirurgicale, &c. Repertory of Pathological Anatomy and Physiology, and of Clinical Surgery; or, Collection of Essays and Observations in Anatomy and Physiology, considered in relation to the Tissues in a state of Health and in a state of Disease. Vol. i. No. 1. Paris, 1826. First number of a Quarterly Periodical, edited by Gilbert Breschet, Professor of the Faculty of Paris.

It would appear as if almost every medical man in Paris, who has a name at all, must also have a Journal to edit. But, whatever may be the cause which has given birth to that of Professor Breschet, there is every reason to anticipate a most cordial reception of it by the medical public. For the present number is unquestionably one of the most interesting collections of purely medical memoirs, that have appeared of late from the periodical press of Europe; and on account of the station which its editor holds as Professor of the Faculty of Paris, and Surgeon of the Hotel-Dieu, as well as the wide extent of his professional connections, and the eminence of the individuals who are to support him, we do not doubt that the future numbers will also justify the high expectations we entertain. As the best mode of enabling our readers to judge whether the character we have given is merited, we shall proceed to give a brief abstract of some of the chief papers now before us. These are nine in number, 1. A report of the Academy of Sciences on the Barcelona Fever, founded on a general view of all the works that have been written on both sides, regarding the question of its contagiousness. 2. On a new species of extra-uterine pregnancy, by M. Breschet. 3. On Kirronose or icteric coloration of the internal organs in new born children, by Professor Lobstein of Strasbourg. 4. On the anatomical characters of Chronic gastritis, by M. Andral. 5. On certain pathological states of the subcutaneous, submucous and subserous cellular tissue, by M. Dalmas. 6. On a congenital malformation of the membranes of the heart, by M. Breschet. 7. Anatomical and physiological remarks on the connections of the placenta with the uterus, on the vascular communications between them, and the mode of circulation of the fluids, by M. Lauth of Strasbourg. 8. A methodical retrospect of the transactions of the Surgical Clinique of the Hotel-Dieu, by M. Hipp. Royer-Collard. 9. Bibliographie—Programme of the prize-question of the Royal Academy of Medicine to be decided in 1828.*

* See Medical Intelligence of our present number.
The first paper we shall select is a copy of a report delivered in November last to the Academy of Sciences by Portal, Duméril, Chaussier, and Dupuytren, on a memoir of Dr Costa, and a notice by him and Dr Lasserre regarding the mode of Propagation of Yellow Fever, and the system adopted by the French Government to check its progress at Barcelona in 1821. It is of course impossible to analyze this paper, which is worthy both of the individuals who drew it up, and of the body who ordered its publication. But as it winds up the investigations which have been made on the epidemic of Barcelona, and bears intrinsic marks of the most careful and dispassionate inquiry into the whole facts and arguments regarding the much-contested question of its contagiousness, we shall relate the chief general results at which the reporters have arrived, together with a few important facts, whose authenticity was disputed by Costa and the other anti-contagionists, but has been established by the reporters of the academy.

Dupuytren and his fellow reporters have inferred from the whole of the inquiry, that the sole result of the researches and discussions, which have hitherto taken place on the mode of propagation of the yellow fever, has been to illustrate some points in its history, and to point out the fallacy of the facts on which the contending opinions of the two sects of physicians are founded; that they are far from deciding whether the disease is contagious or not; that this question, of such vital importance to commerce, civil policy, and humanity, cannot be determined by reference to such observations and experiments, as those to which the attention of the different authors and practitioners, who have studied the subject, has hitherto been confined; that therefore it is necessary for any one, who may hereafter undertake to investigate and decide the question, to search for new criterions, or at least to be more careful in fixing the conditions and collateral circumstances, under which the old criterions are again resorted to. With these opinions we believe every impartial inquirer will readily concur. Every one will have his peculiar conviction of the relative force of the arguments advanced on both sides, and frame accordingly a presumptive opinion on one side or the other; but we hardly think that any one, whose opinion is not already biassed, can now take up the Barcelona controversy, examine it from beginning to end, and say that he can form a positive opinion on either side.

It is therefore an object well worthy of the deepest consideration of all those who have interested themselves publicly in the controversy, and we will add, an incumbent duty on the various European maritime governments on the one hand, and of their medical corporations on the other, to endeavour to ascertain at the present moment what new observations and experiments
should be made, by which, in the event of the disease re-ap- 
pearing, the question of its mode of propagation may be set at 
rest for ever. The previous determination of an experimentum 
crucis, in the fixing of which the conjunct opinions of se-
veral of the most eminent men in medicine may be consulted, is, 
we are sure, perfectly practicable; and will decide the question 
far sooner, and much more satisfactorily, than the accidental ob-
servations and isolated researches of persons, who, to say the 
least, can hardly ever be men of acknowledged authority, and 
not unfrequently are quite unfit for the task they undertake.

The Parisian reporters have gone pretty fully into the gene-
ral method of investigation, which should be recommended to 
future inquirers; and have very properly insisted on the facts, 
which may be adduced in evidence, being more faithfully ac-
companied with a complete account of all collateral circumstan-
ces; as, without a knowledge of these circumstances, it is quite 
impossible to deduce safe conclusions. But they have not de-
scended to particulars, by stating what facts they think might 
be received as satisfactory evidence; — a point, indeed, which 
would have led them into details inconsistent with the general 
character of the Academy Reports.

Meanwhile, they insist on the continuance of rigorous qua-
rantine, and sanitary blockade, whenever yellow fever shall re-
appear,—suggesting, at the same time, several valuable and 
obvious improvements on the system pursued at Barcelona. 
The two chief alterations are, first, the abolition of quarantine 
on board-ship, so far as regards the crew, together with the sub-
stitution of lazarettos on land; and, secondly, the extension of 
the blockading circle, or, we may suggest, (as being often more 
practicable, and calculated to remove the population farther from 
the focus of disease,) the establishment of a diverticulum, or 
secondary blockade. These improvements are proper in either 
view of the question of contagion.

The particular facts, whose authenticity the commission of 
the Institute investigated, are the following. 1. Costa and the 
other anticontagionists deny that yellow fever prevailed at the 
port of Havanah, and other places whence the vessels proceeded, 
which were supposed to have imported the disease into Barcelona. 
2. They affirm, that two of these vessels, before reaching Barce-
lona, landed, one of them twenty-four of her crew at Cadiz, and 
the other two men at Carthagena, and nevertheless without in-
troducing yellow fever into either of these cities. 3. They deny 
that the Barcelona fever could have proceeded from the West 
India vessels, for it did not break out till thirty-three days af-
ter their arrival in the port; it appeared to proceed not from 
them, but in reality from a Neapolitan vessel, which had not
visited the West Indies, and had been in port for three months; and, besides, a fever of the same type prevailed here and there throughout Barcelona and Barcelonetta long before the epidemic attracted notice. 4. They deny that the disease propagated itself to the adjacent cities and villages of Catalonia, although upwards of 60,000 inhabitants fled from the supposed pestilence, and scattered themselves over the country. 5. They deny, in the last place, that any of the inhabitants escaped by secluding themselves and their families.

Before stating the result of the inquiries of the Parisian reporters on these statements, we must remark, that, even if they were all true, they would not prove that the disease was not contagious. We have not space at present to unfold our reasons for this opinion. But it must be obvious that the three first objections would affect the question but very remotely; that the last furnishes but presumptive evidence, even if the collateral circumstances were detailed far more precisely than they have been; and it would not be difficult to prove that even the fourth, although a strong argument, is not the experimentum crucis we desire, so long as the circumstances are left out under which the people from the diseased district reached the healthy districts, as well as those under which the people in the healthy districts received and communicated with them.

But let us hear the reporters. 1. The yellow fever did prevail at the Havanah when the suspected vessels left it. Some of the Barcelona physicians received information from incontestable authority, that several masters of vessels, while at the Havanah, lost so many men by a disease possessing the characters of yellow fever, that they had to embark almost an entirely new crew, and that they lost others during their passage. 2. The yellow fever did appear at Cadiz after the Havanah fleet anchored in the bay; and the unanimous opinion of the physicians and municipality was, that it appeared first at that part of the bay where the vessels lay, and spread thence over the other places it attacked. No information could be procured as to the truth of the statement, that two men were landed at Carthagena from a certain vessel; but intelligence was received from the French consul there, that another vessel was prevented from being admitted to pratique by the expostulations of a midnight mob, that it was carried to the Lazaretto of Port Mahon, and that four of the workmen and health-officers, who were sent on board, were attacked with yellow fever and died. 3. The first of the vessels which was suspected arrived at Barcelona on the 29th of June. On the 19th of July a man was taken ill in a vessel which had not been in the West Indies. The chief communica-
tion, however, between the West India ships and the inhabitants did not take place till the Festival of the Constitution, on the 15th July; and towards the end of the month many of the inhabitants were taken ill. These facts were established by the inquiries of the Supreme Junta of Catalonia. 4. Many of the towns and villages of Catalonia were really visited by the disease. The reporters ascertained on unquestionable authority, that its ravages extended to eight towns in that province, and four beyond it.

5. At least some people did escape by seclusion. About 300 fishermen, who lived apart from the rest of the population, in the harbour itself, and close to the place where the whole filth of the city is collected, had only five cases of disease among them during the epidemic, and not one of these was yellow fever.

So much for the authenticity of the facts of the contagionists, which are called in question by their adversaries. The result of the inquiry into them may give presumptive evidence of the value attachable to the other statements of the non-contagionists. But, while we thus express our perfect conviction, that their facts are most of them false, and their arguments all of them pointless, we must, in concluding, recur again to our former assertion, that the adherents of the opinion in favour of contagion have hitherto brought forward nothing but presumption on their side; and there we leave the question.

The next article we shall select is a paper by the editor, Professor Breschet, entitled "On a New Species of Extra-uterine Pregnancy," together with a report on it, drawn up at the request of the Academy of Sciences, by Geoffroy-Saint-Hilaire.

The species of extra-uterine pregnancy which the author describes, consists in the development of the foetus in the substance of the uterus itself; and he therefore proposes to denominate it Graviditas in uteri substantia, or GraviditasInterstitialis. He has related seven cases, three of which had been published before, namely, one by Professor Schmidt of Vienna, in the Austrian Medico-Chirurgical Observations for 1802, another by Hedrich, a German physician, in Horn's Archiv for 1817, and a third under the mistaken title of Rupture of the uterus during Simple Pregnancy, in a pamphlet, of which, with singular forbearance, he declines mentioning either the title or the author. The other cases either occurred to himself and his friends, or were presented to him by Professor Mayer of Bonn from the anatomical museum and manuscripts of the late Dr Albers of Bremen.

The cases are all very like each other in most particulars. The anomaly consists in the passage of the impregnated ovum into the substance of the uterus, and its gradual developement
The part of the organ, in which this takes place, is always near one of the angles at the entrance of the Fallopian tubes; but the tubes themselves do not concur in the formation of the anomalous cavity. The cavity does not contain any membrane, like the membrana decidua; but the foetus is deposited in its own membranes, and these are in immediate contact with the tissue of the uterus. It is not only in the region of the foetal pouch that the uterus is enlarged and thickened; the whole of it seems to undergo the usual changes after impregnation,—its whole parietes are very much thickened—the veins are every where greatly enlarged—the natural cavity itself is augmented in size—and it is always lined with a membrana decidua, of looser consistence, however, and more silky texture than in natural pregnancy. The canal of the Fallopian tubes is generally obliterated; but, in one instance, the tube of the side where the embryo was, could be traced through a part of the substance of the foetal pouch into the uterus. In one instance, the woman appears to have reached the eighth month of pregnancy; but, in all the rest, death took place in the course of the third, in consequence of rupture of the foetal pouch into the general cavity, and profuse internal hemorrhage. The symptoms preceding death were the usual signs of laceration of the organs of the belly, followed by those of acute peritonitis; and they commonly proved fatal within a day.

The author has proposed various explanations of the mode in which the foetus comes into this extraordinary situation, but is disposed, in the end, to reject them all as insufficient to explain the facts, or as taking too much for granted, and, therefore, too hypothetical. The explanations he mentions are, first, that the cases he describes are nothing else than the development of one foetus within another; secondly, that the impregnated ovum, in passing along the Fallopian tube, had slipped between the uterus and peritonæum; thirdly, that the uterus had originally a transverse partition, with an aperture, which became closed after impregnation; fourthly, that the ovum, in descending along the Fallopian tube, found its embouchure into the uterus closed; that inflammation and ulceration ensued; and that, in consequence, the ovum gradually made a passage for itself into the tissue of the parietes, where it is found; fifthly, that, in passing along the tube, it got entangled in the dilated mouth of one of the uterine veins, which open into the canal of the tube near its termination on the inner surface of the womb; that it expanded the little sinus into which it got entangled, and was then gradually pushed into the substance of the uterine parietes by the peristaltic action of the tube; and, sixthly, that the uterus was divided longitudinally, as in some of the
lower animals, and sometimes in the human species; and that the ovum, arriving in one of the cavities and distending it, gave the membranous partition a movement round itself till it became transverse.

He shows that none of these suppositions are altogether compatible with the facts of the cases, but, on the whole, leans to the fifth as the most plausible. One thing is certain, namely, that the foetus is surrounded on every side by the proper parietal tissue of the womb, and that, consequently, it does not lie, as some have thought, betwixt the uterus and peritonæum.

The view which Geoffroy-Saint-Hilaire has taken is analogous to that which the author is disposed to prefer; but he has explained it more fully. He avers, that, in every instance of extra-uterine pregnancy, the ovum first reaches the uterus, that part of it, namely, into which the Fallopian tubes open; that it is impregnated there, and only there; and that, if any obstacle be presented to its passage thence into the body of the uterus, it must either grow where it is, or be pushed back into the Fallopian tube. Now, in the foetal state of the human species, as in many adult animals, the angles at the openings of the Fallopian tubes are lengthened out somewhat; and if we suppose this construction to remain in the adult, and the communication with the body of the womb to be unusually narrow, and to be afterwards closed up, we can account sufficiently for the phenomena of interstitial pregnancy by a simple malformation, without having recourse to any of the perplexed and unsatisfactory explanations suggested by Breschet. We must remark, however, that the author of this doctrine has contrived to cloud his meaning, as is his frequent custom, by affecting a mystical and Germanic turn of thought, which makes it no easy matter for us to be satisfied whether or not we have understood him. He refers, in support of his statements, to facts in his own possession, which have not yet been published. Of course, at present, it is impossible to consider his views as any thing else than conjectural.

A Paper by M. Dalmas, on certain Pathological Conditions of the Intermuscular, Subserous, and Submucous Cellular Tissue, although merely a sketch, or rather a collection of hints for future inquiry, is of sufficient importance to claim some notice at present. The author thinks that the late researches of pathologists, and his own observations, lead to the inference, that the cellular tissue is much more frequently the seat of the various phlegmasiae than is generally thought. All good authorities are now agreed as to the fact, that many diseases, which were but lately supposed to consist of a deranged state of the skin, and therefore were confounded with crysi-
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pelias, are really inflammations of the subcutaneous cellular tissue. This has been shown very satisfactorily by Dr Duncan junior, with regard to what used to be called the gangrenous erysipelas, which supervenes on wounds poisoned by the vegetable acrids and some other irritants, and likewise in certain states of the atmosphere and of the body upon dissection pricks, or common contusions. There cannot be a question, that this disease is a true spreading inflammation of the subcutaneous and intermuscular tissue.

M. Dalmas, proceeding apparently from this fact, suggests, that the same is often the case with inflammation of the mucous membranes; that the villous coat is more easily and more generally involved in the disease, than the skin in the case of subcutaneous inflammation; but that the primary disorder is often inflammation, not of the villous coat, but of the cellular tissue beneath it. The characters of the submucous inflammation are, vascularity in recent cases, ëdema when the disorder is of longer standing, and suppuration when it is circumscribed and partial. It is sometimes very apt to spread widely, as in the cellular tissue under the skin; thus the author has several times seen ëdema of the intestinal submucous tissue from one end of the canal to the other. When it passes to suppuration, it may cause, in consequence of the destruction of the connecting membrane, complete separation of the villous and muscular coats, just as in subcutaneous inflammation. The villous coat in the one case, and the skin in the other, are literally stripped from the adjacent coats. The same accident may perhaps take place in simple ëdema, and thus give rise to the appearance of removal of the villous coat without ulceration, or even much redness.

The subserous tissue is still more liable to be attacked with inflammation than the submucous. The subserous tissue of the pleura may even be attacked, without the pleura itself being materially injured. Frequently, while the pleura is quite transparent, and without redness, under pseudo-membranes of great thickness, the cellular tissue beneath it is softened, injected, the ribs brittle, the thoracic parietes occupied by abscesses; or plates of osseous matter are deposited beneath it. In inflammation of the omentum, the peritoneal surface is very rarely covered with pseudo-membranes; the usual consequence is, not an affection of the serous membrane, but an effusion into the cellular tissue of blood, pus, or tubercular, medullary, or melanotic matter. Puerperal peritonitis is also often a disorder, not of the peritoneum, but of the tissue beneath; as is shown by the integrity of the former, and the redness or even suppuration of the latter. Inflammation of the joints is sometimes of the
same nature. It is not the synovial membrane alone that is diseased, but likewise the cellular tissue under it, and the prolongation of that tissue along the cartilages and bones. In diseases of the arteries, it is rarely any where else than in the cellular tissue, between the inner and middle coats, that the derangement begins. In fact, the more the subject is considered, the more distinctly will it appear that the cellular tissue plays the chief part in the original development of inflammation.

M. Dalmas has added two very remarkable cases of a general disorder of the cellular tissue, connected with almost all the great systems in the body. The disease was characterized during life by general fever, signs of inflammation of the joints, pains in the muscles of the extremities during motion, an eruption of pustular buttons, or milky patches on the skin, terminating in delirium and coma. One of the cases appeared to have arisen in consequence of the patient having slept in the open air all night, and proved fatal in about a week. The left hip and knee-joint, and the right elbow-joint, contained pus, and the subsynovial cellular tissue was strongly injected and swelled. The nerves of the limbs were surrounded by a gelatinous effusion. The muscles were brown, dry and firm, and the cellular tissue between their fibrils, particularly near the diseased points, was occupied with numerous little abscesses, about the size of millet-seeds. In the substance of the heart also there were about twenty such abscesses. The lungs and kidneys were similarly affected. The villous coat of the stomach was marbled, red, brown, and yellow, and the whole small intestines were more or less injected, particularly towards the ileo-colic valve. In the other case,—in which the symptoms at first more nearly resembled those of rheumatism, and afterwards were attended with circumscribed suppuration under the scalp, diarrhoea, inflammatory tumours in various parts, and an eruption of papulae, Dalmas found inflammation of four joints—suppuration and oedema round the right orbit—hundreds of little abscesses among the muscles of the trunk and limbs—abscesses in the lungs, chiefly under the pleura—vivid injection of the pia mater—and likewise of the whole ileum, particularly near the colon.

The only other paper which we shall notice at present, is the first of a series, to be published in the Journal regularly, by M. Hippolite Royer-Collard, under the title of Clinique Chirurgicale de l’Hotel-Dieu,—being a methodical retrospect of the transactions of the surgical clinique of that hospital. As the plan has received the approbation and support of Dupuytren, Breschet, and Sanson, the present surgeons of the hospital, this retrospect will form one of the most valuable departments of the journal. The paper now published is an account of
the cases lately operated on for stone. The three surgeons of the Hotel-Dieu have commenced a series of comparative operations, in order to decide which of the present most approved modes of operating has the greatest advantages. To Breschet has been entrusted the lateral operation, to Sanson his own recto-vesical method, and to Dupuytren the method lately proposed by him under the name of the transverse operation, and consisting of a transverse semilunar external incision a little before the anus on both sides of the raphé, and a similar transverse section of the bladder from behind forwards, by means of a double lithotome caché. The first operation is conceived to have the advantage of being most easily healed, the second of exposing the patient least to the risk of hemorrhage, and the third of combining both advantages. As the cases hitherto published are only six in number, a comparison cannot yet be drawn between the several methods. There are two of each variety, and all were successful—all of them were cured in less than six weeks, except one of M. Sanson's patients, who left the hospital with a recto-vesical fistula,—in progress, however, towards cure.

The principal object of the paper is to establish the possibility of frequently curing fistulous communications between the bladder and rectum. The alleged incurability of this sequela constitutes the main objection to Sanson's method. But Royer-Collard insists that the cure, although certainly difficult, is by no means so much so as most surgeons think, and certainly very far from being impossible. In one of the cases above-mentioned, the patient was dismissed perfectly cured thirty-five days after the operation. Six cases of the successful treatment of old fistula, subsequent to the operation, are also succinctly related. They were all completely cured but one, the patient thinking himself very well off with an imperfect cure, and refusing to remain any longer under treatment. The duration of the treatment, however, was sometimes very long, in one case about twelve months. The plan usually followed was cauterization, and Dupuytren prefers that with lunar caustic, introduced to the part by fastening it in a hole cut on purpose in the side of an elastic catheter.

Besides these memoirs there are others in the present Journal well worthy of notice, and in particular one by M. Andral on a subject now of very great importance, namely the determination of the characters of chronic inflammation of the alimentary canal. We shall defér noticing it till the author publishes the second part of his treatise.