tempted, on that account, to place a ligature upon the common trunk, but for the fact which all experience proves, that the only safe mode of dealing with hæmorrhage from a large artery is to place ligatures upon the vessel itself, immediately above and immediately below the wound from which the blood is issuing, or in some other way to secure the vessel at the injured spot. I have seen cases where it has been impossible to get at the wounded vessel; and one case I remember, where the operating surgeon thought proper to place a ligature upon the vessel in its continuity, in preference to tying it at the punctured spot; but, as might have been expected, all the patients died from subsequent bleedings, brought about by the enlargement of the collateral branches, in the manner which I described to you not long ago, when the three cases of femoral aneurism which have lately been under my care formed the subject of my lecture.

Remember that, whenever it is practicable, your safest course is to secure the wounded vessel at the injured spot; and do not let obstacles which can safely be overcome stand in your way. In the instance I have related it was the facial artery which had been wounded—a vessel neither of the first nor of the second magnitude—and yet, because the life of my patient was being endangered, I did not hesitate to make a large wound, nor even to cut through the jaw, in order to secure it at the wounded spot. If the wounded vessel be of moderate size only, less formidable measures will sometimes suffice—such as were in the first instance adopted in the case of William Hays. And it was right, in my judgment, to try these simpler means before resorting to so severe an operation as that which was ultimately deemed necessary; but, when operative measures have been decided upon, such only as I have described will be at all likely to succeed, and, whenever practicable, should be performed. If the bleeding be from an artery of large size, as, for instance, one of the main vessels of a limb, the sooner the operation is performed the better. The employment, in such a case, of compresses and bandages, of tourniquets, of styptics, and so on, none of which are likely to succeed, can only render matters more desperate, by allowing time for diffusion of blood in the surrounding tissues, and for those subsequent changes which, by obscuring the parts involved, make the inevitable operation more difficult, and which are also attended by a condition of surgical fever little calculated to promote the healing of the damaged tissues.

GYNÆCOLOGICAL NOTES.

By ROBERT BARNES, M.D.,

Obstetric Physician, and Lecturer on Midwifery and Diseases of Women and Children, at St. Thomas's Hospital.

II.—OUGHT CONSUMPTIVES TO MARRY?

IT is hard to tell any one, much more a large class, that it is wrong to enter into those social relations which, if wisely contracted and preserved, give the chief charm to life. Indeed, advice upon this matter, although often sought, is often disregarded. Passion and immediate interests submit unwillingly to the cold reasoning of philosophy. Still the problem—Is it to the advantage of the community, or of the individuals primarily concerned, that those bearing the seeds of tubercular phthisis should marry?—is one which medical science may properly discuss.

My own observation tells strongly on the negative or prohibitory side.

1. I have now seen a good many very sad instances where young men and women in whom consumption was either latent, stationary, or slowly progressing, have sunk rapidly after being "engaged", or after being married. The chance of recovery, or even of not getting worse, of a tuberculous sufferer, depends upon observing the strictest hygienic rules; and of these rules a main one is the preservation of mental and emotional calm.

2. I have seen the effect of pregnancy and labour upon many consumptive women. I have no hesitation in saying that there never was a greater fallacy than that which affirms that pregnancy is antagonistic to phthisis. In my experience, labour commonly precipitates the fatal issue of the disease. Some perish during pregnancy; a large number sink rapidly after labour. This last trial breaks down the remaining forces of the system.

3. Consumptive people seem at least as apt in procreation as others. The children whom they bring into the world undoubtedly inherit the tubercular diathesis. How many of these perish quickly of convulsions, or, a little later, of abdominal or pulmonary disease! How few grow up to robust adolescence! And how large a proportion of those who survive to maturity repeat the sad history of their parents, scattering mental and physical distress around them!

All this is too familiar to medical men. Seeing these things on a

large scale, and looking beyond the mere individual aspect of the question, we cannot help noting the disastrous effects of the union of consumptive people upon the commonwealth. Physical degeneracy is stamped upon a large section of the community.

That physical diathesis which, in the easy and well educated, often develops a romantic sentimentalism, distorting the judgment of self and of relations to others, produces, in the needy and badly trained, those forms of mental degradation of which our workhouses, prisons, and asylums give so many terrible illustrations. I entirely concur in the opinions expressed upon this subject by Virchow.

It is clearly our duty to discourage marriage amongst consumptives. Public and private interests in relation to this subject are greatly in the hands of the medical profession. Legislation would be impossible. It is, therefore, superfluous to discuss the policy of legislating. In this free country, the sound legal maxim, "*Sic utere tuo, ut alienum non lædas*," meets with scant respect. It is difficult to forbid obstinate people from spreading small-pox; and the right of inoculating syphilis is so hotly maintained by a large section of the public, that the Contagious Diseases Act even is in jeopardy. But a healthy public opinion may do great good; and this public opinion must be based upon medical experience. Public opinion may, indeed, have little weight upon certain consumptives. Few persons, whilst under the thralldom of the most imperious and selfish of all the passions, will recognise the duty of sacrificing their individual desires for the public good. This form of patriotism has probably never seen many devotees. Families may, however, under the wise guidance of their medical advisers, commonly succeed in protecting their healthy sons and daughters from contracting engagements with tainted aspirants. Firmness in this direction will avert incalculable misery. Of course, this social proscription should not be indiscriminating. An isolated case of consumption breaking out in a family which can otherwise show a clean bill of health, cannot have the same significance as attaches to the multiplied recurrence of the disease in successive generations and different branches of a family. At any rate, in the case of persons actually tuberculous, there ought to be no doubt. In their own interest, as well as in that of those with whom alliance is contemplated, interdiction is dictated.

CASE OF PUERPERAL CONVULSIONS.*

By JOSEPH G. SWAYNE, M.D.,

Physician-Accoucheur to the Bristol General Hospital and Lecturer on Midwifery at the Bristol Medical School.

I have several times, at the meetings of this Branch of our Association, communicated cases in proof of the value of bleeding in puerperal convulsions; but I do not think that I have yet met with an instance so illustrative of the power of this remedy as the following.

On February 13th, 1869, Mr. Willett requested me to see Mrs. J., residing in West Street, Bristol. She was a primipara, aged 32, of rather robust make, who was expecting her confinement in about seven weeks. For a month previously she had been suffering from general anasarca, which had latterly much increased, and for a week before I saw her she had complained of severe headaches. About 10 A.M. on February 13th, she was suddenly attacked with epileptiform convulsions, and these returned about every half-hour until 1 P.M., when I first saw her. She had then had five fits, which had gradually increased in severity. There was almost complete unconsciousness between the fits, and the breathing was slightly stertorous. The pulse was 116. No dilatation of the os uteri or other signs of labour was present. On testing the urine, it was found to be highly albuminous—so much so that it was impossible to estimate the amount of deposit, because the whole of the fluid apparently solidified.

Mr. Willett informed me that in the morning he had purged her freely with calomel and jalap, had applied sinapisms to the nape of the neck and calves of the legs, and had given a diuretic mixture containing acetate and bicarbonate of potash.

As there was no symptom of labour, we both agreed that it would be inexpedient to bring it on; but, seeing the critical nature of the case, I strongly advised that bleeding should be resorted to without delay. Mr. Willett, who had previously some hesitation in performing the operation on account of the feebleness of her pulse, agreed to do so, and accordingly bled her to about sixteen ounces. I saw her with him at half-past five the same evening; she had had no fit since the bleeding, and was becoming slightly conscious—sufficiently so to make us understand that she was suffering pain in the region of the kidneys. We therefore applied a blister to the lumbar region. The convulsions returned about 8 P.M., recurring every quarter-of-an-hour, and increas-

* Read before the Bath and Bristol Branch.