to go with me. At this time the foot was outside the vulva, and quite black and œdematous. Chloroform was given; and, after a little difficulty, owing to the narrowness of the brim of the pelvis, I reached the other foot and brought it down. Even then we had great difficulty in bringing the child away, and it was only with an immense amount of traction, exerted by Mr. Welford and myself at the same time, that the delivery was completed. On examining the child, we found it to be hydrocephalic, the head being very large; the left leg from the hip downwards was perfectly black and œdematous. The funis had given way at the umbilicus, and the child had been dead two or three days.

The delivery of the child having been completed, the next step was the removal of the placenta. Mr. Welford examined, and found a large mass firmly adherent to the walls of the uterus. This was thought to be the placenta, and we at once proceeded to remove it. This was not accomplished, however, without very considerable difficulty and patient perseverance; in fact, so difficult was it that, when we had all but entirely detached the mass, our hands became completely powerless, and Mr. Hopgood was sent for. On his arrival, I managed to introduce a blunt hook into the tumour, and so kept up a certain amount of traction, whilst he broke down the remaining adhesions. The mass came away, when it was found to be a fibrous tumour, weighing four pounds and a half, and nine inches in circumference. The placenta was found attached immediately behind where the tumour had rested. There was no guide to the placenta previously to this, as the funis was decayed and broke down under the fingers. Although there was no hæmorrhage, there was little chance of the patient recovering after such a labour. She gradually sank, and died two hours after delivery.

In reviewing this case, there are a few points worthy of notice. The first is the peculiarity of the presentation; namely, the foot and the funis in almost its entire length. The gangrenous and œdematous state of the foot and leg was to be accounted for by the fact that the tumour, by the uterine action, was pressed firmly against the back and buttocks of the child, and thus strangled the limb against the brim of the pelvis. The tumour itself was attached to more than one half of the uterus from the neck to the fundus; the attachment at the two extremities being excessively strong, that at the fundus being almost ligamentous. Hence the extreme difficulty with which the child was extracted, the hydrocephalic head only making the case more complex. The position of the placenta, hidden as it was behind the tumour, led to the belief that the tumour itself was the adherent placenta which had undergone some organic change. The fallacy of this was only proved by the discovery of the placenta after the removal of the tumour.

The last remark which I would make in reference to this case is the possibility of removing a fibrous tumour of the uterus by breaking down its attachments with the fingers. The task was difficult to us, as I have already said; but it was nevertheless completed without any hæmorrhage ensuing, and, I should say, with little if any injury to the uterine walls.

Such is the history of this interesting case, one similar to which has not, I believe, been recorded in the annals of midwifery practice.

SUBCUTANEOUS INJECTION OF ERGOTINE IN HÆMOPTYSIS.

By WM. ALLAN JAMIESON, M.B., Berwick-on-Tweed.

IN the July number of the *Edinburgh Medical Journal* for last year, Dr. George W. Balfour recommended the hypodermic injection of ergotine in hæmorrhages of various kinds; and I determined to try it in the next case of hæmoptysis which occurred in my practice. The result in the following is, to say the least, remarkable.

A. B., aged 41, a tobacco-pipe maker, a fresh-looking man, and not intemperate, fifteen years ago, about the New-year, fell asleep when rather tipsy, out of doors, one wet night. He caught cold then, and had a cough ever since, which had not, however, interfered with his pursuit of his trade. On November 20th, 1870, he had to walk quickly up a steep hill, and then stood, when overheated, exposed to more or less of a draught. On the morning of the 21st, while at work, and not using any unusual exertion, he brought up a mouthful of florid blood. This recurred at intervals during the day, and in the evening he called for me. I did not then strip him for examination, as he was somewhat overheated, but at once injected five grains of ergotine (procured from Messrs. T. and H. Smith of Edinburgh), dissolved in ten minims of distilled water, into the cellular tissue of the arm.

On November 22nd, no more florid blood had come up after the injection, only one or two dark coagula. At the base of the left lung, both anteriorly and posteriorly, there was fine crepitation audible at

the close of inspiration, but no dulness on percussion. He felt well and returned to work, an aperient pill being given to avoid constipation. On the 23rd, there was slight return of the hæmoptysis; and on the 24th, it was again considerable. I therefore repeated the injection of ergotine, enjoining strict rest in bed. The result of the injection was the same: the expectoration of florid blood immediately ceased, only a dark clot or two coming away. Rest was continued till December 1st, when he resumed his employment, quite well, with the exception of the moist sounds at the left base.

He continued well during the severe winter of 1870-71, taking, from time to time, a little cod-liver oil, until May 7th, 1871, when he came to me in great trepidation, the hæmoptysis having recurred. While in my house, he spat up some bright blood; and I therefore had recourse again to the ergotine. The expectoration of bright blood at once ceased, and a tickling cough which preceded it disappeared also. Next day, I found him well, only one or two brownish clots having come up. The crepitation was still audible, though less clearly at the left base; and though there was no appreciable dulness, there was slight flattening of the chest-wall. I ought to have mentioned that I examined the expectoration in November, in the manner recommended by Dr. Fenwick, without finding any fragments of elastic tissue.

Should the result of this case be borne out by further experience, we shall have to thank Dr. Balfour for introducing a remedial agent sadly wanted, an efficient and rapidly acting styptic in hæmoptysis. No local effect, save slight irritation of the skin, lasting a few hours; and no influence on the pulse, which remained at 72, resulted from the injection.

PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE TEETH AND ALLIED ORGANS IN THE MAMMALIA.

Delivered at the Royal College of Surgeons of England.

LECTURE XV.—*Wednesday, March 22nd.*

THE Artiodactyle Ungulata have many more existing genera than the Perissodactyles; there are also numerous fossil species. At first sight, the animals of this suborder vary much. The ruminating animals were formerly placed in a separate order; but, as they are closely allied in structure to many of the Artiodactyles, and are united to these by extinct forms, they are now regarded as forming only a portion of this suborder.

The Artiodactyles are divided into five groups: Anoplotherina, Suina, Camelina, Tragulina, and Pecora. The latter three constitute the former order Ruminantia.

The group Anoplotherina includes many animals all now extinct, presenting various resemblances to members of the other groups. The Anoplotherium had the full typical number of forty-four teeth; and these were continuous in each jaw, without any interval, and nearly of the same height throughout. There were three incisors, a small canine, four præmolars, and three true molars, larger and more complex than the molars. In the lower jaw, the last molar was large and had three lobes; the other molars had two lobes.

The dentition of Suina is illustrated in the Pig, in which the teeth are somewhat modified from those of the wild Boar. The formula is $i \frac{3}{3}, c \frac{1}{1}, p \frac{4}{4}, m \frac{3}{3} = 44$. All the teeth are functionally developed; but there are differences in size. The upper incisors are short, the third being smaller than the others; the middle ones do not meet at the middle line of the jaw, but touch at their apices, and each has a lobe on the inner side of the cutting edge. The second incisor is simple, flat, and marked with vertical indentations. The lower incisors are long, narrow, and project forward; the outer ones are the shortest, the others being nearly equal in length. The canines are large, especially in the male. The upper canines in the Boar pass outwards, upwards, and then inwards, forming the tusks. The lower canines project more directly upwards; and their posterior surface rubs against the anterior surface of the upper teeth. The enamel, in the lower canines, is confined to the posterior surface of the tooth; in the upper canines, it covers the tip, and from this three longitudinal tracts proceed down the tooth. The canines in the Boar have persistent pulps; and the upper ones, if not worn down, may grow till a circle is formed. The molar teeth form in each jaw two nearly straight and parallel rows. In the upper jaw, they lie together; in the lower, the first præmolar is separated by an interval from the others. The teeth increase in size from before backwards. The præmolars are compressed from side to side, and thick in the antero-posterior direction. Before they are worn down, they present a remarkable pattern. The first and second upper