saturation of the skin with the lotion secured, by using spongio-piline, fastened loosely by tapes round the limb.

All the cases which I have so treated—five or six in number—have made good and rapid recoveries; and in one only, which was not seen for several days after the disease commenced, was there any great amount of hardness left in the superficial venous trunks at the end of ten or twelve days. In this case, the application of equal parts of belladonna and iodide of potassium ointments was effectual in dispersing it. In all the cases, after the bowels had been freely acted on, the muriated tincture of iron, either alone or combined with quinine, was given internally.

The rapid introduction of waste material into the blood during the puerperal state affords, I believe, some explanation of the action of sulphate of iron externally, and of the muriated tincture internally, in cases of phlegmasia dolens.

Arnott (*Med.-Chir. Trans.*, vol. xv, "On the Effects of Inflammation on Veins") has shown that, in inflammation of veins, the changes begin in the connective tissue towards the *outer part* of the vessel; and this even when irritant bodies are introduced into the cavity of the vein itself. The application, therefore, to the immediate proximity of the coats of an inflamed vein, which it cannot fail to reach either by absorption or imbibition, of an agent which is known to control vascular dilatation in erysipelas and other allied forms of inflammation, seems a rational method of treatment; while the antiseptic effects of the remedies, both external and internal, are doubtless of great importance.

Whatever the true explanation may be, I venture to hope that the use of sulphate of iron locally in phlegmasia dolens, and possibly in other cases of phlebitis, may prove a valuable addition to the means of treatment at present employed in these affections.*

SHOULD EVISCERATION EVER BE PERFORMED IN ARM-PRESENTATIONS?

By F. W. WRIGHT, Esq., Derby,
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DECAPITATION *versus* evisceration in arm-presentations is a subject not without either interest or importance. Churchill says that, should ordinary measures fail "and version be impracticable, we must open the chest of the child and eviscerate;" and Dr. Collins condemns decapitation. Dr. Barnes, it would appear, gives the preference to evisceration; for he says that—"Sometimes perforation and evisceration are insufficient in themselves, and another step will be necessary in order to complete delivery. This ultimate step is decapitation." On the other hand, Dr. Davis makes this important statement: "It ought to be an established rule in practice, to decapitate in arm-presentations not admitting of the safer performance of turning." Perforation and picking out the viscera of the foetus is an operation so complicated and prolonged, and so abominable in detail, that it is matter of surprise how it comes to be advocated as preferable to the much more simple, much less disgusting, and much speedier operation of decapitation.

I propose the following as a simple and ready method of bisecting the foetus *in utero* in an arm-presentation, in which, from early evacuation of the liquor amnii, version is impracticable. The presenting member is to be seized with the right hand, and, while considerable traction is employed, the left hand is to be passed into the vagina as far as the shoulder-joint of the presenting arm, and thence to the neck of the foetus. The exact position of the neck having been determined, the left hand must be kept firmly upon it. A blunt hook, with a curve sufficiently large to embrace the neck, and having a perforation at the extremity of the curve, is armed with a piece of tape, and taken in the right hand; and the left hand being still in the vagina as a guide, the hook is passed over the neck and made thoroughly to embrace it, the tape which it carries being seized on the opposite side. The neck being now secured, to the end of the tape should be tied a leash of about a dozen very thin wires a yard long, twisted together at the ends. By pulling at the tape it will be drawn out of the vagina, and the wires attached to it will be drawn over the child's neck. By pulling these wires backwards and forwards with a saw-like motion, the head may be cut off in five seconds. The body may now be extracted by the

protruding arm; or if, as has happened to myself, it have been necessary to amputate the arm at the shoulder-joint to give room, the body may be readily removed by the crotchet hooked over the clavicle or one of the ribs. The head has now to be removed, and obstetricians are eloquent upon the difficulties which this part of the operation presents. But what can be more simple if the rule be observed, *decapitate close to the shoulders*? The head should then be firmly fixed on the pelvic brim by pressure on the abdomen from the hands of an assistant. A pair of strong forceps, somewhat resembling craniotomy-forceps, but with horrent teeth on the inner aspect of both blades, should then be made to seize the whole length of the neck which remains attached to the head, and traction made upon it until the head escape. I am confident that those who adopt this method will never again have recourse to evisceration.

CASE OF RUPTURE OF THE UTERUS.

By GEORGE CLEMENTS, Esq.,
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E. E., aged 38, married, was admitted on August 25th, 1870. The patient, who was much emaciated, was in a state of extreme exhaustion, almost approaching collapse; the surface of the body being cold and clammy. The tongue was dry and parched; the lips and teeth densely covered with black sordes. The countenance was pale and haggard; while the expression revealed the fact that she was suffering intense pain. The pulse was small, rapid, and feeble; the respiration being hurried, difficult, and almost entirely thoracic. She complained of constant unceasing pain all over her belly; and, on inspection, the abdomen was found extremely distended. The tenderness, on the least pressure being applied to any part of the abdominal wall, was excruciating; and so great was the suffering thereby caused, that the patient refused to allow further examination to be made. It was ascertained, however, that the greatest pain existed in the left iliac fossa. There were tympanitis, and constant vomiting of dark greenish fluid. She was only comparatively easy when on her back, with her knees well drawn up.

On a vaginal examination being made, a very copious discharge of a thick, grumous, offensive character, was found freely escaping from the vagina. The os uteri was firmly contracted and closed, so that no presentation could be detected. The stethoscope was applied over the region of the womb, but neither foetal heart nor placental *bruit* could be heard. The patient could not pass urine without the aid of the catheter, and her stools came involuntarily under her.

She was the mother of four children, and stated that her confinements had been in every way natural, and unattended by difficulties. The circumstances connected with her domestic life had necessitated her working very hard to maintain her family, and this she did by taking in washing. But, after all, she had been living on in a wretched state of poverty and dirt, half starved and over-worked.

A day or two previously to her admission, and within a short period of the time when she expected to be confined, when lifting a heavy bucket of water, she felt of a sudden intense pain in the left side of her abdomen; it was much increased by her standing on a chair, and attempting to hang up the garments to dry. From this time, she took to her bed.

There is no evidence to prove that labour had commenced, for she stated, on admission, she had experienced "no pains" previously to her sudden illness; and the condition of the os uteri testified to the same fact. The rupture must therefore, in all probability, have taken place while she was lifting the heavy bucket, when she first complained of the intense pain. She remained at home three days; when, finding herself worse in every way, she came to Hospital.

Her condition, on admission, I have attempted to describe above; and it only remains for me to add that, during the seven days she survived, all the symptoms before enumerated became more and more exaggerated. The vomiting was relieved from time to time by the administration of bismuth and similar remedies, but opium was the chief agent employed to deaden, to some extent at least, the frightful agony she was suffering. She took it in various forms, but I think the subcutaneous injection of morphia gave her the most relief. The fact that labour had never commenced, and the knowledge that the child had been three days in the peritoneal cavity before her admission, together with the existence of active general peritonitis in a feeble exhausted subject, rendered all obstetric interference quite out of the question.

The necropsy was performed the day after the death of the patient, and the following are extracts from the notes taken on that occasion. The body was much emaciated and ill-nourished. The abdomen was extremely distended and tympanitic. There were scattered tubercles in

* As an illustration of the efficacy of a remedy applied externally, may be mentioned that of a strong infusion of digitalis in ascites. Dr. Christison (*Monthly Journal of Medicine*, October 1850) gives several cases where the drug so applied to the abdomen completely removed the dropsy, after the same remedy with many others had failed when given internally. He also found it useful when applied to the limbs in cases of dropsy in Bright's disease. I have frequently used a strong infusion of digitalis (one ounce of powdered leaves to twenty ounces of boiling water) in similar cases, externally, with remarkably good results.