is also a case of antelexion, with dysmenorrhœa, the fits being epileptiform and slight. The third patient had antelexion, with dysmenorrhœa, with nine months of exaggerated hysteria, eclampsia, etc., but no epilepsy. An intra-uterine stem cured this woman. But it would occupy too much time to enter into these now.

Dr. BANTOCK (London) confirmed Mr. Dewar's observations that in many of the cases, of which Mr. Dewar's case was an example, relief was often quickly afforded by incision of the cervix, which he considered preferable to dilatation by means of sponge-tents.

Dr. THOMAS DUTTON (Siddlesham) wished to know if the ordinary treatment for epilepsy had been tried and failed. If so, he considered that they were cases of hysteria due to irritation of the uterus.

Dr. GRIGG (London) thought it was a mistake to call these cases epilepsy; they are instances of hysterical convulsions due to reflex irritation, to which any lowering of the general health conduces.

Dr. NESFIELD (Manchester) thought there were undoubtedly cases on the borderland between the two disorders, not unfrequently seen in children, and even in boys.

Mr. DEWAR, in reply, held that his case deserved to be called hysterio-epilepsy, more than those of Charcot and others, where there were absolutely no symptoms of epilepsy. Bromide of potassium relieved, but did not cure, his case. There was an unmistakable element of epilepsy, and, as the cause of the disorder was uterine, he considered the name he had given it justifiable. Biting the tongue was not a *sine quâ non* in epilepsy, which might be peripheral as well as central.

A SUCCESSFUL CASE OF TRANSFUSION OF BLOOD AFTER SEVERE POST PARTUM HÆMORRHAGE.

Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Worcester, August 1882.

By WILLIAM WALTER, M.A., M.D. Trin. Coll. Dubl., Surgeon (and late Obstetric Surgeon) to St. Mary's Hospital and the Manchester and Salford Lying-in Hospital.

THE case which I wish to bring before the notice of the Association is one of transfusion of defibrinated blood, for intense collapse following *post partum* hæmorrhage; and it presents a good example of the benefit that may follow this operation, even when apparently there seems but little probability of a successful issue.

On June 8th, 1881, Mr. Saberton of Ardwick was sent for to attend a patient (Mrs. S.), aged 22, in her second confinement. On reaching the house, he discovered that the child had been born and the placenta expelled at least ten minutes previously, and that the labour had not extended over more than a couple of hours. The condition of the patient was most critical; she lay in a pool of blood, her face deadly pale, and the pulse scarcely to be felt. Her abdomen was distended with an enlarged uterus, that reached almost to the ensiform cartilage. Not a moment was lost in firmly grasping the fundus uteri, and in resorting to the ordinary means of checking hæmorrhage, including the free administration of ergot; but no contraction ensued until the hand had been introduced into the interior of the uterus, and the clots which filled the uterus thoroughly removed; and these, when lifted into the chamber-utensil containing the placenta, completely filled that vessel. The uterine contraction was soon followed by dilatation, with a return of the hæmorrhage; and for an hour contractions and dilatations followed one another at short intervals, with repeated recurrence of hæmorrhage. During this time, pressure over the fundus was maintained, and occasionally the hand was reinserted into the cavity of the uterus, and the organ manipulated bimanually.

Mr. Saberton was now assisted by his partner, Mr. Gwatkin; and in the course of another half hour the hæmorrhage ceased, and the uterus remained firmly contracted. Notwithstanding this, the patient showed no signs of coming out of her collapsed condition; and both gentlemen saw that, if it were possible to save her life, it could only be by transfusion of blood. For this purpose I was sent for, and reached the house two hours after the labour, and half an hour after the arrest of the hæmorrhage.

I found the patient lying still and unconscious; her face and lips were blanched; her eyes had assumed that dull and lifeless appearance which only death, or its near approach, can produce. Respiration was scarcely perceptible, and the pulse could only at intervals be felt; her extremities were cold and clammy, but the uterus was firmly contracted. It is needless to say I had no hesitation in concurring with the opinion already expressed as to the necessity for transfusion, and placed in readiness Dr. Macdonnell's transfusion-apparatus. The husband of the patient cheerfully consented to supply the necessary blood, but her mother begged that she might be the donor; and to this request

we acceded, as the condition of her health was extremely good. The mother's age was forty-two; and it is worthy of record that her next menstrual period, which should have occurred two days later, did not on that occasion appear.

Whilst Mr. Gwatkin and I were performing venesection on the mother in an adjoining room, and before we had time to collect more than four ounces of blood, Mr. Saberton acquainted us that the patient was apparently lifeless. Accordingly, Mr. Gwatkin took charge of the defibrination, and I hurried back to the patient's bed-room to prepare her arm for the reception of the blood. The difficulty one had to contend with in finding a vein was very great, but at last one came into view; and, the skin over it being divided by transfixion at right angles to the course of the vessel, a probe was readily passed underneath the vein, so as to isolate it from the surrounding tissues. A small opening was now made in its walls, and the silver nozzle of the tube was introduced a short distance into its interior. The blood was now allowed to flow along the tube until it appeared at the opening in the side of the nozzle, whereby one knew that no air existed in the tube. The nozzle was then introduced further into the vein until the opening in its side was completely hidden from view; and the patient's arm, together with the apparatus, were elevated, in the hope that the blood would then be forced along by gravitation; but such was not the case, and it was necessary to aid in its propulsion by repeatedly compressing the dilated portion of the tube.

In from ten to twelve minutes, all the blood (nearly four ounces) was injected; and the patient's arm being bound up, we anxiously watched the results of the transfusion. Almost immediately, respiration became distinctly visible and audible, without the occurrence of any dyspnoea; the pulse at the same time returned to the wrist; and, in the course of a quarter of an hour, the insensibility gave way to consciousness, and she was able to recognise her friends. Her convalescence was steady and uncomplicated; and, within a month, she was able to walk out of doors.

In conclusion, I may remark how generally it happens that, in the cases of *post partum* hæmorrhage which would be most benefited by transfusion of blood, a transfusion-apparatus is not procurable until too late to be of service to the patient; and I cannot too strongly recommend a glass pipette with tube, such as the one I now produce (which is Macdonnell's apparatus made of portable form), should be constantly carried in the obstetric bag for sudden emergencies.

THE NON-REGISTRATION OF STILL-BIRTHS.—A very instructive case, in which the Solicitor to the Medical Defence Association prosecuted to conviction a person who had procured the burial of an illegitimate child by means of a forged certificate, in which the child was untruly stated to have been still-born, shows what a loop-hole is left to evil disposed persons for making away with their offspring, by the law, as it now stands, not requiring the registration of still-births, but merely the presentation of some sort of certificate by the undertaker to the cemetery authorities. In this case, the father of the child was summoned before Mr. Barstow at Clerkenwell, and charged with having wilfully forged a false certificate under the Births and Deaths Registration Act; also with having made a false declaration, and having unlawfully procured the burial of the body of the deceased child by means of such false declaration. To the first two charges the prisoner pleaded guilty, and the third was ultimately withdrawn. Mr. Pridham, for the prosecution, stated that the deceased was the illegitimate child of the defendant, and had been born on July 1st, a medical man being in attendance at the confinement. The child having died, the defendant, on July 3rd, handed to the undertaker what purported to be a certificate signed by a medical man (not the medical attendant) in the following terms:—"I certify that I have attended Mrs. Smith, and that the child was still-born. Given under my hand, Dr. Clift." The superintendent of the cemetery to which the body was taken, noticing the informal nature of the certificate, forwarded it to the Registrar-General, and as a result the body was exhumed and an inquest held, when it appeared that Dr. Clift had not attended the mother, and that the certificate was, as the defendant admitted, a forgery. Mr. Barstow inflicted a penalty of £5, or one month's imprisonment, on each of the two charges. The fines were not paid, and the defendant was therefore removed in custody. The forgery was so clumsy that it is hard to see how anyone could have been deceived by it; but, had the forger been less ambitious, and merely aimed at producing a fictitious certificate by an ignorant midwife, he would probably have succeeded in getting rid of the body of the child without any further trouble. It is not pleasant to think what facilities this state of things affords for wrong-doing to unprincipled persons, and the present case strengthens the argument in favour of the registration of still-births, which might very well be made compulsory concurrently with the better education and registration of midwives.