rigid, and there were violent and painful contractions of the muscles on the front and back of the chest. The general spasms also became more frequent, and sometimes occurred during sleep.

The dose of gelseminum extract was then increased to forty minims every two hours. During the third day, there was a marked improvement in both tonic and clonic spasms; the medicine was continued in forty-minim doses. By the close of the fourth day, the rigidity of the jaws was almost entirely relieved, and the general spasms recurred at longer intervals, and with diminished violence. After this period, the improvement was rapid and regular, and the dose of gelseminum was reduced to twenty minims, at which it was continued till full convalescence. No remedy of any potency was used after the first six hours but the gelseminum, and there can hardly be a doubt that the cure was the result of its use. The extract was fresh from the laboratory of Tilden and Co., and was given for a week in amounts closely approximating half an ounce to an ounce every twenty-four hours; it produced no other sensible effect than that of controlling the spasms and arresting the disease. There was no dizziness, no dimness of sight, no double vision, and no prostration of strength, as I have seen in other patients with other diseases from much smaller doses of the same preparation.

So far as I am aware, this is the only instance, in the records of medicine, of the use of gelseminum in the treatment of tetanus, and the result here is certainly encouraging.

As the gelseminum exerts such powerful control over spasms of the voluntary muscles, I would advise its use in hydrophobia, and I would suggest that it be used hypodermically, whether in tetanus or in hydrophobia.

CASE OF CYSTOCELE: INDUCTION OF PREMATURE LABOUR: OPERATION: RECOVERY.*

By H. E. SPENCER, L.R.C.P. & S.Ed.

I WAS called to attend Mrs. T. on June 23rd, 1882, at 8 A.M. The messenger stated that the patient had been taken in labour at the end of the sixth month of pregnancy, and that in all probability the child would be born before my arrival.

The patient had been four times previously confined, three times of twins, being as it happened one of twins herself. On two of these occasions forceps had been used, on account, it was said, of tumours obstructing the passage. I found the patient apparently on the point of being delivered. Violent expulsive pains came on incessantly, the woman bearing down with all her might, and pulling vigorously at a towel attached to the bed-post. Pains similar to these in character, but less in degree had, however, occurred often within the last few weeks. These violent efforts to expel the supposed foetus had been going on for several hours. On examination, I found a globular mass protruding from the vulva, about the size of the foetal head when crowned, as the nurses say. This turned out to be the anterior wall of the vagina, from the congested surface of which blood was oozing. The uterus showed no signs of labour having commenced. Having called in the aid of my friend, Mr. Weekes, I passed a catheter. Only a little urine, however, escaped, and no relief was given. Pressure above the pubes did not produce any sensation referable to the bladder. The foetal heart was plainly heard.

During the next three days things went on exactly the same way, expulsive pains recurring every few minutes, catheterism and the liberal use of opiates giving scarcely any relief. Objects introduced into the vagina with a view to action as pessaries were immediately expelled. As it appeared that the troubles incident to the vaginal prolapse had greatly increased coincidentally with the progress of pregnancy, we decided to induce premature labour. Accordingly on the evening of the 26th, a catheter was inserted between the membranes and uterine wall, pushed up several inches, and left. In twenty-four hours the os was sufficiently dilated to permit the introduction of the hand; and, chloroform having been administered by Mr. Kirsopp, a living female infant, apparently of about six months' development, was extracted by turning. The child lived fourteen hours.

Convalescence went on very satisfactorily, the prolapse and pains being in complete abeyance for a fortnight, when the patient resumed her household duties, suffering only from a slight leucorrhœal discharge. At this period, however, the prolapse returned, causing at first but slight uneasiness, but afterwards almost as great distress as ever, with much dysuria. Accordingly, I resolved that, as soon as her strength allowed it, and the discharge ceased, an operation should be

attempted. By the help of good nourishment, iron, and astringent injections, these conditions were obtained by August 20th. On the 28th the menses appeared, ceasing on the 31st.

On September 4th, the bowels having been previously cleared out, the patient was etherised and placed in the lithotomy position. The bladder was then distended with water, which brought the prolapsed part well within view and reach. A duckbill speculum retracted the perinaeum.

Sitting in front of the patient, I dissected an ellipsoidal piece of mucous membrane two inches long, and one inch broad, from the anterior vaginal wall. One small vessel was tied. The raw edges were brought together by seven sutures of Chinese twist. A catheter was left in, but removed the next day, as it was ill managed and caused irritation. Afterwards a catheter was passed twice a day until the fifth day, when the patient micturated in the knee-elbow position. Vomiting was rather troublesome for the first twenty-four hours. The bowels were at first left to themselves, and did not act until a purgative and enema were given on the sixth day. The pulse and temperature were always normal.

On the seventh day, the patient was chloroformed and again placed in the lithotomy position. The bladder was again injected, but this time the distension was upwards and forwards, a very satisfactory sign as regarded the result of the operation, but not facilitating the removal of the sutures. The speculum was introduced with some difficulty, whereas before the operation it slipped in with ease. Not a trace of irritation showed itself about the wound, which was healing well. The sutures were all removed, and the vagina syringed out. Scarcely any chloroform vomiting followed, and the patient micturated during the afternoon. In the evening, I observed that pressure above the pubes caused a desire to micturate.

November 4th. Upwards of two months have elapsed since the operation, and the patient is in perfect health and free from all discomfort whatever. Indeed, she says, she has not been nearly so well as she is now since her first confinement.

NOVEL METHOD OF COMMITTING SUICIDE.

By M. D. MACLEOD, M.B.Edin.,

Medical Superintendent, East Riding of Yorkshire Asylum, Beverley.

THE report, headed as above, in the number of the BRITISH MEDICAL JOURNAL of July 1st, reminds me of two similar attempts at suffocation, one of which succeeded.

The first case occurred, as far as I can remember, in the Calton Gaol, Edinburgh, and was related to me by the late Dr. Handyside, lecturer on anatomy, Edinburgh School of Medicine. During the dissection of a female subject, it was found that there was firmly impacted in the pharynx, completely occluding the glottis, a carefully made wedge of flannel. Dr. Handyside, I recollect, showed me a drawing of the pharynx, showing the position of the wedge, and a cast of the wedge-shaped pledget of flannel which had been found in the woman's pharynx. The cast showed a strip of flannel, which had been smoothly folded into a cone-shaped mass, and the free end secured by a large pin. I believe Dr. Handyside reported this case at the time, most likely in the *Edinburgh Medical Journal*.

The other case occurred in my own practice, while assistant-medical superintendent of the Cumberland and Westmorland Asylum. The patient was a strong young man, labouring under mania, with active suicidal impulses. At that time he required feeding with the stomach-pump, as he would not take food. On the day in question, he was so violent that he required to be isolated. In the evening he was taken out of his room, so that I might feed him. I remarked that he looked blue and breathed hard, and I was at a loss to account for his state. On opening his mouth with a "Newton's" gag (much against his will), I saw he had pushed something well back into his pharynx. This proved to be a carefully made cone of flannel (a strip of blanket), exactly of the shape of the cast in Dr. Handyside's case. He had doubtless been interrupted as he was pushing the plug down: for there is no doubt, if he had pushed it an inch further, he would have occluded the glottis. No sense of discomfort would have deterred him from effecting his purpose of suicide. Had he succeeded, the true cause of his death might quite possibly have been overlooked, even had an examination of the body been made. It was only by a fortuitous combination of circumstances that the attempt was frustrated.

MEDICAL MAGISTRATE.—The Lord Chancellor has added the name of Dr. Jabez Thomas to the Commission of the Peace for Swansea.

* Read at the Autumn Meeting of the Yorkshire Branch.