peritoneal cavity, unaccompanied by other local or any constitutional disturbance. For over sixteen hours the man suffered from pain, varying it is true in intensity, but throughout severe, and yet the tongue remained clean; there was no vomiting; the belly could be pressed without noticeable increase of suffering; the pulse never rose above 80, and the skin remained warm and moist until the setting in of general peritonitis.

Lastly, for those sixteen hours the pain was confined to one side; it is probable, therefore, that the hearty breakfast caused, by distension, a slight leakage from the ulcer, great enough to produce agonising pain, but too small to induce general inflammation; and in this condition one can easily understand how, with due care and rigid abstinence from food and drink, nature might have securely stopped the leak with lymph; but in the present case, either from too light a warning on my part, or too weak a resolution on the part of the patient, this abstinence was not practised. Late in the evening, urged by a thirst which the patient could or would not resist, he drank freely of fluid, which, making the little leak a rent, escaped into the cavity of the peritoneum, and lit up the inflammation which put an end to his life.

On reviewing my experience of cases like the one I have related, I cannot doubt that occasionally small perforations occurring in both gastric and intestinal ulcers are stopped by lymph before fatal injury is done to the patient in consequence of the escape of fluid into the peritoneal sac, and I shall further on relate a case which appears to support this view; but to secure so happy an issue for so perilous an accident it seems essential that the patient should be kept in a state of absolute repose; that he should take by the stomach neither solid nor liquid food for four and twenty hours at least, and that he should have full, and sometimes, if there be much restlessness, frequent doses of opium.

[To be continued.]

CASE OF POST-PARTUM HÆMORRHAGE, IN WHICH THE ETHER-SPRAY WAS SUCCESSFULLY USED.

By JOHN BROADBENT, M.R.C.S., etc., Manchester.

AT 10½ P.M. on April 3rd, 1867, I was called to see Mrs. T., in labour of her twelfth child. I found the os uteri only slightly dilated, and the pains weak. The breech presented, and the child was born the following morning, without anything unusual occurring. The placenta was adherent, and required the introduction of the hand for its removal. Profuse hæmorrhage followed; and, though the usual remedies, including ergot, cold napkins to the vulva, etc., and introduction of the hand into the uterus, were employed, the bleeding continued, and the woman became almost pulseless, and was evidently sinking fast. The hand in the uterus moved about as if in a wet bladder, little or no contraction being excited by it. My friend Mr. Harrison saw the case with me, and I proposed to him to apply the ether-spray to the hypogastric region. This I did, using the double jet; and very soon the uterus began to contract, and the hæmorrhage ceased. There was no relaxation of the uterus after; and the woman ultimately made a good recovery, though very anæmic for some time after. The hæmorrhage was evidently due to uterine inertia; and the effect of the ether-spray in producing contraction of the organ was very marked after the failure of the remedies used before it.

A CASE OF INDUCTION OF LABOUR A SECOND TIME IN A WOMAN WITH A DEFORMED SPINE AND PELVIS.*

By JOHN ARMSTRONG, M.D., Gravesend.

WHEN we had the pleasure of your presence here twelve months since, I read a paper on the induction of premature labour, and narrated a case in which I had induced labour, with the results. I attempted to give a brief outline of the introduction of that operation into the profession, and the various modes of effecting it up to the present time. As the same patient became pregnant again, and I had to resort to this remedy, and as there are some circumstances of interest peculiar to this last delivery, I thought I should not be occupying the time of the meeting unprofitably to narrate them. The records of my notebook I transcribe.

September 1866. Mrs. S. was again pregnant. She had seen Dr. Hicks several times; and I tried to get her to go up to Guy's to be delivered by Dr. Hicks, but could not succeed.

Oct. 19th. She said she was last unwell on the 18th of February. Her husband was at home about a week afterwards. The calculation was, that she was nearly eight months gone. On examining her, with great difficulty I reached the os; but I could not make out any part of the fetus. The os seemed, as on former occasions, not directed down in the axis of the pelvis, but as if the uterus lay straight down in the abdomen, with the os directed towards the anterior wall. I prescribed for her ten grains of powdered ergot every four hours, with the hope that some uterine action would cause the os to be directed more towards the pelvis.

Oct. 20th. The os lay in the same position. It was useless to attempt to introduce Dr. Barnes's dilators, unless the hand were introduced into the pelvis to apply the dilators. I therefore resorted to the gum-elastic catheter, which I introduced with some difficulty. After I had passed it up four or five inches, I withdrew the stilette, and passed it up quite eight inches.

Oct. 21st. Twenty-four hours had elapsed with scarcely any sense of pain. I withdrew the catheter; and, when about four inches were in the uterus, I passed it with my finger round the cervix, so as completely to detach the membranes at that part. In the evening, word was sent me that the waters had broken. I found the os still up, anteverted, and a little open. She was straining violently; pulse weak and quick. She complained of faintness. I required her not to strain at present; and, as she had had no sleep for forty-eight hours, I gave her forty minims of laudanum.

Oct. 22nd. She had had several hours' sleep. At 6 A.M., pains returned, having a more regular character; and, about 7.30, a small female infant was expelled. I removed the placenta. There was no hæmorrhage. The child was living; it was small, and had a small compact head, and was likely to live. Her recovery was excellent.

March 18th, 1867. I saw the mother and child today. The child is really a fine, well-grown, and well-nourished child, and would bear comparison with children of the same age.

I would remark, in conclusion, that this is a very

* Read at the District meeting held at Gravesend March 29, 1867.