Irish portion of my audience, who are familiar with the facts; but I trust they will not be considered uninteresting to our visitors, who have now, for the first time an opportunity of making a personal acquaintance with the Dublin School of Midwifery.

FOREIGN BODY IN THE POSTERIOR NARES.

By HENRY LOWNDES, ESQ.,
Surgeon to the Liverpool Northern Hospital.

A CHILD, aged 15 months, was brought to the Liverpool Northern Hospital on July 20th, 1867. It had been seen the day before playing with a brass ring, and this, the mother thought, had become fixed in the throat, as the child had not been able to swallow without great difficulty, and then only liquids. There was a sound, scarcely amounting to a whistling noise, with the respiration. On examination, a rounded substance could be felt lying above the soft palate on the left side and depressing it, and, by drawing the velum a little forward, the sharp edge of a metal ring could be felt projecting from the posterior nares. The hard foreign body could be felt by a probe passed through the left nostril, but could not be moved. The point of the probe could easily be passed through the ring out into the throat.

A little chloroform was given to the child, and then, with a pair of curved forceps used with some little force, I was able to push the substance back into the throat with one hand, and there received it into the finger and thumb of the other. The ring was of brass, and the drawing below shows its exact shape and size. So large a body could not have

Brass ring removed from the posterior nares.

been introduced through the nostril, so I presume that, while the child was on the point of swallowing the ring, a choking fit came on and drove this substance behind the soft palate, where it became impacted at the orifice of the posterior nares on the left side.

HOURLY CONTRACTION OF THE UTERUS SIMULATED BY THE PRESSURE OF A NARROW BINDER.

By WILLIAM T. GREENE, M.B.,
Physician to the Moira Dispensary.

On the 5th of June last, I was called in to see Mrs. E. L., who had given birth to her first child on the previous evening at 10 P.M., after a natural and not very protracted labour; but who, although fourteen hours had elapsed since the termination of the second stage, had not yet been delivered of the placenta.

On my arrival at the house, I found the patient, a middle-sized healthy young woman, of about 25 years of age, in a state of abject terror, and much exhausted. Her attendant, an ignorant old woman, had tied the end of the funis that protruded externally to the foot of the bed, in order "to prevent its going back". The unfortunate patient had also been directed to keep "quiet"; and, following the nurse's injunction to the letter, had not ventured to stir, even to empty her bladder, of which she stood in urgent need. There had been some *post partum* hæmorrhage, though not to any great extent. A vaginal examination told me that the placenta was retained in the uterus; but, before attempting its removal, I proceeded to examine the abdomen externally, and found a very narrow binder, tightly applied below the uterus, which was much enlarged, but not tender. Thinking that I had discovered the cause of the retention of the after-birth, I immediately loosened the binder, when an enormous clot escaped, and, in a minute or two, the long-retained placenta. Good contraction followed, and the patient recovered without any bad symptom.

In this case, the narrow binder originally applied, or which had slipped below the uterus after the birth of the child, had prevented the escape of the remaining contents of that organ, simulating that rather unusual complication of child-birth, hourly contraction of the uterus.

ON THE ACTION OF THE TETRACHLORIDE OF CARBON.

By ARTHUR ERNEST SANSOM, M.D.Lond.,
Late House-Physician and Physician-Accoucheur's Assistant to King's College
Hospital.

It is a source of gratification to myself that the agent which I introduced before the Obstetrical Society on February 7th, 1866, should have been lately approved by other observers, and that the views which I then expressed as to its uses and actions should have been, in most particulars, closely corroborated. I cannot, however, altogether endorse the sanguine expectations which have been expressed of its proving the anæsthetic *par excellence*. I think it right, first, to correct some errors which have gained ground concerning the question of the priority of introduction of this addition to our materia medica. In one journal it was stated to be an anæsthetic agent of the most recent discovery; in another place it is recorded to have been introduced by Sir James Simpson. So far as I know, the real truth is, that the first experiments with the tetrachloride of carbon as an anæsthetic were performed conjointly by Dr. John Harley and myself on July 4th, 1864; and the first record thereof was made by myself in my book on chloroform (page 39), published in May 1865. The paper by Sir James Simpson, drawing attention to the tetrachloride, was published in the *Medical Times and Gazette* seven months afterwards. Subsequently to having written the essay read before the Obstetrical Society, I have made a great number of experiments with the tetrachloride of carbon; and the deductions from them, read by the light thrown upon them by the researches of Dr. Protheroe Smith and Mr. Nunneley, I propose to record in this communication.

I.—EXPERIMENTS ON ANIMALS.

1. *Effects on Muscular System.*—In the course of my experiments on animals, I have found that struggling and inordinate muscular action, as effects of the inhalation of the tetrachloride, are of very common occurrence. Such signs are recorded as having been observed in six guinea-pigs, one dog, one cat, and a large number of frogs experimented upon. The struggling is at first voluntary, but afterwards is evidently due to the characteristic action of the vapour. In the case of a frog, the first instance in which Dr. John Harley and myself tried the anæsthetic, the whole of the muscles became rigid, the limbs being extended. In guinea-pigs, I have found, at the time when perfect insensibility begins to be established, that the animal stretches forwards its front paws, and, fixing these upon the floor, jerks the hind limbs backwards. To further describe this peculiar effect on the muscular system, I may quote the following details of an experiment performed at my house on March 3rd, 1867; Dr. Barratt, of Cleveland Gardens, being present, and assisting me in the observation. A healthy guinea-pig was placed under a bell-glass of 1000 cubic inches (16387 cubic centimètres) capacity, and two centimètres of tetrachloride poured upon a sponge were introduced. For three or four minutes the animal seemed uninfluenced; its respirations were about 80 per minute. The first sign of specific action was a general tremor, followed by micturition. It then projected its fore-paws, and leaned for support against the sides of the glass. Then followed sharp and sudden retrojection of the posterior members; the respirations being now a little deeper and slower. We found that reflex response to stimulus was not abolished. The tremor, which had continued until this time, now subsided, and was superseded by vigorous tetaniform spasms as the animal lay on its left side. The jactitations then gradually ceased in the front paws, but were actively kept up in the hinder. The animal now performed no voluntary muscular action, yet it still gave slight evidence of pain on stimulus. Sensation about the head was almost entirely obliterated; it existed in a slight degree in the anterior extremities, whilst irritation of the posterior limbs evoked considerable evidence of pain. This stage of spasmodic muscular action was protracted for a quarter of an hour, and, after removal of the animal from the impregnated atmosphere, continued for fifteen to twenty minutes, until the normal position of the limbs was attained; even then were exhibited slight tetanic tremors of the dorsal and abdominal muscles.

After the animal had perfectly recovered, it was re-exposed to an atmosphere of two cubic centimètres of tetrachloride in the same receptacle. A very early sign was arching of the back and twitching of the muscles of the hind quarters. In three minutes it fell on its right side; in four minutes there was complete anæsthesia. Immediately commenced a series of short gasps, as if from spasm of the diaphragm; these occurred every two seconds; the respirations were wholly thoracic—not abdominal. The animal died seven minutes after the commencement of the second experiment.

2. *Effects on Respiration.*—According to my experiments, it does not seem that respiration is influenced in the early stages of the action of the