On reflection, I cannot help feeling how much the science of surgery has been benefited by the invention of Dr. Arnott's mode of making equal support on an uneven surface; also the invention of the "swing" by M. Sauter of Constance. I, on my part, only claim the merit of having been the first to publish the principle of suspension in the *Medical Gazette* in the year 1832; also in adding the curved groove to the board so as to allow the limb to revolve on its own axis.

GERMINATION OF A BEAN IMPACTED SIX MONTHS IN NOSTRIL: REMOVAL.

By THOMAS SMITH, F.R.C.S.,

Assistant-Surgeon to St. Bartholomew's and the Children's Hospital.

A LITTLE girl, aged 6, was brought to me in May 1865, suffering from discharge from one nostril, with enlargement of the same side of the nose and obstruction to the lacrymal duct; the nostril was quite impervious to air. These symptoms had lasted six months, having lately increased in severity. Something could be seen within the nostril; it was soft to the touch, and covered with purulent mucus; it looked like some polypoid growth. Under chloroform, a scoop was introduced, and a full sized bean was brought away, of the kind called, I believe "scarlet runner". The mother at once recollected that the child had, early in the previous October, picked up some of these in the garden. The bean had thus, in all probability, remained in the nose six months under all the conditions most favourable to germination; it had, in fact, both germinated and grown, having thrown out a plumule, a state of affairs fully accounting for the recent aggravation in the symptoms.

OBSTETRIC MEMORANDA.

[UNDER this head, we shall, from time to time, as materials come to hand from correspondents, publish records of cases remarkable in themselves, or illustrating points of interest in obstetric practice, therapeutic or manipulative. We shall probably in this way preserve from oblivion the notes of very many useful and instructive occurrences in private practice; for the great obstetric experience is that—for the most part hitherto unwritten—of the great body of general practitioners throughout Great Britain. We will only ask those who may forward cases for record, to relate them with the utmost brevity, and equally to condense any appended remarks.]

CAUSES OF DEATH IN FOOT- AND BREECH-PRESENTATION.

By T. O'CONNOR, Esq., March, Cambridgeshire.

I READ a paper on the Ergot of Rye in Midwifery before the Cambridge and Huntingdon Branch of our Association on June 27th, 1865, which was published in the *JOURNAL* on Dec. 16th following. In that paper I gave the result of turning, with rapid delivery, in four cases of placenta prævia, in which I was fortunate enough to preserve the lives of the children as well as the mothers. I also advanced the opinion that, by adopting this manœuvre in foot- and breech-presentations, we might save the life of the child; whereas, it must be admitted that in a large percentage of those presentations the children are born dead, the prevailing opinion being that death results always from pressure on the umbilical cord. Let me say here that I have always had great doubt about the soundness of this doctrine, as it appeared to me there was little difficulty in protecting the cord from injurious pressure during the pains, by simply placing a finger on each side of it at the point where it suffered the pressure. I am now convinced that the death of the child in foot- and breech-presentations is due in some, I believe in a large majority of cases, either to the negligence of the practitioner in not giving to the cord that protection which is certainly in his power—a negligence which, I hope and believe, rarely occurs, and therefore pressure on the cord has to bear only a small share of the sin—or to the great extractive force required to bring down the head, where there is any considerable disproportion between it and the passage through which it has to emerge. To this latter cause we are to look, therefore, principally for danger to the life of the child.

The following three cases, which occurred in my practice in the latter part of 1866 and beginning of this year, will throw some light on the question. Mrs. H. had been in labour four hours in her second labour. It was a foot-presentation; the pains were feeble. I gave cold brandy and water. In five hours, the whole of the body except the

head was born. There was pulsation in the cord with the last pain, during which the head was extracted. Great force was used; the child gasped several times and in about five minutes ceased to live, notwithstanding all the aid I could afford by simulating respiration; and I prevailed on the friends to allow a *post mortem* examination—a difficulty not easily overcome. I found the odontoid process of the axis thrown back on the spinal cord; the rudimentary transverse ligament was, of course, ruptured. Here, then, was the cause of death. This accident was caused by the force required to extract the head.

It would be a waste of space to give the details of the other two cases, which were breech-presentations, the progress of the labours more or less slow, and the children expiring after a few minutes' gasping respiration. The autopsy revealed the same cause of death; viz., pressure on the upper part of the spinal cord by the odontoid process of the axis.

We have, fortunately, an unfailing remedy against this disastrous fatality to infants, in the long forceps, which may be readily applied to the head after the expulsion of the body; thus substituting the instruments as a lever for the body of the child, and relieving the spine, in this mechanism, from the distension it must always suffer from the tugging force hitherto employed to extract the head. I have used these instruments now in a dozen cases with the happy result of saving the lives of the children. There is no difficulty in applying the long forceps. The short forceps (I use Denman's) has failed in my hands in this operation.

PUERPERAL CONVULSIONS: MERCURIAL TREATMENT.

By EDWARD GARRAWAY, Esq., Faversham.

MRS. N. was seized with puerperal convulsions at the end of the eighth month. There had been pain in the head and vomiting for some days previously. There was much anasarca, and the urine was densely coagulable. She was treated heroically (save bleeding), by blisters, mustard, turpentine enemata, and five-grain doses of calomel every two hours. The object, however, is not to detail minutely the treatment. The patient recovered. The mouth was sore.

The following year, Mrs. N. came to me again just before the completion of the eighth month complaining of stupor. The legs, hands, and face, were anasarcaous; the urine became almost solid by heat. Small doses of calomel were given night and morning. In a week, the mouth became sore; the condition of the urine was unaltered. Labour now supervened, and I prepared the friends for a fatal issue. Notwithstanding that the placenta presented and turning was necessitated, there was not the slightest tendency to convulsion, and the recovery was good. Whether the absence of convulsion this time was a *post hoc* or *propter hoc*, quoad mercurial action, I know not. This I know, that some years ago, when mercury was given as it is not now, we had a run of scarlatina cases, followed by anasarca and culminating in convulsion. My late esteemed partner, an article of whose creed was that "nobody need ever die if they would only submit to a sore mouth", treated these cases accordingly. A very little went a great way, as we know how susceptible the subjects of renal disorder are to mercurial action; and pretty bad mouths we had. But the fact stood; that, whereas the cases of anasarca which were treated by me non-mercurially almost all went on to convulsions, in not a single instance did this complication occur where, as soon as anasarca and albumen were detected, calomel was given and its specific effect obtained.

CONGENITAL MALFORMATIONS.

By W. T. GREENE, M.B., Physician to the Dispensary, Moira, Co. Down.

THAT some cases of congenital malformation may be due to maternal impressions during pregnancy, I am not prepared to deny; but that others, and perhaps the greater part, are hereditary, could, I think, be proved. I shall adduce one instance in support of this opinion, out of several that have come under my own observation.

In August last, I was summoned to attend Mrs. T., a healthy young woman, in labour with her fourth child. She was delivered in a few minutes after my arrival, when the infant, a fine boy, was found to be minus the right hand, which presented the appearance of having been amputated at the wrist, where three small papules, representing the fingers, were loosely attached to the skin.

This woman had been conscious of no impressions whatever during her pregnancy; had not thought about what the child she was carrying would be like, or supposed that it would, in any respect, differ from the others, and yet she might have been excused for entertaining morbid ideas, seeing that one of her husband's brothers is greatly deformed, having been born without legs or feet, or, at least, with the barest rudiments of these members, while his hands are cleft down to the