and carried to him. This may be done down a railway embankment, or over a wall or locked gate. The patient being placed on the bed, is carried to the ambulance, and in the same way from the ambulance to the hospital bed.

I have been greatly aided in constructing this ambulance by our village carpenter, Mr. W. Avery, who was always ready to suggest anything that might keep the expense within the limits assigned. I had previously consulted regular coach-builders; but the expense was so great that my plans were abandoned for nearly three years. I shall be happy to see, if ambulances are required by other village hospitals, that Mr. Avery carries out my plans in every respect, and shall consider myself well repaid if the ambulance, either in its present form or with any improvement any other member of our profession may suggest, be brought into use in unions and village hospitals.

[Since this paper was read, Mr. Swete, having, on account of the health of his family, been reluctantly obliged to leave Wington for Weston-super-Mare, and consequently give up the charge of the Village Hospital, presented the ambulance shown at the meeting of the Branch to the Wington Village Hospital.]

EPISTAXIS, AND THE MEANS OF ARRESTING IT.

By JOHN THOMPSON, M.D., F.R.C.S., Bideford.

HÆMORRHAGE from the nose is most frequent in youth and advanced age; it recurs more often in the former, but is more severe and threatening to life in the latter. I have seen an old man approaching four score lose several pints of blood at one time; and on several occasions elderly people under my care have bled more than a pint at once. The arteries being rigid, atheromatous, and feebly contractile, will explain the severity of the hæmorrhages of the aged. It is generally assumed that, in the young, plethora and sthenia accompany the hæmorrhage. This may be so in many; but I am convinced that, in a large number, if not in the majority, the opposite conditions exist. A florid complexion is not always indicative of plethora, still less of sthenia. I have at this time under treatment a respectable female approaching to middle age, and a resident in the country, who suffers from vicarious epistaxis, whose ruddy cheeks would render her the subject of remark; and yet her system is feeble, and the strongest chalybeates suit her better than salines and evacuates. Again, as the periods of active growth and fast decay are equally the periods of weakness and the seasons of the hæmorrhages, we have a general presumption in favour of the argument for debility.

The ordinary means employed for staying a profuse epistaxis need not be dwelt on; but I will add, that keeping the patient's arms perpendicular will sometimes be sufficient of itself, and it always assists the action of the cold douche and similarly acting agents, the reason of which is obvious.

Many years since I was on a visit in a country neighbourhood, where I was asked to see a gentleman advancing in age who had lost an alarming quantity of blood from his nose, and all the ordinary means failed to arrest the flow. Plugging in front simply prevented the discharge forwards; it made its course backwards into the throat instead. I took a medium sized gum elastic catheter, without stilet, warmed and washed it, then passed it along the floor of my own nostril to the throat, and thus ascertained the length of the passage, which I marked on the instrument. Next I passed it back through the nostril of the patient, and, when I knew the end must have reached his throat, I opened his mouth and seized with a polype forceps the end of the catheter, which I then drew to his mouth, and tied to it a strong ligature with a pledget of lint attached. By drawing the catheter out through the nostril, the lint was fixed at the posterior nares, and the bleeding arrested. This might have been done by the instrument known as Bellocq's, but it was not at hand, and very probably would not be away from town or hospital in most cases; but a catheter, used in the way I have named, answers so well, and is so easily extemporised, that the more expensive and elaborate instrument can be dispensed with. It seems, also, to me that drawing the end of the catheter to the mouth by means of the forceps, is a better plan than threading the catheter with a ligature and passing it thus armed through the nostril on to the throat, there to be reached with the fingers.

But, however practised, the presence of the pledget at the posterior nares is very annoying and even distressing to a patient, so that it is desirable to avoid it when practicable; and I have found the following method so successful, that I venture to suggest its adoption as a substitute. Strip off a piece of lint about the width of a finger, and twice the length of the nasal passage; double this, and place the bowl end of a director in the fold that marks the middle; then pass the director thus

covered along the floor of the nostril till it reaches the throat, lift it somewhat, and then withdraw the director, giving it a wriggling movement in its passage, so as to leave the lint rumpled and loosely distending the passage. The result is, that the blood rapidly permeates and distends the lint, a large coagulum is formed, and the bleeding is completely arrested. This is attended with far less inconvenience to the patient than even ordinary plugging in front, is vastly more effective, and, should it turn out to be less reliable than plugging the nostril behind, is free from the suffering which must attend on the lodgment of a large foreign body over the soft palate, which, in the case of the patient whose case I have named, was scarcely endurable.

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.]

CASE DEMONSTRATING THE USE OF THE DRILL-CROTCHET.

By H. E. EASTLAKE, Fellow of the King and Queen's College of Physicians.

I WAS first called to see Mrs. K., aged 43, on July 20th. She told me that she had flooded considerably; she stated also that she had had several gushes on the 18th. On examination, I found that the os uteri would just admit the tip of the finger. The membranes were entire, and the head presented. As no hæmorrhage was going on, and she was not at her full time of pregnancy, I told her to keep quiet in bed, to let the room be cool, and also to take iced drinks. I saw no more of her until the morning of the 24th, when I was hastily summoned to her bedside. She was then blanched, and nearly pulseless. The midwife in attendance told me that there had been a great deal of hæmorrhage. On examination, I found the os uteri about the size of half-a-crown, but very rigid. The waters had escaped nine hours. The foetal heart, which had been distinctly perceptible by auscultation on the 20th, was now no longer audible. Looking to the alarming condition of the patient, and being sure that the infant was dead, I felt that delivery by perforation was strongly indicated. The application of forceps, or the operation of turning, were of course both impracticable; I therefore employed my drill-crotchet with the most perfect success, and extracted the child's head within ten minutes of the perforation. The patient made an excellent recovery.

ON EXTERNAL MANUAL PRESSURE OF THE UTERUS DURING THE SECOND STAGE OF LABOUR.

By JOHN K. SPENDER, M.B.Lond., Bath.

LAST July, I attended a lady in her eighth confinement, whose chief trouble had always been excessive *post partum* hæmorrhage. She is a person of diminutive stature, and of choreic tendencies. The pregnant womb at full time has always shown a disposition to anteversion, so that when the patient lies on her side, the fundus uteri tips over, apparently from the mere weight of its contents.

This labour was unusually tedious, owing partly to the too early escape of the liquor amnii. Suddenly the thought struck me, that, if I clasped the uterus by placing the out-stretched hands on the abdomen, and then exerting firm pressure in a backward and downward direction (the nurse making counter pressure on the back), I should help the natural forces a good deal. I did so for an hour during every pain; and the result was, that the labour came rapidly to an end; the placenta was expelled by the final pain which expelled the child; and the after-flooding was almost *nil*.

The pressure produced benefit in several ways. (a) To a great extent it rectified the position of the uterus, and *pro tanto* the axis of the foetal track into the world was made right too. (b) It gave a physical stimulus to the uterine fibres, and increased their expulsive power. (c) It caused a more complete contraction of the uterus after the birth of the (living)