stitution as we had here to encounter, and with a shoulder presentation, too? The cavity of the pelvis was so small as not to admit a body greater than a lemon. At the left side and anterior part of the fundus uteri the walls of the uterus were fully an inch and a half in thickness, whilst a considerable portion on the posterior and right side was attenuated in an extreme degree, so that from this circumstance, and the violent and cutting character of the pains witnessed by us, had she been left a short time longer untouched, in all probability rupture of the uterus, and death, would have been the result. Very little blood had escaped *per vaginam* subsequently to the operation, and there was only a small clot found within the cavity of the uterus. Here, then, is a case which, I think, fully justifies the Cæsarean section, for no medical man had been consulted until the woman *was in labour at the full term of utero-gestation*, and with physical attributes which rendered it impossible for her to be delivered in any other manner than by the Cæsarean section. The only cause of regret is, that this had not been undertaken immediately after labour commenced, for in that case there is every reason to believe that the life of the infant would have been spared, with a tolerable chance of safety for the mother also. This alternative had been proposed to the patient before I was sent for, but she obstinately held out against submitting to any such operation. I consider it but an act of justice to Mr. Dean and Mr. Mayson to record this fact, and that it took some management on my own part to obtain her consent at last. Although the operation failed to save the life of mother or child, still it relieved her of suffering for the last five hours and a half of her life, and her friends the pain of hearing her piercing screams, and witnessing the agonizing throes which accompanied the unavailing efforts of nature to relieve her from her perilous condition."

Dr. Radford's Remarks.

Malacosteon doubtless was the disease which caused the distortion of the pelvis of this poor creature. There are no data whereby to judge when its ravages on the bones were commenced. Some of the contingent circumstances which happened, clearly prove the truth of those statements I made a short time ago (*vide Provincial Medical and Surgical Journal*, No. 7, April, 1851, page 175. It was her *first labour*; and we have no evidence to show that any symptoms existed either *before or during her pregnancy*, to induce her to place herself under medical treatment. The obstetrician was *completely ignorant of the physical and organic condition of the pelvis until after labour* had commenced. It is, then, indisputably true, that no other operation but the Cæsarean could possibly or safely be performed for her delivery. The great mischief of procrastinating the operation is emphatically proved by the result. Several serious evils arising from the protracted labour are noticed by Mr. Braid. The death of the infant was undoubtedly produced by it, and most likely that of the mother. The internal flooding, the complete separation of the placenta, and the attenuated state of

one portion of the structure of the uterus—which no doubt would have ended in its rupture—are solely to be attributed to delay.

In Cases I. and V. I have mentioned that violent irregular uterine contraction happened during the extraction of the infant, which I stated depended on the partial or complete detachment of the placenta. In the foregoing case, however, nothing of the kind took place, although this organ was lying loose in the uterus. Did the internal bleeding (which was so great as to bleach the general surface) act on the uterine tissue, and so influence its contractility? Was the absence of this spasm (when its supposed cause was present) owing to the extreme degree of attenuation of the uterine tissue?

CASES IN MIDWIFERY.

By J. KENWORTHY, M.R.C.S., MANCHESTER.

Read at the Nineteenth Anniversary Meeting, held at Brighton, August 13, 1851.

THE following extracts from my midwifery notes being cases of uterine hæmorrhage, in connection with placenta prævia, may possibly be interesting to some of the members of the Association; some of them occurred many years since, and the *minutiæ* are not all recorded, for eighteen years of the time in which the earliest cases happened I was a good deal occupied in the hospital wards of the workhouse, but did not meet with any case of importance of this description in that class of practice.

Case 1.—March 7th, 1819.—Mrs. B. One edge of the placenta presented. Pressure of the foetal head lessened the hæmorrhage, and the labour terminated in the natural way. She was faint after it was over, and seventy drops of laudanum, with a little brandy, were administered, in tea. The mother and child both did well.

Case 2.—January 30th, 1821.—Mrs. W. Was seven months advanced; there was hæmorrhage a week previously, which subsided under the use of acids; quiet, horizontal position, and cold externally applied. At ten P.M. on the 29th hæmorrhage returned. I found the placenta presenting, but the cervix uteri would not admit my finger through it, being thick and unyielding. The same means as before, with the addition of ten drops of tincture of opium every hour. There was no uterine action. I enjoined perfect quiet, a free admission of air, and to drink cold lemonade. At five o'clock on the morning of the 30th no natural change; the hæmorrhage was less. At 10 A.M. the bleeding was much increased, and she was faint. The cervix was more yielding, and partly dilated. I thought it wrong to delay, and introduced my hand very quietly round the placenta, broke the membranes, and delivered by the feet. There was very little uterine action throughout. She was much

overjoyed, and the hæmorrhage ceased. An hour after delivery faintness came on, and gradually increased, and in a quarter of an hour more she died. On inspection all was found natural. No accident had happened to the cervix. The child was living.

Case 3.—October 26th, 1823.—Mrs. L. Seven months advanced. Hæmorrhage large. I introduced my hand round the placenta, when the cervix was dilated the size of half a crown. The child was dead. The mother safe.

Case 4.—June 27th, 1826.—Mrs. B. I found her swimming in blood and water, without uterine action. It was evidently wrong to delay. I passed my hand quietly round the placenta, and found the child lying across the pelvis, with the left arm presenting. I delivered it, and the flooding ceased. The placenta was expelled by the succeeding pain. The mother and child have both done well.

Case 5.—July 23rd, 1834.—Mrs. S. One half the placenta presented towards the right ilium. She had hæmorrhage two months before, which subsided under the use of ergot. She was nearly eight months advanced; hæmorrhage in gushes, very rapid; uterus lax, and its action feeble; the cervix nearly obliterated. I gave the ergot, and immediately delivered the child (the eighth); repeated the ergot every fifteen minutes after delivering the foetus, and the hæmorrhage abated. There was a fold of the funis before the child's head; the circulation through it was interrupted perhaps a quarter of an hour, and life appeared extinct; the warm bath, inflation of the chest, friction, &c., were used, and the vital spark was roused in about half an hour. The mother remained faint several hours, and required powerful stimulants to rouse her. Both have since done well.

Case 6.—April 11th, 1841.—Mrs. W. This case was four months advanced. The placenta presented wholly, and the hæmorrhage was rapid; the cervix dilated, so that I could pass my hand, and I delivered the foetus without delay; separated the placenta, and left it. Gave Tinct. Opii, m. lxxx., and the next pain it came away. She was a little faintish. Tinct. Opii, m. xl., were again administered, and in an hour or a little more all was well.

Case 7.—September 3rd, 1842.—Mrs. T. This case was nearly matured, and the placenta was completely over the cervix. The hæmorrhage was very rapid; dilatation the size of half a crown. I passed my hand slowly round the placenta, brought down the feet, and waited an hour or more. She was faint and debilitated by repeated floodings during the pregnancy. My arm was a plug. Gave her brandy in tea, and immediately before taking away the foetus, half a drachm of ergot was given in substance. The child possessed but little vitality, and I did not divide the funis for more than an hour, during which time the circulation was maternal.

The ergot was repeated after the birth of the child, and I left them both pretty well in two hours and a half.

Case 8.—December 11th, 1850.—Mrs. O. Was 36 years old; her fifth child. One half the placenta presented towards the left ilium; saw her first at 11 A.M.; hæmorrhage rapid, without pain; no dilatation of the cervix. She was seven months advanced. I gave her Opium and Tinct. Ferri Sesquichloridi once an hour, and applied cold wet cloths to the vulva and pubes. At three P.M. I was summoned in haste. Hæmorrhage had been less, but had returned rapidly; fainting; incoherent in her expressions; hardly conscious; moaning; pulse fluttering, and almost imperceptible; scarcely any uterine action; dilatation of the cervix now the size of a penny, perhaps the effect of excessive hæmorrhage. I thought it unsafe to delay, and introduced my hand very slowly round the placenta, grasped the child's feet, and after waiting an hour, got some brandy and opium into her stomach in tea. She took four drachms of laudanum during the first twenty minutes. A feeble rallying of the pulse was now apparent, and I drew away the child very quietly a little after five P.M. I separated the placenta immediately, and left it. Friction was used to the extremities; and by grasping and irritating the external parietes of the abdomen in half an hour or more there was a slight uterine effort manifested, during which I took away the placenta. She had tea, with brandy and opium, given to her repeatedly; and I left her in a promising way a little after six o'clock. The hæmorrhage ceased immediately after the separation of the placenta; but whether from the effect of separation, or from its acting as a plug, is to me a question; I am inclined to think the latter. The child had been dead a week, and there was scarcely any uterine action throughout the case. She took five drachms of tincture of opium during two hours. I saw her in the evening; she was sensible, and somewhat rallied, and eventually recovered, but remained long debilitated.

Case 9.—February 18th, 1851.—Mrs. B. Was 38 years old, and her sixth child. One edge of the placenta presented towards the left ilium. There had been occasional hæmorrhage during two months or more; the last ten or twelve days there were several gushes. I advised the recumbent posture, gave her digitalis and sulphuric acid in infusion of roses, applying cold cloths occasionally. No uterine action until the 18th. At three A.M. the cervix was dilated to the size of a crown; coagula passing, and some evidence of alarm in her countenance. The liquor amnii was discharged, and the child's head presented, squeezing the placenta to the left ilium, and moderating the bleeding. The uterine effort was feeble. I turned the child, and delivered it slowly a little before five A.M., immediately before which she took Tinct. Opii, m. xl. The pressure now being taken off the placenta there was a rapid hæmorrhage. I separated it from its attachment, left it as a plug, and the hæmorrhage ceased. All has since proceeded favourably.

This case was six months and a half advanced. The child was living, and died in 28 hours.

We have means now within our power, with which in former years we were unacquainted,—the ergot for instance; but perhaps there may have been unfortunate results from incautious use of it; and very satisfactory effects in many cases may, I think, be obtained more safely from opium. Mrs. O., in December last, is an example.

June 25, 1851.

A CASE OF
NON-UNION OF FRACTURE OF BOTH BONES
OF THE LEG, OF EIGHTEEN WEEKS'
STANDING, SUCCESSFULLY TREATED BY
MERCURY.

By R. THURSFIELD, Esq., M.R.C.S., BROSELEY.
SENIOR-SURGEON TO IRONBRIDGE DISPENSARY.

IN the month of August, 1847, I was asked to see an old patient of mine, aged 42, who had twice suffered severely from acute rheumatism. I learnt from her that about eighteen weeks before, she had, on returning from an evening visit to her sister, slipped in crossing a rough road, and fractured both bones of the leg just above the ankle. She was not far from her sister's house, and a surgeon was soon in attendance. Her leg was placed on a pillow and the usual means employed; but in about six weeks after the accident it was ascertained that no bony union had taken place. Upon further advice starch bandages were applied; but no benefit resulted. On examining the leg I found it greatly swollen, shorter by an inch at least than the other, with a good deal of deformity, greatly increased by any attempt at standing upon it, and the least motion at the point of fracture. She had greatly increased in bulk during the confinement she had undergone, but considered herself in good health.

I was a good deal puzzled what plan to pursue with the best chance of successfully relieving her, for I had never had to treat such a case before, and the uncertain results in the experience of others were anything but encouraging. In thinking over the case I remembered that the late Mr. Tyrrell had said mercury in his hands had proved at least as efficacious as any other plan he had tried; and I made up my mind to use it, because the peculiarly irritable state of the patient put sawing off the ends of the bone, seton, or any other surgical means quite out of the question, and most others seemed to have been fairly tried. I therefore procured two very strong gutta percha splints, which reached from rather above the knee to the bottom of the foot, and having, on the 18th, soaked them in boiling water, I made a complete cast of the leg by passing a tight roller over them and allowing them to cool. Having brought the ends of the bones as nearly into apposition as I could

and covered the parts with mercurial ointment, &c., after the plan recommended by Mr. John Scott, I applied the splint, and bound all together with a long elastic bandage. I confined her to bed, and tied the leg on a pillow, giving her five grains of blue pill night and morning. No perceptible effect from the mercury took place until she had taken sixteen pills, when suddenly violent pytalism set in, which lasted a fortnight. On the 7th of October the bandages, &c., were removed, as they had become loose from the reduced size of the leg, and a great improvement was found to have taken place. The leg was longer, the deformity less, and the motion at the fracture scarcely perceptible. Greatly encouraged by such a state of things, I renewed the applications exactly as at first, and allowed her to use a sofa during the day. In about three weeks I again tightened the roller, and in another month removed everything from the leg, and found the fracture perfectly united and firm. For a month after this time she had the leg well rubbed night and morning with camphorated oil, to get rid of the remaining oedema, wearing a roller and one splint during the day, to protect the leg if she should chance to slip in walking. In six months she could walk well two or three miles, and is now as active as most women of her age, the broken leg being as useful as the other.

CASES IN PRIVATE PRACTICE.

By JAMES KITSELL, Esq., DROITWICH.

Read at the Nineteenth Anniversary Meeting, held at Brighton, August, 1851.

CASE I.—CASE OF RETENTION OF URINE, WITH
FALSE PASSAGE, AND PARALYSIS OF BLADDER.

IN March, 1850, I was requested to attend J. P., a farmer of independent means, who had laboured under retention of urine at intervals for nearly a week. On my arrival, the medical man in attendance, "although not qualified," had made numerous attempts, unsuccessfully, to introduce the catheter; a medical gentleman from Birmingham having also visited the case twice, and succeeded in introducing the catheter, though not without great loss of blood, owing in some measure to the unskilful use of the instrument, before his arrival, and the formation of a false passage, which, considering the age of the patient, (69,) who was of impaired constitution, rendered the case very serious. On my arrival I learnt from the patient that he had long been subject to dribbling of urine, frequent inclination to void it, and other symptoms indicative, at his period of life, of prostatic enlargement, of which I satisfied myself on examination *per rectum*. On introducing the catheter it readily entered the false passages, and no little manœuvring was required to conduct it into the bladder. The instrument being of No. 5 size, passed with difficulty through the constricted prostatic portion of the urethra, when about two pints of urine were