the kidneys, or to prostatic induration, or any neighbouring disease of the womb or rectum, in each of which cases, if any one of them exist, we must direct our more special treatment to such causes. Thus, in our patient Rebecca Brooks, aged 60, who died of dysentery and deep extensive ulcerations of the rectum, the inflammatory action extended to the bladder and ureters; also in Sarah Binion, aged 40, who died of phagedenic carcinoma of the uterus, and in whom the vagina was a softened purulent mass, and the cervix uteri had entirely disappeared, we also found that part of the bladder which was next the womb in a state of scirrhus, while the viscus was also contracted, and its mucous membrane in an inflamed condition; and such causes will exist in many cases. Some, such as the above, are scarcely impressionable by any means, and prostatic enlargement and induration is almost as bad, though the danger be not so imminent. But if we suspect a stone in the bladder, that is known how to be managed by the surgeon, and if gravel be passed, we must examine its chemical composition, with a view to adapt the remedy to it. These collateral matters being thus duly considered, the local inflammation itself is chiefly to be controlled either by leeches or blisters, according to circumstances, accompanied with the internal remedies already alluded to. The potass would appear to liquefy the tenacious fibrinated mucus, as well as to neutralize any irritating acid elements in the urine. The *uva ursi* and *buchu* seem both to constrict the extreme vessels of this mucous membrane, and so reduce them to a more healthy calibre, while the opium or conium, or any other such sedative, lulls the sensibility, and so renders the parts less likely to be excited by any irritating cause. The outlines of a case of this kind I have already given to you, in that of the old man; they are rather common amongst such elderly persons, though not usually so severe as the one I have described. In all of them, it is highly desirable that the concluding part of the treatment should consist of a course of steel and cantharides, as no other combination seems to have such a tonic effect upon the urinary mucous membrane. I must defer the consideration of congestions and degenerations in these parts till my next lecture.

CASES OF DIFFICULT PARTURITION.

By EDWIN BISHOP, Esq.,

For some years Assistant-Surgeon to the West London Union, and Greenwich Union Infirmary.

DURING twelve months' engagement with L. Owen Fox, Esq., of Broughton, Hants, the following cases of midwifery, (with a great number of others) fell under my care; should you consider them of sufficient interest to occupy a space in your valuable journal, you will oblige me by inserting them.

For some months in succession it was remarked by Mr. Fox that I had what might with some truth be termed a run of ill luck, for almost every case was

either tedious, complicated, or preternatural, and perhaps it will not be considered out of place here to observe the difficulties the *rural* surgeon has to contend with compared to practitioners in or near large towns; the former is almost compelled to depend on his own professional experience, whereas the latter can obtain the benefit of a second opinion without loss of time or trouble.

Dr. Ramsbotham, in his very excellent work on midwifery, makes the following observations in reference to cases requiring instrumental aid:—"As soon as a necessity for instrumental interference appears, two questions of some importance will naturally offer themselves to our mind—the first, whether we shall call in the assistance of another practitioner to advise us by his council, to aid us in the operation, and to divide with us the responsibility of the case; and the second, whether we shall apprise the patient of the necessity of such help, and obtain her sanction and approval." Every practitioner will, I doubt not, admit the necessity of this, and if necessary and convenient seek further aid, when combating difficulties dangerous to his patient, and with his own reputation at stake.

CASE I.

Mrs. G., aged between 40 and 50, living at Winterslow, the mother of eleven children, states she has required "extra" assistance on the part of her medical attendants in several confinements; has had adhesion of the placenta, and preternatural presentations; always had "hard labours," and much dreads this being a difficult time. I reached her house soon after seven, A.M., found the pains very strong and regular, accompanied with "a show," which had marked the floor of the room in her passage to and fro. Had been in labour several hours. The os uteri dilated, the head presenting and entering the vagina, parts moist and yielding; bowels relieved twice during the night; has passed water several times.

In less than two hours after I had reached her house the head had so far advanced as to press against the perineum. In this case—a woman who had previously given birth to nearly a dozen children, I naturally thought to be released quickly. In another hour the pains relaxed a little; I gave her two full doses of the æthereal tincture of ergot, and waited; the uterus was roused from the second draught, the pains continued strong again, and at regular intervals, but there was no further prospect of labour being safely completed by the natural powers. Having now remained with her for a considerable period, without any marked improvement, and fearing rupture of the uterus, (for it was remarkably distended) together with the fear and anxiety of the patient and relatives about her, I despatched a man on my horse for the forceps; he had to ride nearly ten miles, which occupied another hour.

Considering that this poor woman had passed through similar trials, I never met with a case where fear and mental depression were so prominent; kind words and promises of a favourable issue failed to inspire her with hope. Having received the forceps, I at once

commenced the operation. Both ears could be felt distinctly, and in that position considered the most favourable to admit of the child's exit. I placed her at the edge of the bed, and used the necessary precautions. I succeeded in locking the forceps after some difficulty and perseverance, and with a few extractive efforts, making pressure of the blades at the same time, the head moved forward. She was delivered at four P.M., much exhausted. The child was born alive and weighed eleven pounds some few ounces. After expulsion of the placenta she had considerable hæmorrhage, which was arrested before I left the house. Her progress to convalescence was speedy. The child lived over a week and died of jaundice.

CASE II.

Mrs. P., aged 30, in labour with her first child, residing at Lockerley, summoned me on a Sunday evening, about seven o'clock. She is a short, thick-built person, something after the style alluded to by Byron in "Don Juan," "a dumpy woman." Reports that pains commenced in the previous night, and have continued at regular intervals, and without intermission, to this time; from the commencement has had no sleep, and feels much tired. At nine the os uteri was dilated to about the size of a crown piece, thin at the edges, and yielding; membranes entire; head presenting. As I was five miles from home I decided upon remaining with her, with more comfort to myself than to my horse, who was exposed to the winds in an open shed. By daylight the head was in the vagina, and at eight, A.M., pressing against the perineum, the pains appeared quite strong enough to expel the child, but it did not come. I carefully avoided frequent examinations, fearing she would require instrumental aid in some shape. Warm applications were directed to be applied to the vulva and perineum, with the view of relaxing the parts, if possible. The room was kept cool and quiet, and proper drinks administered. The pains began to lose their wonted vigour, still I hoped it would eventually be over without any interference on my part. I had now been in the house seventeen hours. No progress in the last four hours, and the pains were dwindling into nothing, evidently from want of power. She was much exhausted, and disagreeable progressive symptoms were stealing upon her. It became necessary that she should be delivered with the aid of the forceps, if possible, without further delay. The os externum appeared smaller than usual. Probably her age (30, and the first child,) militated against the parts giving way. With considerable trouble and difficulty I passed the first blade, the second glided tolerably easy. She was delivered, after much care and patience, about three, P.M., twenty hours from the time of my arrival. The perineum was slightly lacerated. The child was full-sized, born alive, but died soon after. The mother down stairs in about ten days.

CASE III.

I was sent for one evening to Mrs. P., of Lower Wallop, in labour with her fourth child, under the care

of an old midwife. She had been in labour since the morning. Much excited, irritable, and highly nervous. Upon examination I found the left hand in the vagina, which the midwife had mistaken for a foot, and who said she "couldna' tell why the child didna' come, as the pains wur strong."* The membranes had been ruptured some hours. Pains very violent. I gave her a full dose of tincture of opium, which quieted her, and proceeded to turn. I passed my hand, and succeeded in getting back the arm, after several attempts. The right elbow could be felt, and also the right knee, which I hooked down. With the knee there was a portion of the funis, without pulsation. The breech passed easily, and labour was completed, satisfactorily, in about two hours. The child was still-born, rather above the average size; its left hand and arm considerably swollen, and very livid. The placenta followed quickly.

[To be continued]

EFFECTS OF IODINE ON THE MAMMÆ,

By JOHN M. BRYAN, Esq.

ELIZABETH MARLOW, aged 16, of robust healthy appearance, had menstruated regularly for more than twelve months; was very fat generally all over the body, and with very large mammæ for her age; applied to me January 12, 1836, for relief of bronchocele, there being great enlargement of the thyroid gland, both in front and at the sides, causing considerable uneasiness from pressure upon the adjacent parts. She commenced using Unguentum Hydriodatis Potassæ, rubbed into the swelling for fifteen minutes every night, taking inwardly at the same time five drops of the compound tincture of iodine three times a day which treatment she persevered in until March 14, when she commenced applying the tincture to the swelling night and morning, instead of the ointment.

This treatment was continued until April 23, when she began to suffer from giddiness and defective vision, and left off the iodine both internally and externally, as it was evidently affecting her health, the flesh losing its firm feeling and appearance, and she was becoming altogether out of health, and was placed under other treatment, having reference to her particular condition, in June and July, consisting of effervescent saline medicine, with alterative aperients. Nevertheless, she gradually became thinner, so that towards the end of the year the mammæ were quite wasted away, and there was a general wasting of the whole body, tending to the supposition that she was in a rapid decline, the bronchocele had also wasted very considerably, although not so

* The old midwife under whose care this case fell, was then upwards of eighty years of age. Her faculties were clear, and good, and she often boasted to me of having "followed the art," (as she quaintly designated it,) and of having attended several hundred cases. We may, therefore, fairly infer, she has deprived the local medical officer of many hundred pounds.