will require modifications of treatment, which must be left to the tact of the medical attendant to regulate; but, in reference to the disease itself, I would remark, that the smallest possible quantity of food, and of the least irritating nature, is absolutely to be insisted on: wine, spirits, ale, should be avoided, and even the mildest kind of food, such as milk, arrow-root, etc., must not be given in sufficient quantity to distend the organ. As the emaciation, during the progress of the disease, often becomes very great, some food must be given to support life. The difficulty in the treatment consists in steering between the two extremes; but, so far as my experience teaches, the danger is *greater* of giving *too much* and too stimulating food, than *too little*. If we have a choice as to the kind of food, it is for a diet consisting, as proposed by the late Dr. Barlow, wholly of fresh-made curds; and even of this a small quantity only is to be taken at a time. Aperients always do harm, and are therefore, if possible, to be avoided. The bowels can be kept open by clysters of warm water, and the powers of life may also be sustained by injections of beef-tea, by which the necessity for food taken by the mouth is lessened, and the diseased stomach longer permitted to enjoy that perfect rest, which is so very important.

Sheffield, Jan. 1st, 1853.

CASE OF INTERNAL UTERINE HÆMORRHAGE.

By GEORGE KING, Esq., Surgeon.

In the *Provincial Medical and Surgical Journal* for 31st March, 1852, I published a case of internal uterine hæmorrhage. The subjoined is another case of the same class, which recently occurred in my practice.

CASE. On Sunday, Sep. 5, 1852, I was sent for to see Mrs. T., a patient whom I had attended three times before in her confinements, and who had always had a quick and natural labour. She was now, as she supposed, in her last month with her fourth child. Not expecting for a month or five weeks, she had taken lodgings for a week or two on a hill about a mile from the city, for the benefit of the children's health, as well as her own. On the morning of the day when I was called in, she was preparing to go to church with her husband and family, when a wasp stung one of the servants. This trifling incident caused great commotion in the house, and so upset Mrs. T. that she did not go to church, but lay down on the bed. The account the woman of the house gave me was—that, soon after the husband and family were gone to church, Mrs. T. complained to her of a slight pain in the back, with a little discharge, and she felt altogether very unwell; and soon after she had a very copious motion, which she (the old woman) thought *smelt very deathly*. Here the old woman's olfactory organ was at fault. She had fainted twice in about an hour. They both became alarmed; and at half-past twelve o'clock the husband was called out of church. Immediately on his return to the house, a servant was sent off for me.

It was about two o'clock when I saw her. I found her then on the bed. She appeared much depressed, and complained of tingling pains in the back, and she thought that labour would very soon come on. On examination *per vaginam*, there seemed to have been no discharge, and I found nothing more than the usual premonitory symptoms of approaching labour. In the parturient passage the mucous secretion was very abundant, and the parts most amply lubricated. The os uteri was thin, and sufficiently dilated for me to introduce my finger with ease. Having fully satisfied myself that there was no external hæmorrhage, or any other alarming symptom, I did not interfere. I was with her about two hours. During that time there were no labour-pains, but she still continued to complain of great sinking, and fainted once, and was also sick; still this did

not improve her condition, (sickness often excites labour-pains). As she seemed much exhausted, I gave her a table-spoonful of brandy twice, but she kept yawning, and did not rally. The pains were slight, and less frequent, and not so strong as when she was first taken. Yawning and fainting occurring during labour, are unmistakable symptoms of mischief going on: they must always be looked upon with suspicion, and must create in the mind of an observant obstetric practitioner some degree of alarm, and will require his most prompt and active assistance. As there was no advancement at half-past four o'clock, I then gave a dose of ergot, but it did not increase the pains much. On making another examination, I found the os uteri a little more dilated, and a pouch of the membrane presenting, about the size of a filbert; this I ruptured, but only a very little liquor amnii escaped. I then discovered that it was a natural presentation, and was satisfied that if the pains followed I had nothing to apprehend. Shortly after the membrane was ruptured, the pains became stronger and quicker, and in about two hours a dead child was born, without any unpleasant symptoms succeeding. Before the placenta was expelled, and in a few minutes after the child, a large clot came away with a very slight pain. Although it was not very large, this fully explained the fainting and the other unpleasant symptoms which had been observed during the day. The clot had no doubt been accumulating ever since the first fainting-fit in the morning; and would have gone on until checked by fatal syncope or labour. The vessels had no doubt ceased to bleed the moment the membranes were ruptured, and the formation of the clot was stopped by the expulsive action and contraction of the uterus. That took place in the afternoon, without producing the slightest appearance of anything like internal or external hæmorrhage. It was very evident, from the appearance of the child, that it had not been dead long, and it was very clear that the mother had not gone her full time. She had herself expected to go three weeks or a month longer. I examined the placenta immediately after it was expelled, and there was a rent in its membranous covering, at the root of the umbilical cord; and on the surface of the placenta itself there was a large thick coagulum extending over it, an inch and half in circumference, which was very easily removed. This coagulum was no doubt nature's plug, which had put a stop to the hæmorrhage, and all the other unpleasant symptoms.

I need not here enter on the pathology of the utero-placental circulation, nor on the intricate subject of uterine susceptibility; but we all know, and those of us who have had much midwifery practice must have noticed that, at the placental end of the cord, the umbilical vessels are very large, particularly the umbilical veins. From this point they ramify, and are distributed over the whole membranous covering of the placenta, till lost in the substance itself; and from this point, also, springs, and is conveyed, the nourishment to the fœtus in utero. Thus, a rupture, or hæmorrhage, or any disorganisation taking place at this important and connecting link and vital union between the mother and the fœtus in utero, must be attended with very serious, if not fatal consequences, both to the mother and child; and would be calculated to produce the symptoms and all the great constitutional derangement, of which my patient complained, and from which she was suffering before the child was born, when I was first called in; and is another strong proof of the powerful influence and the great effect of passion and mental impression on the mother's system, and on the fœtus in utero. There is not here the slightest doubt that the agitation and commotion of the mother's mind, caused by the sting of the wasp, must have produced a shock to the whole system, the effect of which was so powerful, as to produce the copious evacuation from the bowels, and consequent great exhaustion; and no doubt it was a sudden and violent movement of the fœtus that tore the membranous lining of the placenta, and lacerated the umbilical vein; and here was the cause of the internal hæmorrhage which caused so much uneasiness during the day, and would soon have caused the death of the

mother, as well as of the child, if labour had not been quickly brought on. The bleeding, I expect, ceased as soon as the expulsive action of the uterus was set up. The child did not appear to have been dead long; and had the labour been a rapid one, I have no doubt but it would have been born alive. The mother recovered very well. The milk, as is usual in such cases, gave her some little trouble.

As there are but few cases of *internal* uterine hæmorrhage published, this, perhaps, may be interesting to the readers of the *ASSOCIATION JOURNAL*. What I wish particularly to direct their attention to is, the simple cause that produced it, and the slight hæmorrhage that gave rise to such great and alarming constitutional derangement in the mother, and to the death of the child. Here was only one clot, and but very little discharge afterwards. Query—Could any other plan of treatment have saved the child?

Bath, December, 1852.

BIBLIOGRAPHICAL NOTICES.

WHAT TO OBSERVE AT THE BEDSIDE, AND AFTER DEATH, IN MEDICAL CASES. Published under the authority of the London Medical Society of Observation. 12mo., pp. 136. London: 1853.

THIS work points out with minute and elaborate detail the method to be pursued in making clinical examinations regarding patients during life, and in examining bodies after death. The value of such a guide will be felt by all who have to attempt the diagnosis of puzzling cases; as it will enable them to explore every symptom and every part of the body, according to a plan which prevents any possible source of information from being neglected: but if the busy practitioner attempt to adopt it as his *usual* text-book of diagnosis, he will often, we doubt not, bewilder his memory and his judgment amid the unimportant features of his ordinary as well as of his extraordinary cases. The time of even moderately well employed practitioners is too precious, to enable them to subject many cases to the searching scrutiny proposed by the Medical Society of Observation; nevertheless, the little volume before us will be found a useful aid in the diagnosis and accurate reporting of cases, even by those who have not leisure to follow the elaborate system of inquiry which it recommends and explains.

The circumstances in which the book is published are thus unfolded in the preface:—

"Soon after the Medical Society of Observation had been formed, it was felt by the members, that the labour of analyzing and comparing clinical observations would be greatly lightened, and the precision of the observations themselves increased, if the records of these were in every instance arranged on an uniform plan. The society in consequence adopted, with some modifications, a form of arrangement of symptoms and after-death appearances, which had been framed by Dr. Walshe. The publication of this form seeming desirable, it was referred to a committee, who expanded and altered various parts of it, and finally threw it into its present shape. The supervision of the whole was intrusted to Dr. Ballard, who has bestowed upon his task great labour and attention.

"The society believes that this scheme or method of arranging the clinical and anatomical phenomena of disease, will prove useful both to those who desire to learn systematically with what amount of detail, and in what order, those phenomena should be looked for, and also to those who wish to record with accuracy the results of their experience. It will probably be admitted, too, that errors in diagnosis are more frequently traceable to forgetfulness in searching for all possible evidences of disease, than to misinterpretation of those actually discovered: the physician proceeding to the investigation of an obscure case may, then, in a book of the present kind, occasionally find a useful remembrancer."

AN INTRODUCTION TO CLINICAL MEDICINE: Six Lectures on the Method of Examining Patients; Percussion; the Use of the Microscope; and the Diagnosis of Skin Diseases. By JOHN HUGHES BENNETT, M.D., F.R.S.E., Professor of the Institutes of Medicine, and of Clinical Medicine in the University of Edinburgh. Second edition, with numerous woodcuts, 12mo., pp. 134. Edinburgh: 1853.

THIS is an excellent manual for the student; and, indeed, there are few practitioners who may not derive advantage from its perusal, not only from the clear and condensed information which it imparts, but also from the useful counsels which it gives as to the manner of making and recording observations at the bedside and in the dead-room. A chapter on the application of chemistry to diagnosis would be a useful addition, and we hope to see it supplied by Dr. Bennett at no very distant period.

MANUAL OF HUMAN ANATOMY: Descriptive, Practical, and General. By ROBERT KNOX, M.D., F.R.S.E. Illustrated by 250 highly finished wood-engravings, from drawings by Dr. Westmacott. 12mo., pp. 672. London: 1853.

As might be expected, this manual, proceeding, as it does, from an accomplished veteran in the art of teaching anatomy, is eminently luminous and graphic. We fear, however, that many old students of the author will be somewhat disappointed in turning to the *sphenoid bone*, the *humerus*, the *femur*, or other remembered theme of "Old Surgeon's Hall", to find that scarcely a trace can be discovered in any part of the volume, of the racy parables by which the oral lectures of the author were wont to be enlivened; and by the happy introduction of which he was able to command the attention of even the idle and the indolent.

PERISCOPIC REVIEW.

PSYCHOLOGY IN ITS RELATIONS TO PATHOLOGY, THERAPEUTICS, AND JURISPRUDENCE.

OPIUM IN MENTAL DISEASE.

In the *Psychological Journal* for October 1852, there is an analysis of the views of Dr. ENGELKEN, of Oberneuland, on the employment of opium in mental disease, and some allied conditions. He considers the drug to have a twofold action—one local, on the nerves of the stomach, the other remote, on the nervous centres, by absorption into the blood. He adduces the example of the oriental opium-eaters, in justification of its administration and long-continued use in large doses. He has exhibited three grains with benefit once or twice a day, for periods of three or four years. The appetite has improved—the entire frame has been benefited—and there has been decisive amelioration of the mental malady. He has observed that small or half-grain doses are followed by increased rapidity of the circulation, and of the quantity of the secretions. If the dose be raised to a grain, or a grain and a half, the actions of the brain are increased, and there is diminished susceptibility of external impressions. Thoughts are developed more rapidly, and with greater clearness; the association of ideas is more varied; and the imagination is more active. Doses from three to ten, or more grains, produce the well-known phenomena of stupor. He regards the medicine as contra-indicated in insanity depending upon inflammatory or congestive conditions. He recognizes its suitability in those forms of hypochondriasis which most closely approach to melancholia; but does not appear to be acquainted with its utility in general insanity, and in the latter stages of mania, in doses of one or two grains, gradually increased to four or six grains, combined with calomel and digitalis, as recommended by Dr. Seymour. Dr. E. confirms the opinions prevalent in Britain, of the benefit to be derived from opium in deli-