quences, and treatment; and this is a very painful position to be placed in, as our resources are very limited, and the remedial measures are very few; and all those medicines which are called specifics in stopping hæmorrhage, are as futile as incantations. There is no medicine in the *Materia Medica* that can have a styptic effect in these cases; but we must do something, and all that can be done must be done mechanically, by removing the contents of the womb, or by external applications, employed as I have stated in another paper on this subject. The only means to be depended on as a remedy in these desperate cases, is cold water, a small hand, and the blunt hook. I have given directions for the application of cold water over the abdomen in such cases. If we can make the surface of the body contract, the internal parts will by sympathy contract likewise. Three out of four patients are lost in uterine hæmorrhage, mainly for want of being delivered when there was a possibility of delivering them, and a chance of saving their lives. The difficulty in such cases is not in what we ought to do, but when we should do it. I am not a disciple of the mystical German school, nor do I believe in the hydropathic method of treating diseases; but I do believe that in *internal* uterine hæmorrhage, the *wet sheet* may be very beneficially applied.

I have been led to these remarks by reading the case of accidental uterine hæmorrhage by Mr. Harrinson, as the case published by me at p. 38 of No. 11, New Series, which I sent previously to the date of Mr. Harrinson's paper, is so similar.

Mr. Harrinson asks, "Could a more accurate diagnosis have been arrived at? and if so, could the treatment have been materially modified?" This would imply that he wished to have the opinion of others, and that he sought information on the subject, as to the diagnosis.

With such symptoms, it was natural to suppose that there was some great mischief going on within the walls of the abdomen; and, in the patient's condition, the uterus would be suspected to be the seat of the disease or disorder, and the existing cause ought to be removed; but how and when was this to be done? Without having seen the case, it is very difficult to say what ought to have been the treatment; and it may be considered presumptuous to say, that anything that was done ought not to have been done, or that anything was left undone that ought to have been done, as there might have been some peculiar idiosyncrasy of constitution, or many special circumstances, that could be only judged of by those who were present. Still, a remark or two on the general treatment of such cases may be useful to those who may be so unfortunate as to meet with similar cases in their practice.

After the rupture of the membranes, a full dose of the secale cornutum might, I think, have excited the contracting power of the uterus, and, by its stimulating quality, have kept up the failing powers. The mode of delivery I do not consider to have been the most safe and proper. The blunt hook would have been a much safer instrument, and more applicable than the perforator or forceps. As there was no propelling action of the uterus, and the head presented, there would have been no difficulty in introducing it, and of getting a good hold. The child, I suppose, was dead, and it would not have been of much consequence to what part we had fixed it. The chin, occiput, and mouth, were to be easily got at, and there appears to have been no rigidity of the os uteri, resistance, or want of repose. There was only a lack of physical power: this the blunt hook would have safely and easily supplied. The operation of craniotomy can never, in my opinion, be justifiable, unless there be a hydrocephalic head presenting, or an unusual degree of ossification of the entire bones of the cranium, or a very great degree of deformity and contraction of the pelvic orifice, or a dying patient. I believe it would not be considered orthodox to let a woman die undelivered. The powers of action in this case did not seem to have been exhausted, as she survived some hours after the loss of some quarts of *fluid* blood. Its being fluid is, I consider,

a clear proof that that was not the cause of the previous symptoms; but that the clots resulted from the internal hæmorrhage going on before delivery was attempted. We thus possess two means or ways of restraining uterine hæmorrhage; firstly, by exciting the power of contraction; and, secondly, by promoting the formation of coagula. Mrs. G. must have sunk from the loss of the quarts of fluid blood. I never lost a patient from hæmorrhage after delivery, who survived it an hour.

Bath, January 14th, 1853.

SUDDEN DEATH FROM COLLAPSE IN A CASE OF RUPTURE OF THE BLADDER.

BY ALEXANDER HENRY PATERSON, M.D.

CASE. January 15th, 1853, M. Corr, æt. 45, a labourer, was, at half-past eleven, P.M., slightly intoxicated, and engaged in a quarrel with another man. On receiving a blow on the chest, he fell, but appeared not much hurt. He was separated from his antagonist, and walked a short distance. The two men then met, and renewed their dispute; and collaring each other, rolled down together, Corr falling on his back, and his antagonist upon him. As Corr was rising, his antagonist, who had regained his feet, ran towards him, and kicked him in the lower part of the abdomen. The blow was the more violent as the man had wooden clogs on. Corr fell back, and died immediately.

On making a *post mortem* examination, on the 17th, I found the brain healthy, though congested; the heart was free from disease, but much distended with black, feebly coagulated blood. The abdomen appeared healthy, and free from all injury. On scratching aside the peritoneum from the pelvis, my finger passed into the bladder, through a rent almost two inches in length. There was some bloody urine, perhaps an ounce, effused into the cellular tissue. The injury occurred on the left side of the body of the bladder. That organ and the urethra were healthy, and the peritoneum was uninjured. The body did not exhibit any internal marks of violence.

REMARKS. I have not met, either in Beck's or Taylor's Jurisprudence, with a similar case; and though I have seen several fatal instances of laceration of the bladder, death has not occurred for some hours or days.

It appears to me clear, that in this case death resulted from the shock to the sympathetic system; and that the rupture of the bladder had nothing to do with it. The darkness and fluidity of the blood, and the congested state of the brain, lungs, and especially of the heart, all confirm this view.

Altrincham, Cheshire, January 1853.

BIBLIOGRAPHICAL NOTICES.

A TREATISE ON TUBERCULOSIS, THE CONSTITUTIONAL ORIGIN OF CONSUMPTION AND SCAFULA. By HENRY ANCELL, late Surgeon to the Western General Dispensary, etc. pp. 778. London: 1852.

THE object of this very able and elaborate work is to draw attention to that state of the constitution which is characterised by the term *tuberculosis*, and on which Mr. ANCELL is satisfied that scrofula and consumption, in all their varied manifestations, depend.

"Tuberculosis is herein regarded, strictly, as a blood disease. I have endeavoured to collect all the most important facts relating to the physical and chemical properties of the blood, the aberrations observed in the phenomena of cell-growth and nutrition, the histology of tubercular deposits, and the special pathological anatomy of the tissues and organs, and have referred them to the primary affection as sequences, or results. Those maladies which are but local manifestations of the mor-