most ordinary articles, and many flowers. She does not forget anything which she has once seen. She could not distinguish a plate from a saucer.

28th. It is now rather difficult to find a common article which she does not recognize. I held up one of my gloves with the fingers spread out, and asked her what it was. She was puzzled for a time, but at last she guessed "a pair of gloves." Now this she had not seen before, but she knew the form of the hand and its colour, and she could see that the glove was not my hand, for I held it up to her, and she could also see that it had the shape of the hand. And thus within little more than a week after the operation, she could put together her experience so as to make out that the object which I held before her was a glove, or as she called it, "a pair of gloves."

July 2nd. A fortnight after the operation. I found her walking in the court. She could see the flowers, and could count the buds upon a rose tree at the distance of a few feet; and she could see the yellow anthers of a white lily, and the separate petals.

5th. She took a walk through the city and was very much interested by seeing the shoes, hats, watches, &c., in the shop windows. She pointed them out herself, and knew them at once, and described them to me afterwards, expressing great pleasure at being able to distinguish them.

8th. She was shewn a dove: she soon learnt to know it, and she could distinguish the ring round the neck. She expressed great delight that the first bird which she saw should be a dove, as she had heard so much about the dove and Noah's ark. She can see the windows of the houses at a considerable distance, and could distinguish that some were open and others shut, and she could see something moving in one of them,—this was a child at play.

12th. She continually says that she is ashamed to look any one in the face. Whenever she attempts it she begins to laugh. When she was shewn a portrait painted in oils, of the size of life, she could distinguish the eyes and nose, but she began to laugh in the same way. Among the plates in a work upon Natural History, she recognized at once the picture of a bird, and pointed out its head and tail, (for she had learnt birds, having seen a dove,) but she could not tell a fish. From a drawing-room window she pointed out a horse and carriage, passing up the street, and said that there was a lady in the carriage. I shewed her the picture of an Indian, with a thick club in his hand; she said it was a man with an umbrella.

It is now upwards of a month since the operation, and the state of her eye is as follows:—There is a portion of perfectly clear pupil in the centre, and at the external part of the pupil, through which she sees. The most solid piece of the lens is below, and is gradually diminishing by absorption. The corneal opacity is in *statu quo*, and seems to be of but little consequence. The sight improves considerably from one week to another; a four-inch convex glass, which brings the rays to a focus upon the retina, very much improves the powers of vision, with it she can see to distinguish large letters from one another, although she does not as yet know any of them.

She has been sent home, with directions to return in two or three months' time, when the lens may be expected to be absorbed, and then she will be furnished with a suitable glass, and I feel no doubt that if no unforeseen accident occurs, she will learn to read and write in a very short time, and to do everything by her sight, as well as she has hitherto done by means of the sense of touch.

OBSERVATIONS ON PLACENTA PRÆVIA.

By JOHN JONES, Esq., Surgeon, Derby.

(Read before the Provincial Medical and Surgical Association, at the Anniversary Meeting, at Derby, Thursday, August 5th, 1847.)

It is upwards of seventy years since the following rules of obstetrical practice were promulgated in this country by the late Dr. Rigby:—1. That in cases of hæmorrhage, caused by presentation of the placenta, the safety of the mother, and probably that of the child, can only be secured by early and cautious delivery, by the operation of turning. 2. When hæmorrhage occurs during labour, without presentation of the placenta, rupturing the membranes is usually sufficient to restrain it.

From the time of Dr. Rigby's invaluable "Essay on Uterine Hæmorrhage," published in 1775, till recently, the above rules have been considered the established and only authorized guides of practice under circumstances of the most appalling responsibilities in which the practitioner can be placed; and in innumerable instances, supported by the assurance that security can only be obtained by turning, he has performed the important duties imposed upon him with firmness and efficiency; and in most cases when the operation has been judiciously and cautiously performed, has been the happy means of rescuing the mother, and not unfrequently her offspring, from inevitable death.

"On this subject," Dr. Blundell observes, "the general rule is that you should introduce your hand into the uterus as soon as you safely may, and that you should abstract the child by the operation of turning. On this point there can, I presume, be no difference of opinion amongst competent judges, at least in the present state of knowledge, so that the mind is not here, as sometimes, distracted or disturbed amongst a variety of practices, each of which may have nearly equal claims to its adoption."

The practice of turning in placental presentation, if adopted sufficiently early, not too hastily, and with all necessary caution, is very generally successful. That fatal cases should occasionally occur where such great dangers exist cannot be matter of surprise. The life of the patient in these cases is peculiarly in the hands of the practitioner; if he is inexperienced, too anxious or timid, has never before attended a case

of placenta prævia, and the rule of practice is not clearly defined and well understood by him,—if his mind is distracted or disturbed by having a variety of practices presented to it, each of which may have equal claims to adoption, he becomes undecided, vacillating, and temporizing,—he delays adopting the mode which affords the best chance of saving the life of his patient, and allows her to sink without having been delivered, or, perhaps, performs the operation of turning when her energies are too far expended, and under such a state of exhaustion, his very haste to deliver accelerates the fatal catastrophe.

The usual causes of failure in performing the operation of turning are:—1. Waiting too long for the dilatation of the os uteri before commencing the operation. 2. Too great haste in performing the operation.

1. *Waiting too long for the Dilatation of the Os Uteri.*—However unanimous the profession has hitherto been in considering turning the right practice in placenta prævia, teachers of obstetrics have differed as to the proper time for performing the operation.

The following directions are given by professors:—Dr. Hamilton says, "If possible, delivery should never be attempted till the os uteri be dilated, and the membranes begin to protrude." Dr. Burns says, "Whenever we find the os uteri softer, and in any degree more open than its usual state, and it admits the finger to be introduced easily within it, we may deliver safely, and if the hæmorrhage be continuing ought not to delay." Dr. Merriman observes, "It is necessary that there be a certain degree of softness and dilatability in the uterus; but the dilatability is not always to be judged of by the actual dilatation of the part, for sometimes in hæmorrhage, the os uteri will be very capable of being dilated by art, though it hardly seems sufficiently open to admit a single finger." Dr. Lee says, "It is seldom safe to attempt delivery by turning before the os uteri is so far dilated that you can easily introduce the points of the four fingers and thumb within it, however soft and relaxed it may be. Until dilatation has commenced and proceeded so far, I am convinced there are very few cases in which the operation will be required or completed without the risk of inflicting some injury on the os uteri."

That such discrepancy of opinion should exist amongst the teachers of midwifery on a subject of so much importance, is greatly to be lamented, and must tend to produce in the practitioner indecision and delay, at a time when firmness, promptitude, and decision can alone give security to his patient.

As the hæmorrhage usually occurs between the sixth and eighth month of pregnancy, and there is no probability of preserving the life of the child before the seventh month, it becomes desirable, of course, to postpone delivery till after that period; therefore, if the os uteri be but slightly patent, the hæmorrhage recurring but not continuing long, delay might be justifiable and we might rely on the plug and other usual means for restraining the hæmorrhage. But as the reasons for delay refer principally to the safety of

the child, and the life of the mother is continually in danger till delivery is effected, if the os uteri be soft and dilatable, although it may not admit more than a single finger, and if the hæmorrhage continue unabated, and consequently the danger urgent, the operation of turning should immediately be performed. Hæmorrhage has a direct tendency to relax the os uteri and render it more dilatable, consequently a rigid os uteri, co-existing with dangerous hæmorrhage, might be considered a rare occurrence, and can seldom be sufficient cause for delay when the hæmorrhage exists to a dangerous extent.

2. *Too great haste in performing the Operation of Turning.*—If delivery has been delayed till the energies of the system are greatly expended, and symptoms of exhaustion are induced, the danger of turning becomes proportionably great; and inconsiderate haste in effecting delivery under such circumstances, is not unfrequently followed by the speedy death of the mother, after having given birth probably to a dead child. As the introduction of the hand into the uterus usually restrains the hæmorrhage by exciting uterine contraction, and also by mechanical pressure on the placenta, there can be no just cause for haste; on the contrary, the safety of the patient depends on the slow, cautious, and deliberate efforts in performing the operation of turning, so as to effect delivery *without reference to time*, but solely with the view of supporting to the utmost extent the nearly exhausted energies.

Eleven cases of placenta prævia have come under my immediate observation, out of which only one terminated fatally.

The first occurred many years since, in which the hæmorrhage produced such a state of exhaustion, that I expected the patient would have died during the operation of turning. Very cautiously introducing my hand, scrupulously avoiding haste, alternately working and resting, and thus allowing time for the energies to be recruited, which in this case was of the utmost importance from the extreme exhaustion of the patient, and after continued efforts of about four hours duration, delivery was at length effected. She recovered without any unfavourable symptoms, and the following year was again pregnant, and safely delivered of a healthy child, without the occurrence of any untoward circumstance.

In another case the hæmorrhage had occasionally recurred for some weeks previous to delivery, but was of short duration. At length it became more profuse, and was accompanied by symptoms of labour; the os uteri was dilated to about the size of a shilling, soft and dilatable. Turning was easily effected, and the mother was safely delivered of a living child.

Two other cases occurred in one individual about the sixth month in two succeeding pregnancies. Turning was easily accomplished without being followed by any unfavourable symptom. In another case the placenta was partially attached over the os uteri; the hæmorrhage, which was profuse and alarming, immediately ceased on rupturing the membranes, and delivery was speedily effected.

In all the cases, excepting the one which terminated fatally, delivery was commenced when the os uteri was

dilated to not more than the size of a half-crown-piece, and in some not exceeding the size of a shilling. In one, where only a finger could be admitted, dilatation was easily effected, and the patient recovered favourably for the first week, when puerperal mania occurred, which continued for some months, and required her removal to an asylum. She, however, ultimately recovered.

The case which terminated fatally, was one to which I was called by another practitioner, in accidentally passing the patient's house whilst she was in labour. The hæmorrhage had occasionally recurred for about three weeks previously. There were symptoms of great exhaustion. The os uteri was much dilated; delay already had been too great. The only chance of saving the patient seemed to be to empty the uterus. Turning was commenced, the feet were easily brought down, and delivery was speedily effected. A dead child was born. The mother for a short time seemed to rally, but in less than half an hour she also was dead. There is too much reason for believing that this sad catastrophe might have been prevented, if delivery had been effected at an earlier period, or if there had been less haste in performing the operation of turning. The practitioner to whom this case belonged has been long since dead.

During the last two years the profession has been greatly agitated by the announcement of Professor Simpson, of Edinburgh, that the practice in placenta prævia, so long taught in the schools, and so generally adopted by practitioners, is erroneous. His doctrines are—1st. That in such cases the hæmorrhage proceeds exclusively from the placenta. 2nd. That it ceases on the expulsion of the placenta. 3rd. That there are many cases on record in which the placenta has been expelled before the birth of the child without fatal consequences to the mother. 4th. That the proper practice to follow, in the generality of cases of this description, is to imitate the plan indicated by nature, i.e., to extract the placenta before the child.

These opinions, announced as they have been *ex cathedra*, with all the weight of professional authority, must have the effect of greatly disturbing, if not destroying, the confidence in a practice which has hitherto been considered as founded on the firm basis of experience, and as presenting under the most fearful circumstances of danger, the only means of rescuing the mother, and perhaps her offspring, from speedy and inevitable death. We can no longer boast with Dr. Blundell, that "the mind is not here, as in some cases, disturbed amongst a variety of practices, each of which may have equal claims for adoption," but we are left in a maze of doubt, uncertainty, and indecision, at a time when decision, firmness, and promptitude, founded on well-understood and established principles of the profession, can alone give security to the patient, or satisfaction to the practitioner.

We are doubtless indebted to Professor Simpson for establishing the important physiological fact, that the hæmorrhage occurring in placenta prævia is derived principally from the placenta, that it is produced by its partial separation from the uterine surface, and for the most part ceases when such separation is complete.

Although many instances are on record, in which the placenta has been expelled before the birth of the child, without proving fatal to the mother, and this circumstance may have led individuals to believe the danger in such cases not so great as usually apprehended, yet before Dr. Simpson's announcement, such accidents were generally considered so highly dangerous as to render the escape of the mother almost miraculous. In a few instances these facts may probably be applied beneficially to practice, but that extracting the placenta before the birth of the child, as advocated by Professor Simpson, should generally, or in the majority of cases, supersede the long-established obstetrical rule,—“to deliver by turning, when practicable,” is, in my opinion, unsound in principle, highly dangerous in practice, and has already been attended with most fatal consequences. Melancholy cases of death have already been occasionally published in the various Medical Journals, in which there is every reason for believing that if the practice of turning had been adopted, the life of the mother, and probably that of her offspring, might have been saved. How many more such grievous cases have occurred, and are daily occurring, without being published, it is impossible to say, but is a subject well entitled to the grave consideration of the profession.

From the size of the placenta, its attachments to the uterine surface must extend much beyond the partial dilatations of the os uteri, and its extraction must require artificial dilatation to nearly as great an extent as in performing the operation of turning; the danger of manual interference in cases of rigid os uteri must therefore apply equally to both operations. Should the placenta be extracted before the child, the hæmorrhage proceeding from it of course ceases, but the uterus may be so much enfeebled, as not to contract sufficiently to prevent further flow from the uterine surface; and although not appearing outwardly, there may be intense hæmorrhage, as occasionally occurs after natural labour, and the patient may sink undelivered; or if she survive, the child, which is most probably dead, may still require to be turned, although this practice does not meet with the approval of Dr. Simpson.

In a paper published by him in the *Lancet* for the 8th of May last, he observes:—"In adopting the practice, one error which I would strongly protest against has been committed in some instances. Besides completely detaching and extracting the placenta, the child has subsequently been extracted by direct operative interference. If the hæmorrhage ceases, as it usually does, upon the placenta being completely separated, the expulsion of the child should be left to nature, unless it present preternaturally, or the labour afterwards show any kind of complication, which of itself would require operative interference."

From statistical calculations, Dr. Simpson states the average amount of deaths of cases treated by turning, as one in three. Dr. Lee has published a table, shewing the treatment and results of fifty-nine cases of placental presentations, out of which there are nine deaths, where turning had been performed, making the average amount of deaths about one in six.

and a half. Dr. Simpson, in making a comparative estimate of deaths in the two operations, gives one death in fourteen cases, in which the placenta has preceded the birth of the child. But in this calculation he includes all the cases he could find recorded, in which the placenta has been expelled by the natural pains without proving fatal to the mother. As such cases can only prove the extraordinary constitutional vigour of the patient, which enabled her to resist the exhausting influence of the hæmorrhage, which in the generality of persons proves fatal, they are not just data for the formation of statistical calculations.

Statistical records of death are often formed without sufficient reference to the details of practice in each case. Before we can place great reliance on them, we should ascertain how many deaths recorded as having occurred from placenta prævia, treated by turning, were owing to *avoidable causes*, and how many were purely the result of the operation. Calculations formed with these precautions would, I have little doubt, prove the practice of turning in these highly dangerous cases to be entitled to the entire confidence of the profession as an established general rule, the *exceptions to which are exceedingly rare*.

CASE OF POISONING BY OXALIC ACID: RECOVERY.

By CHARLES BARHAM, M.D., Truro, Physician to the Royal Cornwall Infirmary.

(Read at the Annual Meeting of the South Western Branch of the Provincial Medical and Surgical Association, held at Truro, July 16, 1847.)

Mary Sampson, aged 37, married, had been complaining of violent headache and debility for some weeks, which were treated with tonics and leeching, with some relief. On July 29th she purchased of a druggist about an ounce of oxalic acid, for the purpose of destroying herself, the whole of which she dissolved and swallowed. In about ten minutes she vomited copiously a fluid of a dark bloody colour; the bowels were also purged; the fæces of a natural colour. She lay in bed exhausted, and in a state of insensibility, for four hours. On our visit we found her with senses returned, and able to converse. She told us she had taken oxalic acid, the quantity she had purchased, and the manner of mixing it. She lay supine; face extremely pallid; extremities cold; and the body covered with a cold clammy perspiration; the fingers semiflexed, rigid, and the thumbs bent into the palm of the hand; the pupils natural; the pulse scarcely perceptible at the wrist; heart's impulse much diminished, but both the sounds perfectly distinct. Respiration very slow; tongue brown and dry; converses when roused, but immediately lapses into a sleepy state. Complains of no pain. Ordered chalk mixture freely, with stimulants. On searching, we found no traces of the poison, nor of the vomited matter, the latter having been thrown away, and the vessel washed.

30th, 9 a.m. Remains in much the same state with respect to extremities, pulse at wrist, and heart's action; respiration very quick; face and lips blue

complains only of headache; the contraction of the fingers almost gone off; bowels open early this morning, stools of the natural colour; tongue brown; no vomiting.

11 p.m. Complains of much tenderness over the abdomen, and has been somewhat delirious in the former part of the evening, but is sensible now; bowels not open; other symptoms remain as they were this morning. She has vomited once a small quantity of fluid, with a deposit, which the analysis of an experienced chemist proves to be carbonate and oxalate of lime. Ordered to continue the chalk mixture, stimulants, and poultice to belly.

31st, 9 a.m. Extremities warmer; still covered with a clammy moisture; pulse more perceptible at the wrist, and impulse of heart stronger, but its action exceedingly quick; contraction of fingers gone; face less pallid; bowels open three times in the night; stools of the natural colour; still very drowsy, but perfectly sensible; complains of headache, and pain on pressure over the abdomen.

11, p.m. Has been delirious since 6 p.m., with paroxysms of violent struggling; extremities warm; face flushed; pulse much fuller, 120. She is now perfectly rational; complains still of headache, and pain on pressure over the bowels, which have been relieved twice this morning, stools of natural colour. Omit stimulants; chalk mixture less frequently; poultice to belly.

August 1st. She has passed a comfortable night, with intervals of sleep, without any return of delirium; the face is flushed; she complains of headache, pain on pressure over the abdomen, and intolerable thirst. Bowels moved twice; stools mixed with blood. She has vomited some fluid of a yellowish colour; has some slight cough, with soreness of chest; respiration quicker than natural; pulse soft, 110; tongue dry and brown. To have gruel and other nourishment, and a mustard cataplasm over the abdomen.

August 2nd. She is much better to-day; all tenderness of abdomen gone, as well as the vomiting, and there has been no return of delirium; sleeps comfortably; still complains of headache, and excessive thirst; pulse 84, good; bowels open twice, stools of natural colour; she is extremely weak and emaciated; tongue cleaner. To have mutton soup frequently, and to take ammonia and tonics.

9th. Since the last report she has been gradually recovering; she is now able to get down stairs and walk about a little; is extremely weak. Two days since an eruption appeared over the body similar to the maculæ of typhus, which has now completely disappeared. She complains still of intense headache, and has a very desponding look.

This poisoning occurred about seven years ago: no ill consequences have remained. I am indebted to Mr. Slyman Michell, the surgeon with whom I attended this case, for the above narrative.