delivering it footing through the natural passages; but my colleagues, without doubting in the least the practicability of this method, were disposed to regard the woman as moribund, and to prefer that mode of delivery which would least endanger the life of the child, if perchance, it still survived; they, therefore, insisted on resorting to the abdominal section. Observing that a division of the abdominal integuments through the old cicatrix would be unattended with pain or hæmorrhage, owing to its imperfect union and organisation, I acquiesced in the propriety of the measure, and I am certain that no mode of delivery would have saved the woman. Dr. Robertson performed the operation. We found the child dead, and almost entirely in the abdominal cavity, the uterus having given way through the whole extent of the former cuttings. After the child and secundines were delivered, the woman seemed to revive; but her last labor had come. She survived about thirty-six hours." Before leaving the patient, Dr. Carey took special pains to ascertain the true dimensions of Mrs. S.'s pelvis; he avers that the transverse and conjugate diameters are of good size, but that the depth of it posteriorly is less than usual.

It will be perceived that the parties who paid obstetrical attentions to Mrs. S. have joined issue in regard to the size of her pelvis. Dr. E. assures us that the contraction was such as "to preclude the possibility of her ever giving birth to a living child approaching the ordinary size;" "that the sacro-pubic diameter was below two inches," and of course it was upon this view of the condition of the pelvis that the propriety of the turning and decapitation of the child, and the subsequent section of the abdomen, to deliver the trunkless head, in the third labor, and the immediate resort to the Cæsarian operation upon finding "an arm presentation and a dead child" in the fourth confinement, are predicated. Drs. Robertson and Carey declare the pelvis to be of tolerably "good size;" that the sacro-pubic diameter, at the superior strait, measures at least three and a half inches. Without attempting to determine the truth of the matter at issue, by the number and credibility of the witnesses on each side, we think the circumstance of the birth of the twins, and the facility with which Dr. E. turned and delivered the trunk and extremities of the child he beheaded, establish the truth of Drs. Robertson and Carey's declaration in regard to the matter, as clearly as if the pelvimeter of Coutouly or the calipers of Baudelocque had been applied, and had testified to a reasonable amplitude of pelvis.—*Amer. Journ. Med. Sci.*, Oct., 1843.

NITRIC ACID FOR PILES.

We must mention the use of nitric acid, which has been recommended by Dr. Houston in order to destroy the tender, tumid, and bleeding surface of mucous membrane which covers internal piles, and which is the source of their excessive irritability and hæmorrhage. The pile, having been protruded, its surface is to be smeared with a smooth wooden stick dipped in the concentrated acid; and then pure olive oil is to be applied in order to prevent the caustic being too widely diffused. The subsequent treatment is the same as after extirpation by the ligature; and when the slough caused by the acid separates, the surface generally cicatrises speedily, and leaves the part braced up by its contraction.—*Mr. Druiitt*.

CASE OF TWINS,

IN WHICH BOTH PLACENTÆ WERE EXPELLED PREVIOUS TO THE DELIVERY OF THE LAST FŒTUS, WITHOUT CONSEQUENT HÆMORRHAGE.

By SAMUEL TYLER, M. D., of Frederick, Md.

My father was requested to attend a female in labor on the morning of the 6th of July, 1843, at ten o'clock, a.m. She had been delivered by her mistress two hours before (eight o'clock, a.m.) of a fine child. In a reasonable time after the expulsion of the fœtus, the placenta was discharged. The mistress observed that the placenta presented an unusual appearance, and that the cord seemed larger than natural, but it was not until she had divided the funis that she discovered there was another fœtus "in utero," and that she had mistaken a double placenta and a double cord for an enlarged condition of those two important organs.

When my father arrived, he made an examination per vaginam, and discovered that the remaining fœtus presented the left shoulder. It was then more than an hour since the cord had been severed, and of course the life of the fœtus destroyed. In addition to the unfavorable circumstance of a shoulder presentation, there was firm hour-glass contraction of the uterine fibres around the body of the child. Having, in conjunction with the means usually calculated to relieve so firm a contraction of muscular fibre, made many unsuccessful efforts to turn the fœtus, in order to convert it into a footing or breech case, he sent for me. On my arrival, I soon discovered (indeed, it was for that purpose he sent for me) that embryotomy offered the only relief to the suffering female. After making several equally ineffectual efforts at turning, I proceeded to perform the operation, which consisted in removing with the scalpel the left arm at the shoulder-joint, and then opening the thorax by a puncture or incision between two of the ribs, and thus partially evacuating its contents. The delivery was effected, after compressing the thorax and abdomen, by carrying up the right hand to the breech, passing the finger into the rectum, bringing down the breech, and then finishing the delivery "*secundem artem*."

The patient was placed in a comfortable position, and every precaution taken to prevent, or rather to relieve, what seemed inevitable, viz., copious hæmorrhage; hour after hour passed by, the female continued comfortable and improving, and, until the present time, more than four weeks since the delivery, not the slightest appearance of hæmorrhage has taken place; the abdomen is natural in size, and the female entirely recovered, and is nursing her infant.

Observe the peculiarity of such a result. Here is a case of twins, one child delivered easy and natural; both placentæ coming away, thus leaving a double placental surface exposed; the cords are divided by mistake, and, consequently, the vitality of the remaining fœtus destroyed; it presents under the most unfavorable circumstances, the shoulder being the descending portion; it is impossible to move or turn it, owing to rigid hour-glass contraction; remedies best calculated to produce relaxation are made use of, but not until embryotomy is performed is the patient relieved.

Here we have a case, not merely of simple placenta prævia, but a double surface exposed, there having been two placenta; the fibres of the womb, first in a state of rigid contraction, then the irritation consequent upon the performance of embryotomy; and, lastly, a state of excessive relaxation, and still not a drop of hæmorrhage, and the female entirely recovered. I present this case, so interesting in its nature, so apparently formidable in its character, hoping that those under whose observation it may fall will be induced to investigate the cause of so favorable a result.

I may be allowed here to add the great importance of an obstetrician always being in attendance upon a parturient female, no matter how simple the presentation, or how favorable the circumstances of her case. Had a practitioner been present at the commencement of the case just related, the life of a human being might have been saved, which was certainly sacrificed to ignorant midwifery, though the result to the female was as fortunate as could possibly occur.—*Amer. Journ. Med. Sci.*, Oct., 1843.

THE
SPONTANEOUS EXPULSION OF A LARGE
POLYPUS,

TWO DAYS AFTER THE DELIVERY OF A FINE
HEALTHY MALE CHILD.

By JOHN DAVIS, M.D., of Smithville, South Carolina.

May 23, 1843. I was summoned to Mrs. C——, aged thirty-two. When I arrived I found her to have been in labor twelve hours, with her fifth child. The presentation was natural, and the soft parts well dilated. The pains were, and, I was informed, had been, pretty strong for three hours previous to my arrival, yet they were irregular, intermitting, and of little effect. She was greatly exhausted by the continuance of her sufferings, and the violence of her exertions, and a serious question arose in my mind what I should do. If we would be governed by authors in general, it was a case in which the ergot might have been given with good effect. Considering the only difficulty, however, to depend upon the irregularity of the pains, I resolved to wait an hour or two, and see if nature herself would not accomplish the delivery; and, to my great joy, in half an hour the pains became more regular and forcible, and, on examination I found the head advancing with a pretty fair prospect of a hasty delivery. It was now just entering the brim of the pelvis, when profuse hæmorrhage came on, the woman sunk rapidly from copious loss of blood, the pains ceased almost entirely, and, indeed, the case became alarming. I ordered her such remedies as appeared most pressingly indicated, and in the course of half an hour the hæmorrhage ceased, the woman revived, the uterus regained its wonted powers, and in fifteen minutes more she was delivered of a large healthy male child. The afterbirth seemed to be slightly adherent, but was soon delivered with little difficulty, and without much hæmorrhage. In short, all things seemed to do well, excepting the uncommonly severe afterpains, which led me to place my hand over the abdomen, when I was a little surprised to find it but slightly

diminished in size, especially over the region of the womb. This led to a still further examination, *per vaginam*, and to my utter astonishment I discovered a large resisting tumor firmly impacted in the uterus. Satisfying myself as to its character, I did not examine as to its location, as the soft parts were very tender to the touch, and as the patient was very much enfeebled; nor was it necessary, as that was not the proper time to search for a pedicle or neck, or if its location were ascertained, to apply the ligature.

I gave such directions as I conceived the case required at the time, and left the lady with the fullest assurance that I would see her as often as circumstances would permit. Late in the afternoon of the day following, however, I was requested to visit her in haste, as her pains had returned with increased violence; but before I arrived she was spontaneously delivered of a polypus, weighing eleven ounces, without the slightest hæmorrhage.

The polypus is now in my possession. Its pedicle or stem is about an inch long and about two in circumference; it is similar to a fungous excrescence, and is covered by a thick membrane. It is full of large veins and arteries, some of the former being varicose.

This is the 19th of June, 1843, and the lady has recovered entirely; and says she feels much stronger than she did during the four last months of her pregnancy. She also states that she was not aware of there being anything wrong about her womb till after she was three months gone, at which time it seemed to be fuller than ordinarily at that stage of pregnancy, and there was also a slight vaginal secretion. These seemed to be the only signs, of which she is aware, that could be considered as symptoms of the disease. She is of a stout, robust constitution, and her general health has been good from her infancy with slight exceptions.—*Amer. Journ. Med. Sci.*, Oct., 1843.

CASE
OF
TRAUMATIC TETANUS,
IN WHICH THE SULPHATE OF QUINIA WAS SUCCESS-
FULLY USED.

By JOHN W. MALONE, M.D., of Quincy, Florida.

On the 15th of May, my colleague, Dr. William Booth, was called to see a negro girl, about twelve years old, of sound constitution, laboring under the usual symptoms of tetanus, particularly that variety called opisthotonos. The history of the case was as follows:—About ten or twelve days previously she said "she stuck a nail in her foot," to which a lye poultice was applied, but, suffering no farther inconvenience from it, no particular attention was given her, until the muscles of the extremities became rigid, with inability to move without inducing spasm; stiffness of the jaw supervened, and the spine was drawn back in a curve, all of which was supposed to have been produced from a fall she received on the day these symptoms occurred. She was bled, had her bowels operated on, and took morphia, but the symptoms became more violent, and excited in the minds of the family the suspicion that they might be produced from the wound in the foot, which they had supposed well. An examination was consequently