answered best (in the erysipelatous form) in my practice has been hot, dry applications to the belly and extremities, and large doses of calomel, opium, and tartar emetic.

CASE IN WHICH THE URACHUS REMAINED PERVIOUS AFTER BIRTH.

By T. H. STARR, M.D., Kettering.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The irregular construction of parts or organs of the body, which now and then present themselves, must invariably prove matter of interest to the physiological inquirer; but when the anomaly is extremely rare, it becomes worthy of record, as adding another remarkable fact to the curiosities of medical experience. The narrative of the case which I proceed to communicate will occupy but a small space in your widely-circulated Journal. The obstetric reader cannot but regard it as a singular vagary in his especial province of nature's handywork; whilst the comparative anatomist will trace in it the more ample development of a rudiment of organisation occurring, as it were, by accident to an individual of the human species, but which seems essential to the regular constitution of other animals in utero.

A few weeks since a poor woman, named Carles, brought a female child to me for advice, aged thirteen weeks. From the period of its birth the urine had escaped at the umbilicus, the urethra being at the same time perfect. The excretion passed freely through the natural channel, and probably simultaneously with its evacuation at the navel, since the flow of it from the latter situation was by no means continued, but took place at intervals, as if it were controlled by the detrusive action of the bladder, and other muscles associated therewith. The general appearance of the umbilicus was larger and more open than usual; and in the centre of the cartilaginous nipple-like projection I perceived an orifice which admitted an ordinary sized probe; this was easily passed in the direction of the linea alba towards the bladder.

It was clear to me, from a consideration of all the circumstances, that the common ligamentous band passing from the fundus of the bladder upwards to the umbilical cord, and known as the urachus, had assumed and retained, subsequently to birth, the form of a duct, and this duct opened into the bladder. In many quadrupeds a communication resembling that which I have described always exists up to a certain time; but, to use a quotation from that distinguished anatomist M. H. Cloquet, "In man it (the urachus) never forms a canal, excepting in cases where the urethra is wanting."

I think it more than probable, during the foetal life of this child, that a conformation of parts existed strictly identical with the allantois of other animals, and performing the same function, obscure as that function is generally admitted to be. Previously to my seeing the case, pressure in a variety of shapes had been resorted to without benefit. I, therefore, recommended the mother of the child to take it to the County Infirmary, in order that the opening might be closed by suture or other surgical means. It was

treated by a simple suture, then dressed with a pledget of lint confined with adhesive plaster. The case was no longer under my inspection, but I understood the escape of urine was arrested completely for a fortnight, when it again found vent at the navel. A more effective union might be secured by means, I should say, of a small incision, the edges of which might be kept in apposition by suture or plaster conjoined with suitable pressure afterwards.

I remain, Gentlemen,

Yours obediently,

T. H. STARR, M.D.

Kettering, Northamptonshire, Jan. 6, 1844.

OBSERVATIONS

IN

DEFENCE OF DR. SHEARMAN'S TREATMENT OF

ASPHYXIA FROM HANGING.

By JONATHAN TOOGOOD, Esq.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—My attention has been drawn to a very interesting case of Asphyxia from Hanging, lately published in the Journal, by Dr. Shearman. The recovery of the patient from the immediate effects of the suffocation satisfactorily proves the judicious treatment which was adopted; and I confess that I was much surprised to find the propriety of the practice which was pursued questioned, but still more at the extraordinary and most reprehensible conduct of the coroner. I am fully aware that coroners, in the arbitrary exercise of their office, frequently refuse an investigation into the cause of death when absolutely necessary, and that most absurd and improper verdicts are returned, often not in accordance with the evidence, and in direct contradiction to the facts which an examination would have developed. Of this I have given some examples in a former number of the Journal, which were copied into the "Lancet," and the "Times" of the 26th of January, 1841. But this is not at all extraordinary, when it is remembered that this important office is too often held by low, ignorant men, who are totally unfitted for it by their education or acquirements, and seek it to supply the deficiency of income which the failure of their original occupation, either from want of ability or industry, has occasioned.

Of course I do not intend to apply these observations to the functionary on whose conduct I have been commenting; I know nothing of him or of his qualifications, but in this case his course of proceeding seems to have been most uncalled for and improper. He not only refuses a necessary investigation, but slanders the reputation of a practitioner, whose relation of the case must convince every intelligent reader of the soundness of his judgment and propriety of his practice. He who, sitting as judge, was bound to confine himself to the evidence, listens to the gossip of a practitioner, who is neither a witness or before the court, so as to be subject to cross-examination, and, upon the authority of that gossip, impugns the practice of a medical witness, thereby giving currency to reports highly injurious to his character. If such

a case had occurred to me, I should have endeavoured to vindicate myself by an action for slander against the coroner, if such a course had been open to me, as I have no doubt it would.

The cause of death in this case was, in all probability, secondary asphyxia, examples of which are not uncommon. I have seen several, one of which was published in the *Journal* for the 24th of February, 1843. The coroner and his friend, "the eminent practitioner," who gave him such valuable information, would do well to read Dr. Marshall Hall's *Gulstonian Lectures* for 1843, where they may find, under "Secondary Asphyxia," the following observations:—

"There is another interesting view of this important subject. The danger is not altogether over when the patient appears to be restored from the state of asphyxia. The respiration and the other functions may proceed nearly naturally for some time—for some hours even—and suddenly convulsions may seize the patient, and death may ensue.

"The blood apparently remains poisoned. Time, as in so many other cases, is an important element in the perfect restoration to health.

"A soldier was taken out of the Thames in a state of asphyxia; animation was restored, but, many hours afterwards, he was seized with convulsions and expired," &c. &c.

At page 74, a case is related of a girl who had thrown herself into a pond, and was recovered from the immediate effect of suffocation, but who died on the following morning of secondary asphyxia.

I am, Gentlemen,

Your obedient servant,

JONATHAN TOOGOOD.

Bridgwater, Jan. 5, 1844.

CASE

OF

INDUCTION OF PREMATURE LABOR.

By J. V. HERRIOT, M.D., of Cannonsburg, Washington Co., Penn.

Mrs. A., thirty-five years of age, good constitution, short, compact, bony frame, pelvis natural figure, but (judging by the finger), under the ordinary size in all its diameters, with a copious development of adipose tissue—has had four living children without the aid of instruments of any kind; her labors, however, she says were very severe. Since these she has had three still-born. In the first of these cases I attended her—a vertex presentation, with prolapsus of the umbilical cord (the cause of its death); a severe and protracted labor. In the second case vertex presentation, prolapsus of the cord; the labor protracted and severe, and the head having engaged but partially in the superior strait, her delivery was completed by the application of the forceps. In the third another physician attended her, and, as I am informed, her labor continued with violence for fifteen or sixteen hours, and the head not having engaged in the superior strait, the perforator was resorted to, and her delivery thus accomplished. These means became necessary in consequence of the size of the fœtuses, each one being of increased magnitude. Some ten or twelve months after this, she became pregnant again, and was very anxious about her own and her infant's safety. At

this period I recommended to her Dr. Holcombe's method for diminishing the size of the fœtus, which to her was not very acceptable. Having seen her husband on the 4th ult., I prescribed best olive oil, a wineglassful two or three times per day—*pro re nata*—and promised to visit her as soon as convenient. Accordingly, on the 9th I visited her, and found her much agitated on the subject of my call. I then proposed to her the induction of premature labor between the seventh and eighth month of gestation; setting forth to her the prospect of alleviating her sufferings, and saving the life of her infant—her own dangers also were not forgotten. She had the matter in solemn and serious consideration, till the 5th inst., when I visited her again, and she accepted the proposition I had made. Feeling that a greater degree of responsibility rested on me in this, than in an ordinary case, I requested that another respectable physician might be present on the occasion. Accordingly, my respected friend, Dr. D. S. Stephenson, of this place, on the 8th inst., accompanied me to her residence, some five or six miles distant; and in the evening, between the hours of six and seven o'clock, my friend and self having made an examination, *per vaginam*, found the parts disposed to harmonise in the undertaking—the mucous surfaces lubricated with mucus, and the os tincæ soft and disposed to dilate. We then ruptured the membranes by introducing a female catheter through the os tincæ, and puncturing them with a wire—my friend having first given his assent to the propriety of the operation.

At the instant a portion of the liquor amnii escaped, and continued to discharge at intervals for several hours—contractions of the uterus were experienced shortly after the operation, but so slight, that during Thursday and Friday nights she enjoyed several hours refreshing sleep. Saturday morning, five o'clock, she awoke with pain, which continued regularly, with increasing strength and frequency. Nine o'clock, the os uteri was dilated, so as to admit the point of the fore and its fellow finger. At this period the presentation could not be satisfactorily ascertained. But, after the lapse of two or three hours, it was recognised to be a breech, with the right hip to the left acetabulum, and the left hip to the right sacro-iliac symphysis. At the next examination, the left elbow was discovered in connection with the left hip—which being pressed back in the absence of pain, the breech came down and occupied the superior strait exclusively. This intruder, however, made its appearance frequently in the course of the labor, and was somewhat troublesome; requiring strict attention to keep it above the brim of the pelvis. At this period, to my mind, and that of my friend, the prospect for the life of the child was gloomy; but after the breech fairly engaged in the pelvis, the pains became brisk and efficient, so that by five o'clock in the evening she was delivered of a living vigorous female infant, which from its appearance (we presume) would have more than equalled in magnitude any of its predecessors—after a gestation of seven months and seven days. We take her own reckoning, which, she says, she knows is accurate. It is scarcely necessary to remark that, had this been a vertex presentation, the labor would have been comparatively easy, and of much shorter duration. But from what we know of this woman's