the valuable auxiliaries derivable from this mode of examination.

The abnormal phenomena revealed by percussion are comparatively limited, but in conjunction with the auscultatory signs just enumerated, afford indications at once precise and important. Independently of the variations in tone and intensity of the sounds elicited by tapping the surface of the chest, a considerable modification of their character frequently obtains, the peculiarities of which it will be necessary to mention. These have been chiefly distinguished into the tubular, tympanitic, and cracked-metal sounds.

The tubular character of the stroke sound, as its name implies, is caused either by the proximity of the larger bronchi to the surface, or by the intervention of a superimposed conducting medium, whether fluid or solid. It may be imitated by percussing the trachea.

The tympanitic sound which is sometimes elicited by percussion, arises from the existence of an abnormal quantity of air contained within the chest; at the same time the thoracic walls are commonly rendered more tense, by the filling up of the intercostal spaces.

The last phenomenon is the *bruit de pot fêlé* or cracked metal sound, which when fully pronounced is extremely characteristic, and indicates a pulmonary cavity of considerable magnitude, lying near the surface of the lung.

In the foregoing *résumé* of physical signs, it will be observed that I have throughout endeavoured to maintain a close connection between them, and the pathological lesions from which they originate, since it is by this alone, that the auscultator can, with any degree of certainty, frame a diagnosis, that will in reference to treatment prove serviceable to his patient, or creditable to himself.

(To be continued.)

ON DETACHING THE PLACENTA IN CASES OF PLACENTA PRÆVIA.

By THOMAS RADFORD, M.D.,

Consulting Physician to the Manchester and Salford Lying-in Hospital.

Since my observations on galvanism in uterine hæmorrhage were published in the *Provincial Medical and Surgical Journal*, I have had letters from many gentlemen, enquiring whether I confined the practice of detaching the placenta in cases of placenta prævia to those of exhaustion alone. In order, then, to supersede the necessity of writing to each correspondent, I make the reply through the same channel. In my paper I stated that I had detached the placenta in a case which occurred in 1819, but did not then state that it was unattended by exhaustion. From this and other cases then alluded to, I conclude, that on a complete separation of the placenta, the hæmorrhage is immediately and completely suppressed, provided the uterus is in a condition to so far contract, as to force down the head with the placenta upon the uterine openings. By this practice it may be said that the life of the child is sacrificed: but this will not always happen. We find from hospital and individual reports, that the child is usually dead when the case has been treated by the present recognized means.

In nearly all the cases which I have collected and

referred to in my paper, of expulsion of the placenta by the natural efforts, we find that the mother recovered; and when this fortunate event did not happen, it depended upon the serious impression made upon the vital powers before the placenta was completely detached.

It may also be stated that uterine phlebitis takes place more frequently in cases of placenta prævia, when the ordinary practice is adopted, than we observe in the same number of cases of accidental hæmorrhage. This result, in the opinion of the writer, arises from the contusion and slight lacerations which are consequent upon a forced delivery.

From the above statement, I consider I am justified in recommending a modified practice; but I shall not enter fully into the details of the plan, as this brief communication will not allow of it.

First. Then, as neither delivery, nor detaching the placenta, ought ever to be attempted until the cervix and os uteri will safely allow the introduction of the hand, rest, the application of cold, but, above all, the use of the plug must never be omitted in cases where they are respectively required.

Secondly. If there are unequivocal signs of the child's death, the placenta is to be completely detached, and the membranes are to be ruptured. The case is then to be left to the natural efforts, provided there be sufficient uterine energy; if otherwise, the ordinary means are to be used, and, in addition, galvanism.

Thirdly. When a narrow pelvis exists in connection with placenta prævia, the practice is to detach the placenta and to remove it, then to perforate the head as soon as the condition of the parts allow, and to extract it by means of the crotchet.

Fourthly. When the os uteri is partially dilated, and dilatable so as to allow the easy introduction of the hand, when the membranes are ruptured, and strong uterine contraction exists, the practice is to detach the placenta completely.

Fifthly. In all cases of exhaustion, as already referred to in my paper, the practice is to draw off the liquor amnii, by perforating the placenta, as then recommended, then to detach completely this organ, and apply galvanism.

Sixthly.—In all cases of partial presentation of the placenta, the artificial rupture of the membranes will generally be found sufficient to arrest the hæmorrhage, but if that should prove ineffectual, then we must apply galvanism.

The practice of detaching and removing the placenta was adopted by some of the older writers; and as I have mentioned in my paper 'On galvanism applied to the treatment of uterine hæmorrhage,' I detached this organ in the year 1819, although it was not my custom to do so.

Early in October, I received a letter from my respected friend Professor Simpson, in which he stated he removed the placenta in a case of unavoidable hæmorrhage. He "had the placenta on a plate two hours before the baby was born." The mother recovered. Dr. Simpson has collected a great number of cases of expulsion of the placenta before the child, and has come to the conclusion, that the practice of its removal in some cases of placenta prævia, is calculated to save the patient's life.

I am glad to have my views on this most important

subject corroborated by an authority so deservedly esteemed as Dr. Simpson, to whom I am disposed to award every degree of merit which really belongs to him, as having by observation and research accumulated materials to bring him to the same conclusion at which I had arrived myself. Although I feel thus gratified in having the authority of Dr. Simpson in support of this practice, I must confess that it is to the late Mr. Kinder Wood, who for many years was an active and deservedly respected colleague of mine at the Lying-in Hospital, that the merit (if there be any) is due for first, as a modern obstetrician, adopting this practice, and also recommending it in his lectures. The practice I allude to, is that of detaching and removing the placenta in cases of unavoidable hæmorrhage, attended with exhaustion. In the foregoing observations I have ventured to recommend this practice as applicable to cases in which there exist different conditions, convinced that there are many mothers sacrificed by the rash manœuvres which are consequent on a forced and indiscriminate delivery.

HÆMATURIA—POST-MORTEM—SCIRRHUS OF THE BLADDER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Being a reader of your Journal, and a member of the Provincial Association, I should feel obliged by your inserting the following case, should you deem it of sufficient interest to merit a place in your columns.

I am, Sir,

Your obedient servant,

ALFRED DUNSFORD.

Culmstock, near Wellington, Somerset.

January 11, 1845.

On the 11th of July, p.m., 1843, I was summoned to Mr. J. Broom, yeoman, aged 58, of sallow complexion, and temperate habits. On my arrival, I found him labouring under severe hæmaturia, with acute pain whenever he passed his urine; no pain in the back, but a great deal over the symphysis pubis; the pulse full and natural; appetite good; no mucus or pus in the urine, neither was it coagulable by heat. The remedies employed were saline aperients, mucilaginous diet and liquor potassæ in flax-seed tea, under which treatment he gradually got better and resumed his agricultural pursuits; but by some over exertion, the hæmaturia returned in about six weeks, accompanied with a frequent desire to pass his urine, and severe lacerating pain in voiding it. Copaiba, uva ursi, buchu, liquor potassæ, and opiates, were tried, but with no permanent benefit. For two or three weeks the urine would be quite clear and in great quantity, but then the bleeding would return, and after most excruciating pain, a clot or two would pass from the urethra, the hæmaturia continuing several days similar to a periodical discharge.

On the 9th of January, 1844, I went with him to Exeter, to consult Mr. Barnes. Mr. Barnes introduced the catheter, and, probably suspecting a calculus, sounded him, but no stone could be detected. His opinion was unfavourable. He ordered him to be cupped in the loins, and as the alkalies had been freely

tried, wished the nitro-muriatic acid to be substituted, and subsequently the muriated tincture of iron.

No benefit was received, but from this time he gradually got worse, complaining of great pain over the neck of the bladder; and when about to make water, he would at times throw himself on the floor, place himself in various positions, and after many attempts and agonizing pain, expel two or three clots of pure blood from the urethra. Opiates seemed to have little or no effect.

These symptoms increasing in severity, and fancying there must be some remedy, he wished me on the 31st of July to accompany him to Taunton, and have Mr. Standert's opinion. Mr. Standert passed the catheter, injected the bladder with warm water, and searched in vain for a stone; a little bloody urine dribbled away. Balsam of copaiba, leeches to the perineum, decoction of matico, with mucilage, were ordered; but all availed nothing.

My patient, still getting worse, was now compelled to remain in bed: incontinence of urine took place, and about two months previous to his death, a small quantity of mucus, mixed with blood, was observable in the urine for the first time. He lingered until the 10th of January, 1845, when he died about one o'clock p.m.

Assisted by my friend, Mr. R. Alford, of Seaton, we proceeded to a *post-mortem* examination, about twelve hours after death, when the results were as follows:—

Left kidney pale and flaccid, about the natural size, with its pelvis and ureter enormously distended with urine; ureter large enough to contain a mould candle; texture of the kidney pale, otherwise healthy. Right kidney three times its natural size, pale and somewhat indurated, containing small abscesses, the ascending colon bound down to it by strong adhesions; ureter similarly distended to the other. Bladder one solid mass of scirrhous, most hardened at its fundus, some part ossified; its cavity so obliterated and so small that it would not contain two drachms of urine. Prostate partook of the scirrhous. Liver and other viscera healthy.

The hæmaturia most probably was the result of the scirrhous, but with so much disease of the right kidney, I cannot account for the absence of pain in the lumbar region, numbness of the thigh, and vomiting, such prominent symptoms in nephritic affections.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JANUARY 22, 1845.

According to the promise given in the last number of the Journal, we this week give insertion to the important document communicated by the Society of Apothecaries, and beg to direct attention to it, in order that the necessary information requested may as shortly as practicable be obtained. We may take this occasion to observe that, although the gross misrepresentations, made and circulated from the worst of motives, of the course pursued by the Provincial Medical and Surgical Association,