PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ON DETACHING AND EXTRACTING THE PLACENTA BEFORE THE CHILD, IN SOME CASES OF UNAVOIDABLE HÆMORRHAGE.

By THOMAS RADFORD, M.D., Consulting Physician
to the Manchester Lying-in Hospital, &c.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Your readers are already acquainted with my views on the subject of detaching and extracting the placenta before the child, in some cases of unavoidable hæmorrhage, recently published in your Journal. I should not so soon again have referred to this subject had not the Professor of Midwifery, in the University of Edinburgh, brought allegations against me, which I shall at once refute (indeed, I should not have condescended to notice the remarks made by him, did I not wish to have an impartial judgment from the profession). You will, therefore, oblige me by publishing the following facts.

I am, Sir,

Most respectfully yours,
THOS. RADFORD.

I was at Edinburgh August 29th, 1844, on which day I called upon Dr. Simpson, and the conversation, as stated in the following unpublished letter, took place:—

Manchester, Feb. 3, 1845.

Dear Sir,—I received your letter this morning, and am sorry to find that you still continue to labour under the mistake, that you are entitled to the merit of having first recommended and practised the separation and removal of the placenta, in cases of unavoidable hæmorrhage. You are also equally under a delusion in thinking that I derived any, the slightest information, upon this subject from you, which I had known for years before I was acquainted with you. On the day of my arrival in Edinburgh I called at your house, (22, Albany Street,) but you were not in. I waited a short time before you came: after the usual compliments were passed, you stated your family were in the country, and that you were going out to dine with them, to meet some medical friends; you requested me to accompany you. On our way thither, I told you that I had been engaged in making some observations on galvanism, applied to the treatment of uterine hæmorrhage. I said that it was not only applicable to cases of accidental hæmorrhage and the after-floodings, but also to unavoidable hæmorrhage; but in cases of the last kind, a modified treatment must be first adopted,

in order to bring them safely within the range of this power.

After we had spoken upon the subject of the natural expulsion of the placenta before the child, you remarked, that artificially separating and bringing away the placenta, was applicable to the treatment of some cases of placenta prævia. I said yes, it was, and that the late Mr. Kinder Wood adopted this practice.

Now, Sir, up to this time I have been extremely forbearing, as I was convinced you had got a wrong impression on your mind, and that you were led more from feeling than judgment, in making use of expressions which are anything but kind, in some of your letters.

However you may consider yourself injured in the affair, I can truly say your insinuations against me are what I do not deserve, and this statement I am ready to prove whenever I am called upon to do so; and that what I have advocated as a practice to be adopted in conjunction with galvanism, in cases of placenta prævia, I am not in the least indebted to you for.

I beg to say that this letter must close my correspondence on the subject.

Yours respectfully,

THOMAS RADFORD.

To Dr. Simpson,
Professor of Midwifery, Edinburgh.

The following is the first letter I received after I returned from Edinburgh, Dublin, and London (unpublished):—

Edinburgh, 4th Oct., 1844.

My dear Dr. Radford,

* * * * *

Be so good as accept of the accompanying paper. I wish it were more worth offering you.

* * * * *

Two days ago, in a case of placental presentation, I removed the placenta, and stopped at once the frightful flooding. Dr. — (whose patient she was * *) and I had the placenta on a plate two hours before the baby was born. The mother is very well. I saw your notice in the *Provincial Journal*. It was right.

* * * * *

I hope you are busy with the lectures, and preparing them for the press.

Yours, very respectfully,
J. Y. SIMPSON.

Dr. Radford.

The lectures above referred to, embrace the subjects of distortions of the pelvis, use of the long forceps,

vectis, crotchet, Cæsarian operation, &c., the manuscript of which Dr. Simpson perused.

First letter in answer to the above (not published).

Manchester, October 7, 1844.

My dear Dr. Simpson,

I received your paper, for which I beg to return my thanks. I had read it in the *Edinburgh Journal*, and am much edified with your deductions.

Since I sent you the *Journal* I have had a case of internal uterine hæmorrhage before delivery. Os uteri dilated to about the size of between a shilling and half-a-crown, very rigid, thick, and quite unyielding; great exhaustion. Uterus large and atonic; the effects were surprisingly successful.

The woman died whilst I was in London.

Post-mortem examination revealed nothing but the results of bleeding.

When in *Edinburgh* I mentioned to you that I should be able to show its applicability to cases of placenta prævia, by a modification in the practice as to the placenta. I had previously mentioned the precise line of practice to be adopted in these cases of exhaustion, arising when the placenta presents, to my valued relative, Mr. Wood, the gentleman you met, and which I now state to you confidentially. The plan I propose is to detach the placenta, and then to apply galvanic shocks. In a case of placenta prævia, I detached the placenta, and this case, along with cases of expulsion of this mass, before the child, which I have met with, as well as those stated by different writers, led me to conclude that this practice would be most certainly effectual. The case you mention in your letter still further corroborates my views; and, as it is my intention to publish my opinions on these subjects, I shall feel obliged if you will permit me to introduce your case.

I have mentioned the subject to Drs. Ashwell, Oldham, F. Ramsbotham, and M. Hall, in the same way I did to you, as to the applicability of the galvanic shocks in placenta prævia, in cases of exhaustion, adopting in such cases a modification of practice as to the placenta. Dr. M. Hall wished me to have the paper read before the Medico-Chirurgical Society of London. Pray give me your opinion, and say whether these views are correct, and at the same time please to afford me some assistance by any cases you think will aid me.

Yours, very sincerely,

THOMAS RADFORD.

N.B. No answer to the above letter was received until December 27, 1844, when the following unpublished letter, acknowledging the arrival, &c., of my published lecture, came to hand:—

My dear Doctor,—I have just received and read over your lecture. I think it both in style and thought *supremely good*.

If you will kindly desire Abraham and Dancer to send me a specimen of the apparatus you recommend, I will show it to my pupils and have it tried at the Hospital. I will transmit them a post-office order for the amount.

From your account I have no doubt of its efficacy, and of our obligation to you for its introduction. At the first meeting of our Medico-Chirurgical Society this winter, I promised to give an account of the expulsion

and extraction of the placenta before the child, but I was unable to be present, and did not get the communication given till the second meeting. I arrived *just* in time for the meeting.

I had 109 cases tabulated, where it was expelled or extracted before the child, six of the mothers had died. I have gathered together a number of additional cases since that time. Two winters ago, when I gave a paper on the matter to our Obstetric Society, I had only forty cases, or near that number.

I make the remark, because in your paper I see allusion to several cases which I do not know, viz., those of Gower, Millington, Wood, Lowe, Wm. Lowe, Dorington, and Hunt. I know, I think, all the others. I would take it exceedingly kind if you could give me references to the cases I have named. If any of them are in the early volumes of the *Provincial Journal* you would oblige me still more by telling me such particulars of them as I require, for we have not the volumes themselves in any of our libraries. I shall insert a specimen of the tabular form of information, which I have collated regarding the other cases I have collected, and fill up one of the columns with one of the three cases I have seen, as a specimen. If you would have the goodness to fill in any of the particulars of the cases I refer to in your paper, or your own, and particularly the result as regards the mothers, and return me the schedule, I should regard it as a great favour. I have promised Dr. Cormack to finish my paper during the Christmas recess, and will duly record my obligations to you in it. Collins mentions two cases. Dr. F. Ramsbotham has sent me five or six.

What of your course of lectures? I hope you are preparing them for the press.

Yours, very sincerely,

J. Y. SIMPSON.

Edinburgh, Jan. 27, 1844.

P.S.—I was invited out to dinner, but have stopped at home to enjoy your paper, and have been fully rewarded by partaking of it.

J. Y. S.

According to Dr. Simpson's request, I forwarded a tabulated list of cases, which was drawn out by my friend Mr. Newsard, but which Dr. Simpson has not acknowledged; at the same time a letter was sent, referred to in Dr. Simpson's letter No. 1, dated January 14, 1845.

To prevent the necessity of reprinting the letters which have appeared already in Dr. Simpson's communication, I shall merely mention dates, &c., as they form a regular sequence, with the exception of the first I have given:—

No. 1. Letter from Dr. Simpson to Dr. Radford, Jan. 14, 1845.

No. 2. Letter from Dr. Radford to Dr. Simpson, Jan. 18, 1845.

No. 3. Letter from Dr. Simpson to Dr. Radford, Jan. 22, 1845.

The contents of this letter I request the reader to compare with those I have detailed in this paper.

No. 4. Letter from Dr. Radford to Dr. Simpson, Jan. 26, 1845.

No. 5. Letter from Dr. Simpson to Dr. Radford, Jan. 30, 1845.

In letter No. 3, Dr. Simpson says, "You must permit me to be sceptical" as to its being the practice of the older writers; but I find that he acknowledges his error subsequently. Portal was acquainted with the nature of the connection of the placenta in cases of placenta prævia; he advised and practised the detachment and extraction of this organ.

I shall not quote more authorities from the older writers, and only refer to Mr. Stone's work—"Observation XXVIII."

I. Letter from Wm. Wood, Esq., late Senior Consulting Surgeon of the Manchester Lying-in Hospital.

Didsbury, Feb. 8, 1845.

My dear Sir,—It is with great pleasure I reply to your note, requesting me to state the substance of the communication you made to me as to the treatment of uterine hæmorrhage, by the application of galvanism, &c., which I can with great satisfaction, as I recollect so well all the circumstances.

About twelve months ago you mentioned that in the case of a lady (the daughter of an old patient of mine), who had suffered by a total loss of power to pass her urine after protracted labour, in which the long forceps were used; after trying all means you could think of, galvanism was applied, and proved immediately successful, from which circumstances, and the influence of galvanism on muscular fibre, you were led to think it would prove highly beneficial in cases of uterine hæmorrhage, by bringing about uterine contraction. You said you thought it would be available in some cases of unavoidable hæmorrhage, but that it would be desirable, first, to wholly separate the placenta from its connection with the uterus. I remarked, that was a bold and hazardous practice. You replied, it might appear so, but that you had no doubt of the practice succeeding; it was the custom of some of the older writers, and the late Mr. Kinder Wood adopted it, and that you had taught it in your lectures. We had frequent conversations on this subject, and on one occasion you mentioned you had attended a coroner's inquest in consequence of the death of a poor woman, a patient in the Lying-in Hospital, who had died from flooding. This case produced a considerable sensation in the town.

If this information is satisfactory to you, I am glad to afford it, and believe me to be yours very sincerely,

WILLIAM WOOD.

To Dr. Radford.

II. Letter, from R. T. Hunt, Esq., Senior Consulting Surgeon to the Manchester Lying-in Hospital.

Manchester, February 10, 1845.

My Dear Sir,—In June, 1844, I had several conversations with you on the treatment of uterine hæmorrhage by galvanism. I most distinctly remember that when I inquired in what cases you intended to employ galvanism, you replied in all cases immediately preceding, during, or after labour, in which the hæmorrhage had been productive of exhaustion.

I also inquired if you would use galvanism in cases of complete attachment of the placenta to the os uteri? You answered in the affirmative. I at once objected to its employment, on the ground that the increased uterine action, induced by this

powerful agent, would, by causing a still further separation of the placenta from the os and cervix uteri, and by the consequent increase of hæmorrhage, render the case still more unfavourable. You met this objection by the statement, that you would not employ galvanism until you had previously completely detached the placenta from the os and cervix uteri, and that you would do this immediately upon ascertaining the nature of the case, and instantly afterwards apply the galvanic apparatus.

I think it right also to state, that when you mentioned to me your intention of communicating your views upon these subjects to your medical friends in London and Edinburgh, I strongly questioned the policy of your doing so.

My dear Sir,

Yours faithfully,

R. T. HUNT.

Thomas Radford, Esq., M.D., 3, Oxford Street.

III. Letter from Peter Burrow, Esq.

Manchester, 7, Clifford Street,

February 3, 1845.

My Dear Sir,—I have great pleasure in complying with the request contained in your note of the 1st instant, viz., that I would state to you in writing the substance, as far as I could recollect, of the communication you made to me some months ago, of the practice you proposed to adopt in cases of uterine hæmorrhage, in conjunction with galvanism. This communication was made in the course of a conversation which we had on the afternoon of the 20th of June, 1844, whilst we were in attendance together, on a case of difficult parturition. The novelty of the views you then imparted made a deep impression upon me, and I was immediately convinced that they were just, and that the practice founded upon them would be more successful than that usually adopted. I was previously aware that your attention had been turned to galvanism as an agent likely to be useful in obstetric practice. In the conversation above alluded to, you stated that you were quite certain that it would prove a most valuable and important addition to the line of practice which you judged most safe and proper, in cases of unavoidable hæmorrhage, attended with exhaustion, from implantation of the placenta over the neck and mouth of the uterus; which was, not to attempt delivery, but after having gradually drawn off the liquor amnii by means of a trocar and canula, carefully and completely to detach the placenta; and then to apply galvanism to obtain uterine contraction. You said that you had the more confidence in pursuing this course, from its having been the custom of the late Mr. Kinder Wood, in these cases, to separate the placenta entirely. You also stated that in exhaustion, from accidental uterine hæmorrhage, the use of the same agent would be equally valuable in producing contraction of the uterus, and by this means, in both cases, securing the patient from further hæmorrhage, till restoration of the vital powers enabled delivery to be completed with safety. In hæmorrhage after delivery, as far as I can recollect, you seemed to think that galvanism would be equally efficacious.

I believe the above to be a correct account of what passed on the occasion referred to.

I remain, my dear Sir,

Very sincerely yours,

P. BURROW.

To Dr. Radford.

IV. Letter from John Bryden, Esq., late Surgeon to the Manchester Lying-in Hospital.

Dear Sir,—In answer to your note of this morning, requesting me to state my recollections of the practice which you urged in your lectures on midwifery, "in cases of unavoidable hæmorrhage, attended with exhaustion, and when the placenta is centrally placed over the os uteri," I beg to forward to you the accompanying statement. I attended your lectures on midwifery as my preceptor from 1829-30 up to 1832-33, and having been connected with you afterwards as a lecturer (on the same subject), have uniformly been taught, both as pupil and co-lecturer, this doctrine: that in these extreme cases, the placenta was to be *wholly and entirely detached* from its uterine connections, the tonic contractions established by local and general stimulations, the powers of the woman supported, and delivery effected at the time when the general rules to be observed in other cases point out its necessity.

J. BRYDEN.

To Thomas Radford Esq., M.D., &c.

V. Letter, from Benjamin Bird, Esq.

Rusholm, February 8, 1845.

My Dear Sir,—When I attended your lectures on midwifery, in the years, 1830-31-32, you then recommended, in some cases of unavoidable hæmorrhage, to separate the placenta from its connection with the os uteri, leaving the child to be managed afterwards, as attendant circumstances indicated.

Yours, most truly,

B. BIRD.

To Dr. Radford.

VI. Letter from John Jesse, Esq., F.R.S.

Ardwick, February 3, 1845.

My dear Sir,—In reply to your letter, which I received this morning, I beg to inform you I was a very early pupil of the late Mr. Kinder Wood, and attended his lectures till the spring of 1822, in which year I went to town. I was on very intimate terms with Mr. Wood and this friendship continued without interruption till his lamented death. In his first course of lectures, when speaking of unavoidable hæmorrhage, he advocated delivery at as early a period as it could safely be done. He most distinctly stated, that to leave a woman undelivered in placental presentation, when the cervix was fully dilated or dilatable, was to consign her to the grave, and that the only chance was to deliver. In his subsequent lectures he greatly altered his opinion, and you may be curious to learn why he did so. Three cases of presentation of the placenta occurred to him in a fortnight, and all died; two of them, according to his then views, ought to have recovered. At this period he was called to another case of placental presentation, a woman about thirty, who had had children and always good labours before. She had for six weeks previous to

this had discharges of blood, increasing in quantity till the one which Mr. Wood was called to. She was now at her full time, had lost a large quantity of blood rapidly, and fainted; she was bleached, pulseless, and scarcely conscious. Mr. Wood said, "I durst not deliver, she was so low;" but knowing that by detaching the placenta, I should prevent further hæmorrhage, I slowly introduced my hand, and very cautiously detached the whole of the placenta without rupturing the membranes. There was no further discharge, the woman rallied, and was safely delivered by natural pains, the placenta coming first away. Her recovery was perfect. The doctrine of detaching the placenta on the principle that hæmorrhage was suppressed by so doing, and leaving the case to nature, he taught in the spring of 1822, as the proper practice in hæmorrhage with exhaustion. This plan I have always followed, and I believe Mr. Wood never changed his opinion. We often met in practice.

I am, dear Sir,

Faithfully yours,

JOHN JESSE.

To Dr. Radford.

VII. Letter from W. J. Wilson, Esq., Surgeon to the Manchester Royal Infirmary.

Mosley Street, Feb. 6, 1845.

My dear Sir,—I cannot tell the precise year, but it must have been prior to 1824, for I was at that time one of the surgeons to the Lying-in Hospital, and resigned my office that year, that, being called along with Mr. Kinder Wood to visit a patient, a case of placenta prævia, the poor woman being, though still alive, yet moribund, and only surviving her delivery a few minutes, Mr. Wood first mentioned to me his determination in future, in such desperate cases, to separate the entire placenta, remarking at the same time that bleeding ceases on its entire separation. This, to the best of my recollection, was the substance of our conversation.

Believe me,

Yours truly,

WM. JAS. WILSON.

To Dr. Radford.

VIII. Letter from James Lowe, Esq., late Surgeon to the Manchester Lying-in Hospital.

97, Grosvenor Street, February 8, 1845.

My Dear Sir,—As, in consequence of the various relations of friend, colleague at the hospital, and co-lecturer with the late Mr. Kinder Wood, you ask me his method of treatment in cases of uterine hæmorrhage, attended with exhaustion, I can only corroborate what you have stated, that it was his invariable practice to separate the placenta from its attachment to the uterus, in some cases of unavoidable hæmorrhage.

I am, dear Sir,

Truly yours,

JAMES LOWE.

To Dr. Radford.

I shall now proceed to lay before the readers some cases and remarks by the late Mr. Kinder Wood (who, with Mr. Lowe and myself, were elected surgeons to the Lying-in Hospital of this town, in May, 1820). Mr. Kinder Wood died in 1830.

"If we find so much exhaustion as to make us fear the effect of further hæmorrhage, during artificial delivery, the first step after passing the hand must be to detach the whole of the placenta; by this the hæmorrhage will be completely suppressed, for the effect of passing the hand through the os uteri, and throwing off the placenta, will always be to produce so much contraction as to arrest the bleeding from the small decidua or uterine mouths. It is satisfactory to know that the child is rarely living in these cases of exhaustion, its blood being poured out through branches of the placental structure, along with that of the mother; and when brought down its appearance, like that of the mother, is bleached and exsanguined. The time required to separate the placenta is very short, and the loss of blood during the attempt exceedingly trifling. I know from experience, that when the placenta is wholly detached, the hæmorrhage will cease."

CASE I.

"I was desired to see Mrs. Clayton, Lad Lane, the hæmorrhage had been going on several days, under the inspection of a female midwife, without any assistance or advice. The discharge had been excessively profuse, and was coming away in gushes, with slight pain, every two or three minutes. She was extremely exhausted, of a deadly paleness, very cold, with a quick and feeble pulse; the os uteri was moderately dilated; the cervix obliterated, and the placenta presenting. I feared the effect of hæmorrhage, which must occur during the act of delivery in the common manner. The patient was placed in a proper position, and a little brandy and water exhibited, and the placenta completely detached, as the hand dilated the os uteri, and before searching for the feet of the child. No hæmorrhage succeeded the separation. The patient recovered favourably but slowly.

"Oct. 4th, 1821."

CASE II.

"I was desired to see a poor woman in Newberry Street. I found from the female midwife in attendance that the discharge had been going on long and copiously. The poor patient was extremely exhausted. Feeling that she could not survive long if left to nature, and that she could not bear the hæmorrhage consequent upon the common operation, I separated the placenta, brought down the feet of the child, and delivered. The effusion produced by separating the placenta was extremely slight, and it ceased upon effecting the complete detachment. The child was dead and tending to putrefaction. A stimulant was given before the operation and during its continuance; but the heart never recovered its energy, nor the skin its warmth. She died in about an hour, from pure exhaustion.

"November 1, 1821."

CASE III.

"I attended Mrs. T., Newton Heath. She was very much exhausted. It was obvious she could not bear the loss of blood consequent upon the ordinary delivery. A cordial was now administered. The hand was introduced, and the placenta, which was adherent over the os uteri, was completely separated, the membranes ruptured, and the feet seized. The child was easily delivered. She only survived the

operation a very short time, although the hæmorrhage ceased from the moment the placenta was detached."

CASE IV.

"I was called to Mrs. B., January 1822, aged 35, St. James's, who was violently flooding. I found her cold, and her pulse scarcely perceptible; os uteri partially dilated and soft; brandy and water given; the discharge still continued; she was much exhausted. The hand was introduced, the placenta detached, and the membranes ruptured. There was no further discharge, but she died in a few hours afterwards, although stimulants were freely administered."

CASE V.

"On the morning of the 11th April, 1822, I was desired by a female midwife to see Mrs. Rawson, in Little Lever Street. She was in the latter end of the eighth month of pregnancy. She had sustained frequent and copious discharges the two previous months, and which were very profuse during the night. The pains were slight, but always attended with fresh discharge. The patient presented a very distressing appearance. The pulse could not be counted; the lips were white; she was very cold, and spoke in a whisper; she had frequent syncope. Warm brandy was freely administered. The patient was placed with the utmost care slowly and gently on the side, and upon making an examination, the os uteri was found low, soft, and dilated about the size of half-a-crown; the cervix was obliterated; the placenta was found over the os uteri, one portion being loosened. Convinced that this patient could not bear immediate delivery, and satisfied that the hæmorrhage would be fatal very early if she was left to nature, I insinuated the hand through the os externum and os uteri, detaching the placenta by sweeping the fingers beneath it as the hand was passed forwards. The soft parts yielded freely, and this operation was done quickly and easily, and with very trifling loss of blood. The presence of the hand excited uterine contraction, and seemed to rouse the languid patient. A stimulant was given during the operation. The head was found presenting. After the placenta was separated, the membranes were ruptured, and the hand slowly withdrawn. She was ordered to remain in a state of perfect and complete rest, to take light support, and a stimulant mixture every three hours. The labour pains became stronger about six hours afterwards, and in an hour expelled the placenta, and a dead child, tending to putrefaction. No hæmorrhage occurred when the hand was withdrawn, after detaching the placenta. The patient regained health slowly, and had a severe attack of phlegmasia dolens."

"In some cases I have been called to attend, when the ordinary method of delivery has been adopted, the patients died, and this led me to modify the practice, and which I adopted in some of the above cases by detaching the placenta, rupturing the membranes, and then delivering the child; but after due consideration I was again induced to vary my plan, and in those cases where we can have no hope of saving the patient if we proceed to delivery, however well the operation be conducted, I have no hesitation in recommending that the placenta be separated completely, and the membranes ruptured, that the hand be withdrawn immediately upon this being effected, leaving the child and placenta behind. By this prac-

tice the patient will be placed precisely in the situation which occurs in the most favourable cases of recovery by the natural efforts.

"I conceive no fact in midwifery rests upon a more solid foundation, than that this hæmorrhage will cease upon separating the placenta, and by this practice the patient is placed in as favourable a situation as is possible for recovery. Time will be gained to support her by proper means, and which can be used with greater freedom, as the hæmorrhage is infallibly suppressed by this operation."

CASE FROM JOHN JESSE, ESQ., REFERRED TO IN MY LECTURE, 1832.

Mrs. —, aged 39, had several children, always good labours, and attended by a midwife. She resided in Levenshulme. She was at the full period; had discharges of blood at intervals for the last month, at times very profuse. In the day when labour pains commenced, she had repeated discharges of blood, and in the evening it was very profuse, but abated towards midnight. About 3, a.m., it became tremendous. I was sent for, and saw her between 5 and 6 a.m. Her condition as follows:—Countenance pallid and extremely anxious; hands and feet cold; no pulse; breathing quick at times; the vagina full of clots; os uteri three-fourths dilated, thin and yielding; placenta presenting; slowly introduced my hand into the vagina, very cautiously detached the placenta from the uterus without rupturing the membranes, and slowly withdrew my hand.

A large opiate with brandy very frequently; pains came on in three hours; the placenta descended and was expelled, followed by the feet of the child (a moderate-sized male), and the contraction appeared firm; at intervals she had discharges, and died 26 hours after the expulsion of the child.

DISLOCATION OF THE SHOULDER.

LETTER FROM DR. TOOGOOD, OF BRIDGEWATER, TO MR. HANCOCK.

Dear Sir,—In your fifteenth clinical lecture, on dislocations, published in the last number of the Journal, you mention a plan of fixing the scapula in dislocations of the shoulder which I published some years since, of which you are pleased to speak favourably. I have adopted this plan for many years, and after an extensive experience, both in public and private practice, for nearly forty years, I can confidently recommend it as being superior to the methods generally employed. I have never known an instance of failure where the reduction was attempted in reasonable time, and I have often succeeded, after repeated and ineffectual attempts have been made, in so short a time, that I have been as much surprised as the patients and attendants. In describing the case in which I succeeded in two minutes, although, on a former occasion, "one physician, four surgeons, and sixteen assistants had been pulling for several days," you imagine it to have been the same shoulder on which I subsequently operated, and account for the comparatively easy reduction, from a repetition of the accident, and the violence to which the muscles must have been subjected to in the former "pulling." But the fact was not so: in the first instance; the right shoulder was dislocated, in

the second, the left. The patient was a tall and remarkably muscular man, about forty, who had not forgotten the torture he had endured on the former occasion, and anxiously enquired if his fears of the nature of the accident were well grounded, and on my telling him they were, he related the particulars of his former accident, and the treatment to which he had been subjected. He then addressed me as follows:—"As you are a stranger to me, I wish to state to you my determination not to submit again to such pain and suffering, but I am willing that you should make one full and fair trial; if it fails I will be content to go with an unreduced limb for the remainder of my life, but your reputation shall not suffer, for I will sign a declaration that it is my own act and determination, and that no blame attaches to you." His surprise at the speedy success of the attempt was equalled only by his gratitude.

I remain, dear Sir,

Yours truly,

JONATHAN TOOGOOD.

Bridgewater, Feb. 20, 1845.

To Henry Hancock, Esq.,

Surgeon to the Charing-Cross Hospital.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, FEBRUARY 26, 1845.

The promised introduction of Sir James Graham's New Medical Bill was postponed on Tuesday, the 18th, until Tuesday, the 25th inst. It is an important duty of Members of the House of Commons to keep a close supervision over the conduct of the Ministers of the Crown, in the exercise of whatever powers may be entrusted to their charge, but it is greatly to be regretted, that the most fitting opportunities should not always be chosen for the purpose of fulfilling it. The sitting of Tuesday, the 18th, was chiefly occupied with a discussion on the opening of letters transmitted through the post-office, brought on by one of the Honourable Members for Finsbury, the colleague of the Editor of the *Lancet*. It is not for us to inquire whether such a power should be vested in the hands of the Home Secretary, or whether, if so vested, it has been exercised with due moderation and discretion; but we much regret that the discussion should have been forced on, when a subject so important to the public as the regulation of the medical profession had been announced for the consideration of the House. We trust that no further delays will be suffered to interfere with the settlement of this and other questions relative to the public health, beyond what are requisite for the placing of all the sanitary institutions of the country on a firm and equitable basis.