five and fifty, it is a very common thing for persons to find that they are unable to see near objects with that distinctness which was formerly their wont, especially by candle light, but their power of discerning distant objects is not affected. This depends upon a change in the refractive powers of the eye—a diminution in its convexity—in consequence of which the rays from near objects are no longer brought to focal points upon the retina, but beyond it; as however, the focal distance of rays proceeding from distant objects is shorter than that from near objects, the former are still seen distinctly, as the image from them is formed exactly upon the retina.

Opticians occasionally press glasses upon persons who do not stand in need of them, under the attractive title of "Eye preservers." This term is however improper, as the utmost spectacles can do, is by correcting the alteration in the refractive powers, to prevent the patient from straining his eyes, especially in reading at night, when the deficiency is most felt. Double convex glasses, by lessening the divergence of the rays proceeding from near objects, are proper in presbyopia;—but here I must repeat the caution as to the adoption and choice of spectacles: if recourse is had to them too soon the sight will be injured; if on the other hand vanity, or other considerations prevent a person resorting to them when the eyes really require their aid, the straining of those organs at every attempt to discern near objects will be equally hurtful. When then their assistance is evidently required, the person should begin with the lowest number, and try the different powers until he meets with that which will enable him to see and read with comfort, and without the slightest fatigue or straining of the eye.

Medical men are frequently asked the question—"What tint is the best for coloured glasses?" Some recommend green, others blue, but upon the whole I prefer the "neutral tint," for the following reasons:—After looking through green glasses for some time, on their being removed, objects will appear of a reddish hue, and blue glasses are succeeded by a yellowish tinge. This depends upon the law of "accidental or complementary colours," of which Sir David Brewster gives the following explanation:—"When the eye has been strongly impressed with any particular species of coloured light, and when in this state it looks at a sheet of white paper, the paper does not look white, nor appear of the colour with which the eye was impressed, but of a different colour, which is said to be the 'accidental' colour of that with which the eye was impressed. When the eye has been for some time fixed on a red wafer, the part of the retina occupied by the red image is strongly excited, or as it were, deadened by its continued action. The sensibility to red light will therefore be diminished; and, consequently, when the eye is turned from the red wafer to the white paper, the deadened portion of the retina will be insensible to the red rays which form part of the white light from the paper, and consequently, will see the paper of that colour which arises from all the rays in the white light of the paper but the red; that is, of a bluish green colour, which is therefore the true complementary colour of the red wafer." In like manner the complementary colour of green is violet red; that of blue an orange. Neutral tint being of no definite

colour, does not produce the above effect, and as it simply subdues the light, is less likely to excite the eyes. It is therefore, in my opinion, the best.

2, Tenterden Street, Hanover Square.

CASE OF PLACENTA PRÆVIA: EXTRACTION OF THE PLACENTA BEFORE THE CHILD: RECOVERY.

SIR,

If you consider the following communication worthy a place in the Provincial Medical and Surgical Journal, have the goodness to insert it.

Your obedient servant,

W. C. WILKINSON.

Spalding, July 10, 1845.

I have read with great interest the cases of placenta prævia, which have from time to time appeared in the Provincial Medical and Surgical Journal, related by Dr. Radford and Professor Simpson.

In placental presentation, attended with excessive hæmorrhage, they strongly recommend the separation and extraction of the placenta, previous to the delivery of the child. The great advantage of the plan recommended by them, struck me so forcibly, that I determined to adopt it on the first occasion which might present itself.

I was on Saturday, the 7th of June, at twelve p.m., called to a patient, a distance of five miles from this place, and whom I had not previously known. I found her almost in a state of syncope. On enquiry, I ascertained that she was between six and seven months advanced in pregnancy. Three weeks previous to my being sent for there had been, I was informed, very great hæmorrhage, which had continued, more or less, up to the time of my seeing her. On the evening of the 7th it had been very considerable; and previous to my seeing her, excessive. I found the os uteri dilated to the size of something less than a five-shilling piece; the placenta presenting; the hæmorrhage excessive; the pains very feeble; she was greatly exhausted; the pulse scarcely perceptible; the countenance blanched, and I felt that she must sink. I directed some brandy and water to be got down immediately, and also a scruple of ergot of rye. I passed first three fingers, and with as little delay as possible, the whole hand, into the uterus; the gush of blood was at first great; the placenta, however, was quickly and completely detached, and the hæmorrhage almost at once ceased. I waited a while with my hand in the uterus; I then brought away the placenta, and immediately re-introduced my hand, with a view of bringing on contraction. The head of the child presented; I turned; but feeling that my patient was not in a state to bear immediate delivery, I waited an hour and a half; she then having somewhat rallied, I delivered. She remained during the first two or three days in a most exhausted state, from which, however, she gradually recovered.

I feel satisfied, had the usual plan been adopted in this case, so great had been the hæmorrhage previously to my seeing her, she must have sunk; and my chief

reason for sending you a report of it is, that I do think many lives may be saved by the more general adoption of the plan recommended by Dr. Radford and Professor Simpson. In this case I have no doubt it was the cause of the preservation of the patient.

[The subject to which the preceding case refers, has been so prominently brought forward in this Journal, and is of such vital importance, that we quote the following additional case, from the June number of the *London and Edinburgh Monthly Journal of Medical Science*, in confirmation of the propriety of the practice advocated by Drs. Radford and Simpson.]

CASE OF PLACENTAL PRESENTATION, IN WHICH THE PLACENTA WAS SPONTANEOUSLY EXPELLED BEFORE THE CHILD.

By. J. TENNENT, ESQ., Brighton.

Mrs. N—, aged 42, in the seventh month of her fourteenth pregnancy, calculating from the period of quickening, for she had ceased to menstruate five or six months previous to conception, was on 12th of January last, suddenly seized with violent uterine hæmorrhage. Mr. Robert Dix, who was called in, found no difficulty in arresting the loss of blood.

About eight days afterwards flooding again took place, but in a less degree, and soon ceased on the patient having recourse to the means prescribed in the first instance. On the 30th January, at 3 o'clock p.m., profuse hæmorrhage again took place, when, being requested to attend to the case by Mr. Dix, I found the patient much exhausted from loss of blood, entirely free from pains, and with the os-uteri not sufficiently dilated to admit the point of the finger. By persisting in the means prescribed by Mr. Dix, the flooding soon ceased, and in the course of an hour, after attending to the general state of the patient, I was able to leave her somewhat improved in strength. At half-past ten o'clock of the same night, I was again called, hæmorrhage having recommenced. The os-uteri could now admit the finger, and the placenta was discovered presenting. The head of the child could also be felt through the anterior parietes of the uterus. The patient still continued free from uterine pains. I now administered half-drachm doses of *secale cornutum* every half-hour, till three doses had been given, without, in the smallest degree, inducing perceptible uterine action; but with the effect of arresting the hæmorrhage, no return of which took place till half-past six in the morning. In the interval, the patient occasionally slept for a few minutes, but very lightly, and now and then shewed symptoms of delirium.

On this fresh accession of flooding, I felt anxious to relieve the patient from her imminent danger, but before having recourse to any operative proceeding, I considered it right to have the advice of the gentleman who placed the patient under my care; I therefore despatched a messenger for Mr. Dix, who promptly attended. Before his arrival, however, the hæmorrhage had again ceased. Mr. Dix, whose long and extensive practice,—especially in this particular branch of the profession,—entitles his opinion to the highest consideration, still recommended non-interference, trusting that some refreshing sleep, indications of which were beginning to manifest themselves, would

place the patient in a more favourable state for the operation of turning, should it be necessary. I again visited the patient about twelve at noon; she had slept for some time, and seemed greatly refreshed, and full of hope. There had been no return of hæmorrhage, and slight pains had commenced about half an hour ago. The os uteri was dilated to the size of a crown piece. The placenta felt as if the blood had been almost entirely pressed out of it. The pains progressively increased in strength, pushing the placenta before the head, somewhat in the form of the unruptured membrane, whose place it in a great measure supplied, in dilating the external parts. In the event of a renewal of hæmorrhage to any important amount, while these pains continued, I determined to remove the placenta; such, however, not occurring, nature was allowed to complete the labour. The placenta was expelled at a quarter past one o'clock; and the fœtus, by the next three pains, which occupied about ten minutes. The child seemed to be one of seven months fully, and must have been dead for some days. There was no post-partum hæmorrhage, and the patient recovered rapidly without one bad symptom.

I had just returned from the above case, when the February number of the *Monthly Journal* was put into my hands. On turning to the communication of Professor Simpson to the Medico-Chirurgical Society of Edinburgh, on the spontaneous expulsion and artificial extraction of the placenta, before the child, in placental presentation, it afforded me no small degree of satisfaction to see the course we had followed recommended by one standing so high in his profession as Dr. Simpson. The case I have related, in my humble opinion, tends to confirm the doctrine laid down by Dr. Simpson,—that the patient enjoys an immunity from hæmorrhage, so soon as the placenta is completely detached from the uterus—for I firmly believe, that from the period the hæmorrhage finally ceased, the placenta had no other connexion with the uterus than any other part of the ovum. Would it not be advisable in cases of placental presentation, when the fœtus presents naturally, and is ascertained to be dead, as soon as possible to completely detach the placenta from the uterus, and allow nature to complete the delivery?

Brighton, April 10, 1845.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, JULY 23, 1845.

An important circular has just been issued from the Registrar General to the Registrars of Births and Deaths, intended for distribution amongst all legally qualified medical practitioners in England, including under this term Members of the College of Physicians, of the British Colleges of Surgeons and of the Apothecaries' Company; Medical Graduates of an University, and Apothecaries in practice before the year 1815. The Registrars are required to forward this circular to the several