Such were the general results of the second blood-lettings. We may now notice some particular facts with regard to the fibrin. In these five second blood-lettings, twice this principle remained the same as it was at the first. Once, in a severe case, the first bleeding yielded 2.3; the second gave exactly the same proportion. Another time, in a case of moderate intensity, the fibrin yielded 2. at the first blood-letting, and 2. also at the second, a number a little less than that of the normal state. In the three other cases the fibrin was notably diminished from what it was at first; one of them was a severe case, and two were of moderate intensity. The following are their numbers :—

Fibrin at	1st blood-letting	1st case.	2nd case.	3rd case.
		2.	3.5	2.7
2nd ditto		1.4	0.8	1.3

We cannot find any circumstance to account for so considerable a decrease as took place in the second case. The disease, although of the adynamic form, was never very severe, and gave rise to no fears for the patient's safety. He had had no hæmorrhage.

Once only in typhus fever an individual was bled three times; the case was of the adynamic form, and the patient fell a victim to it. At the third blood-letting, the water was increased; the globules were diminished; the fibrin had experienced no modification; it was 2.3 at the first, 2.3 at the second, and 2 at the third, blood-letting. The albumen underwent no change; the fatty matters were slightly diminished; there was no seroline in either of the three blood-lettings. The phosphorated matter, greatly diminished at the second, was not increased at the third. The cholesterine increased from the first to the third. There was no appreciable modification in the salts. All three times the phosphates were a little elevated.

We now proceed to give a rapid summary of the results of bleeding in the two women affected with typhus fever :—

The first, aged 23, a servant, of a strong constitution, having lived in Paris for the last five years and a half, presented at the commencement the symptoms of rather a severe inflammatory typhus. She was bled on the fifth and sixth days; afterwards the disease became worse, and assumed the adynamic form. Towards the 18th day there was an increase in the symptoms, and the febrile disturbance especially was greater, rendering necessary blood-letting for the third time. The following was the composition of the blood :—On the first blood-letting, (fifth day,) the blood was the same as in the normal state, (symptoms slight;) no change in the globules, the albumen, the fibrin, the cerebrine, or the animal soap; a singular increase in the quantity of seroline and cholesterine. On the 18th day, (third blood-letting,) the patient being very much enfeebled, there existed all the characteristics of the state termed anæmic; a notable diminution of the globules and of the albumen; a slight decrease also in the fibrin; the fatty matters had returned to the normal state.

The second woman, 28 years of age, had been in Paris for two months, and had always enjoyed good health. The typhus fever was of moderate intensity; she was bled on the eighth day, the blood being found in all respects as in the normal state.

Such was the chemical composition of the circulating fluid in the cases submitted to our analysis. Let us now see if the most prominent physical properties of this fluid, those which, till of late, have alone attracted the attention of medical men, were modified; and if in typhus fever the blood becomes diffuent, and acquires the new qualities which are ordinarily assigned to it.

(To be continued.)

CASE OF PLACENTA PRÆVIA.

By T. M. GREENHOW, Esq., F.R.C.S., Newcastle-upon-Tyne.

(For the *Provincial Medical and Surgical Journal*.)

The subject of placenta prævia has recently claimed so large a share of attention, that practical facts connected with it cannot be entirely without interest.

The profession is certainly greatly indebted to Dr. Simpson, of Edinburgh, for the diligence with which he has collected the record of cases, in which the placenta has preceded the birth of the infant. The table he has constructed must go far to establish the value of the new practical rule in midwifery,—which teaches, not only the safety, but the urgent necessity, in many cases, of detaching and delivering the placenta when the life of the patient can only be preserved by immediately checking the flooding which places it in such imminent hazard. The accompanying case is not the only one in which I have found the complete separation of the placenta from its vascular connexion with the uterus entirely successful in accomplishing this purpose, and in which the labour has afterwards rapidly proceeded to a happy conclusion; but it is somewhat remarkable from the recurrence of the same preternatural circumstances in successive confinements.

Mrs. L., aged 44, married at 18, has had thirteen children, all, except the first, born at seven months; three only are living. Except the first, nearly all were preternatural presentations, many of them placental, when profuse hæmorrhage took place, demanding immediate delivery by turning.

In February, 1844, the placenta was found considerably separated, the breech presenting behind it, the discharge excessive, and the patient much exhausted. By introducing the finger within the os uteri, and making a circular movement, the placenta was altogether detached from its connexion with the uterus, and withdrawn; the hips of the foetus soon followed, and delivery was rapidly completed. No further hæmorrhage took place, and the patient recovered well, with the exception of an attack of phlegmasia dolens, which yielded to appropriate treatment.

On the 13th of May, 1845, when in the sixth month of pregnancy, hæmorrhage to some extent took place, attended with shivering and sickness; a recurrence of the same symptoms at uncertain intervals, until the completion of the seventh month, with, on one or two occasions, great discharge of florid blood.

July 1st. Labour pains came on, with much hæmorrhage; the placenta was found separated to a considerable extent, and protruding at the os externum. The finger was introduced, as on the former occasion, and the connexion of the placenta with the uterus completely destroyed, when all hazard of further discharge was effectually prevented. The head was found at the brim of the pelvis, accompanied by a hand of

the fœtus. Uterine action ceased for a while, but soon returned with considerable power; at first the hand showed a tendency to advance and the head to recede, but by carefully pressing the hand back during the pain, the head soon descended so as to occupy the cavity of the pelvis. It was, however, accompanied by the hand, which could not be entirely pushed back, although, by the efforts made to prevent its advance, the shoulder was probably prevented from occupying the brim of the pelvis instead of the head.

The pains increased in force, and in about an hour after my arrival the delivery was completed. The ovum came away entire, except that the membranes had been lacerated at one side, and the liquor amnii discharged. The preparation shows the placenta in advance of the head; the arm retains the position it occupied during birth, by the head of the fœtus; the funis is twisted round the chest and neck, and the lower extremities remain enveloped in the membranes.

July 3rd. Patient going on well; no inordinate discharge followed delivery.

29th. Recovered well: in her ordinary health.

Newcastle-on-Tyne, August 29, 1845.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 10, 1845.

It is some weeks since we were enabled to announce the provisions made by the Registrar General for rendering the registration of the causes of death more accurate and effective than it has hitherto been. A circular letter to all legally qualified medical practitioners is now in course of distribution, calling upon the medical attendant of deceased persons to fill up a certificate, a book of forms for which is supplied, of the cause of death and other particulars of the highest utility to the general purposes of the registration. We have before expressed the hope that no backwardness on the part of qualified members of the profession will be manifested in meeting the views and promoting the objects of the Registrar General. The entire neglect of questions involving the sanitary condition of the population of this country, was long the opprobrium of its government; and now, when, through the exertions of many able physicians and surgeons, aided by the medical press, and also, we are bound to confess, by the intelligent Secretary to the Poor-Law Commission, the importance of inquiries of this nature has at length forced itself upon the attention of the legislature; when Government investigations into the sanitary condition of the community have been undertaken; when legislative measures are in progress for the improvement of this condition, and when other measures, the ultimate object of which is the promotion in this respect of the general welfare of the community, are in contemplation, deeply should we regret

to see the medical profession as a body holding back or failing to contribute their powerful aid.

It is unnecessary to point out the advantages of a correct registration of the causes of death, and the circumstances under which disease runs on to a fatal termination. Not only will questions of interest relating to medical statistics thereby receive elucidation, the chief sources of fatal disease be pointed out, and sound measures for the improvement of the public health be suggested, but the whole science of medicine itself will be advanced.

We may hope, through the medium of accurate returns of the particulars required in the form of certificate, hereafter to obtain materials for developing the laws of disease, the origin of epidemics, or at least their manner of progress, and the means of combating or avoiding those severe outbreaks of diseases of this description, which occasionally spread consternation through all classes of the population, and carry with them, amongst the operative classes, the accumulated evils of domestic affliction, bodily suffering, and want.

A very few minutes will suffice for filling up the form of certificate with accuracy; let none be withheld, by considerations of a personal character, from thus contributing their mite to the mass of important information which will result. The members of the medical profession have ever shewn themselves attentive to the interests of the public, too often, it is true, without fee or reward; we should regret to see any hesitation on the present occasion, when so much depends upon the united and hearty concurrence of the whole body, and so trifling an amount of personal sacrifice is required from each individual.

BIRMINGHAM PATHOLOGICAL SOCIETY.

June 7th, 1845.

THOMAS GREEN, Esq., in the Chair.

Mr. Crompton presented specimens of tubercular lungs, cirrhosis of the liver, and Bright's disease of the kidneys, all taken from the same patient, a great drunkard, who died at the age of 27. He commenced drinking at the age of 17.

Mr. Bunn then presented a case of diseased arteries,—the lining membrane of the aorta very much inflamed and thickened, the substance of the heart very soft, the pulmonary valve loose, the commencement of the innominate slightly ossified. These parts had been taken from a patient, aged 50, who died of senile gangrene of the great toe, and there was suppuration on the inner side of the leg, probably, he thought, connected with the veins.

STRUMOUS DISEASE OF THE KIDNEYS.

Mr. Clayton presented a case of strumous disease of the kidneys.

James Cooper, aged 33, married, a locksmith by trade, was admitted into the General Hospital, May 30th, 1845, under the care of Dr. Blakiston. He was