

ment, I had the advice of one of my senior brethren; but as he has acknowledged to me that he has not read a page on medicine for twenty-five years past, though he has recently been one of the Censors to that ancient and honorable institution, Yale College, you will readily perceive that his presence could have acted only as a placebo to the patient.

I wish to inquire, through the medium of your paper, 1st, Whether any of your correspondents have made use of the means recommended by Velpeau, in his system of Tolcology, to arrest puerperal uterine hemorrhage; and what has been the result? He says that though he approves of the tampon, he has never had occasion to use it, for a sinapism applied between the shoulders has always checked the hemorrhage in fifteen or twenty minutes; and he makes no mention of having read Teale, Tate, or any other work on spinal irritation.

2d.—How far, or whether in any case, spinal irritation may be a cause of abortion, or prolapsus uteri? I will only add that I have seen several cases of abortion in whom there was irritation of the spine; and I have recently been called to see a young married lady who has prolapsus uteri, and who aborted last April, and was attended for about six months by the gentleman above alluded to; but I am not informed that there was any examination of the spine, though there is now great tenderness on pressure of the vertebræ *throughout its whole length*. Without replacing the uterus, she by blistering the spine has been very much relieved of the bearing-down pain; and the leucorrhœal discharge is much less than before the application of the blisters. E. G. MARSHALL.

Poquonnock, Ct. March 17, 1836.

OBSTETRICS:—BREECH PRESENTATIONS.

BY STEPHEN W. WILLIAMS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

SOME writers consider Breech Presentations natural. Others think them preternatural. Some recommend in all such cases, to search for the feet, and bring them down, while others are for leaving the efforts to nature, as in natural presentations. I think no general rule can be adopted in the case. If the labor is tedious and much protracted, it would undoubtedly be best to attempt to bring down by the feet, otherwise not. I am unable to say what proportion of cases are fatal to the child in this presentation, but more, undoubtedly, than in head presentations. I have had a number of such cases, and I should be inclined to think that the greatest proportion of the children were born alive. The two last cases which occurred in my practice proved fatal to the fœtuses. In one case the labor was so severe that most profuse hæmorrhage from the mother followed, and her life was scarcely sustained.

The other case was the patient of Dr. B., of M., aged 29 years. She was attacked with labor pains, in her first pregnancy, on the 9th of Dec. 1835. The membranes were spontaneously ruptured, and the pains soon subsided, and she remained free from them till the 12th, in the afternoon, when they again commenced. They continued with but little

force for 24 hours. Dr. B. ascertained that the breech presented, but there was not sufficient pain to expel the child. Fearing that he might have difficulty in delivering her, he sent for me on the night of the 14th, about 34 hours from the second commencement of labor. Upon examination I found the breech presenting in a favorable position for delivery, and the uterus sufficiently dilated, but the pains were not sufficient to effect the delivery. I advised the use of ergot, which brought on severe and continual pains, but did not advance the child. After waiting awhile for these unavailing efforts, I attempted to introduce my hand and bring down the feet, but the uterus acted so powerfully that I could not grasp them. Thrice I was obliged to desist. With much difficulty I reached the groin, and introduced the blunt hook, but could not fix it with sufficient firmness to have it operate. I then introduced it firmly into the anus of the fœtus, which enabled me to exert a great force upon it, and to bring the breech into the world, and I soon extricated the legs and brought the body down as far as the breast. Here I gave the firmly fixed hook into the hands of Dr. B., and grasped the body of the child with both my hands, and the Doctor and myself exerted all our strength before we brought the child into the world. It had been dead several hours. The woman was small, and the child large. It weighed nine pounds before it was dressed. The placenta very readily followed, and the woman was put to bed quite comfortable, and she soon recovered.

Deerfield, Mass. March 19, 1836.

HYPERTROPHY OF THE CEREBELLUM, AND ITS INFLUENCE ON THE GENITALS.

M. ANDRAL, as we have before mentioned, is engaged in delivering a course of lectures at the University of Paris, on the diseases of the brain and nervous system. From his eleventh lecture we take the following remarks on a subject which he has considered in a light no less novel than interesting.

We have said that hypertrophy of the nervous pulp may exist in certain portions of the cerebro-spinal axis besides the cerebrum: examples have been seen in the cerebellum. When this part of the nervous centre is hypertrophied, the disease presents itself with the anatomical characters which have been assigned to hypertrophy of the cerebral hemispheres. It is unnecessary to repeat their description here; it may occur without any appearance of development in the cranium, or the hypertrophy may, in other cases, be attended by a corresponding augmentation in the diameters of the osseous cavity which encloses the cerebellum. Here, again, a highly interesting question presents itself. What influence does this exaggerated nutrition of the cerebellum exercise on the generative organs? Do we find the natural impulse of reproduction elevated with that development of the organ to which some physiologists attribute it? We cannot now enter into an examination of this question, which would be foreign to our purpose; however, we cannot avoid mentioning one or two particulars that seem to throw light on the connection existing