escape of meconium had been relied upon as evidence of death, would, under the accepted doctrine, have had its head perforated. It may be urged that the child might have been delivered by natural pains stimulated by ergot. A first child had been born alive. But in women of defective organization, exposed to hardships of poverty and toil, it is not uncommon to find the parturient power exhausted by the first labour. I think it possible that energetic uterine contraction might have sufficed to drive the head through the pelvis. But uterine contraction, and, indeed, the woman's general strength, had long given way before the obstacle. Ergot might have failed to rouse them sufficiently, and would, in all probability, not have done so at all under half an hour. Moreover, there was the risk of rupture of the uterus. My experience is not favourable to the attempt to lash the *exhausted* uterus into spasmodic energy by ergotic stimulation. That half hour would have been a period of protracted suffering to the mother, and destruction to the child. The long forceps might have been successful. I entertain a strong bias—a prejudice, perhaps—in favour of delivery head foremost. But the forceps could only have been applied in the transverse diameter of the brim, one blade over the forehead, the other over the occiput, or a little obliquely. The grasp under such circumstances would have had the effect of causing the bi-parietal diameter of the head to bulge out more strongly against the promontory and pubis, increasing the disproportion and difficulty. The operation would have been severe, and the risk to the child great.

I am satisfied that the delivery by turning was, in this case, the least distressing to the mother; admitting of being performed with greater ease and celerity than any other. And if we recognise the right of the child to a share in the appliances of Conservative Midwifery, then must this case be regarded as one of leading importance.

Finsbury-square, July, 1860.

ON

A CASE OF MYELITIS AND EXTENSIVE SPINAL IRRITATION,

WITH

PARALYSIS OF THE LEFT LEG,

CURED BY THE ADMINISTRATION OF ERGOT OF RYE, AND THE EXTERNAL USE OF BELLADONNA.

By C. R. BREE, M.D., F.L.S.,

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SUSANNAH C—, aged thirteen, admitted into the Essex and Colchester Hospital, Feb. 24th, 1859. The following history, down to the middle of November, was obligingly furnished to me by Mr. Johnson, the house-surgeon:—The account this girl gives of herself is, that she has never had any particular illness until about two years ago, when she had fever, which laid her up for about seven weeks; but she has always been delicate. On admission, she complained of feeling weak, and being unable to follow her employment, that of factory hand. She states that she has been accustomed to work in a room heated by steam pipes, and that she was in the habit of fainting away at her work. She dates her present illness from running home one day in the wet, when she felt pain in the side, with slight cough, which confined her at home for a few days, when she resumed her employment for two days. She had medical advice, but received no benefit. On April 22nd (whilst in hospital), she had a good deal of pain in the head and back; and, on coming up stairs, she fell and lost consciousness, and remained insensible from seven P.M. till two A.M., during which time she was very rigid, but did not struggle. On recovering sensibility, she felt pain in her left leg, which she attributed to rheumatism, and did not mention it until she discovered that she had lost all power of using it, and that it had no sense of feeling. About this time she complained of pain in her back. She was put under the influence of mercury, and had the tartrate of antimony ointment rubbed along the course of the spine. From this time she had attacks of insensibility about once a week, until Sept. 29th, when she left the hospital on five weeks' leave of absence, much improved in health. She was readmitted at the expiration of her term of leave, having had several of her old attacks, and was altogether not so well in health as when she went out. Her leg was now more particularly examined, when she was found to have neither motion nor sensibility from the knee downwards. The muscles and integuments of the thigh appeared scarcely,

if at all, affected. She was ordered tonics and good diet, and the leg to be galvanized daily, and frequently rubbed with a rough cloth.

The patient came under my care about the middle of Nov., and I continued the above treatment for another fortnight, without any benefit.

On the 1st of December, I carefully examined the spine, which was extremely tender on pressure from top to bottom. So sensitive was this region, that she could not bear the slightest pressure without pain, and even gentle percussion made her cry out. This tenderness was more pronounced in the lower part of the dorsal region, just below the antero-posterior curvature in this situation, but not localized over any particular vertebra. She had had no fit since she came under my care. Her complexion was sallow and expression dull. She had never menstruated. Appetite bad; bowels regular; urine normal. The left leg was completely paralysed below the knee, and insensible to pain. She could use the flexors of the thigh so as to bend it partly towards the abdomen, and there was no anæsthesia above the knee. I ordered her to have two grains of ergot twice a day, and the spine to be rubbed night and morning with a liniment containing extract of belladonna; the leg to be well rubbed with the flesh brush, and the diet to be liberal, with moderate allowance of beer.

The only alteration in this treatment up to the 25th of January, 1860, was that of increasing the dose of ergot to four grains after a slight appearance of the catamenia on the 22nd of December. After the first fortnight she began gradually to amend, and the notes in my hospital book are—

Jan. 14th.—Begins to walk nicely *without assistance*; sensibility has in a great measure returned in the limb.

23rd.—She is daily gaining more use of the limb; spine is still very tender.

25th.—To be made an out-patient.

On the 5th of February she walked up to the hospital from her residence in the town. She had quite regained the natural use of the limb, but the spine still remained tender. To continue the liniment, but omit the ergot. I have not seen her since.

Remarks.—Now, what was the pathology of this interesting case? We have, in looking over the history, evidence of a lesion of the cerebro-spinal system and its consequences—loss of consciousness, tonic spasms, paralysis, anæsthesia. The spinal curvature I satisfied myself did not depend upon disease of the bony column, and the tenderness along this tract indicated, I think, inflammatory action, as well as that combination of symptoms, as Dr. Brown-Séquard has it, termed “spinal irritation.” I think it will be admitted that the amendment was entirely due to the treatment. It was founded upon the above view which I took of the pathology of the case, and upon the principles so ably set forth by Dr. Brown-Séquard as to the therapeutical action of ergot and belladonna in the treatment of myelitis. In my notes of the lectures I heard delivered by that distinguished physiologist in Edinburgh I find the following:—

“Strychnine is almost useless in all lesions of the spinal cord, and especially hurtful in congestions of that structure. It acts by producing paralysis of the bloodvessels of the cord, and therefore in its lesions it can only increase the morbid effects. In sympathetic paraplegia, however, it is very useful. Ergot of rye and belladonna may both be used where strychnine cannot; they excite reflex action by acting upon the bloodvessels of the nerves.”

In the summer of last year I saw two cases of myelitis with partial paralysis of the lower extremities, the bladder, and rectum, successfully treated with ergot of rye and belladonna by Professor Bennett, in the Royal Infirmary of Edinburgh, such treatment being founded upon Dr. Brown-Séquard's views. I therefore venture to draw the attention of the profession to the subject by the details of the present case.

Colchester, 1860.

ON THE

NATURE & TREATMENT OF DEFORMITIES.

By HOLMES COOTE, Esq., F.R.C.S.,

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NON-CONGENITAL DEFORMITIES.

In passing from the consideration of congenital to non-congenital deformities, we leave the theories of foetal development, or intra-uterine accidents, and enter on the domain of more recognised surgery.