of it, however, and has since slipped down once or twice, each time the right thigh receiving a blow. Rest, evaporating lotions, and occasional leeching were ordered, but they failed to arrest its increase; frequent spasmodic action of the muscles caused severe pain and discomfort, and his health seemed beginning to be affected.

On the 17th of March, Mr. Cock's opinion was sought, my father inclining to the idea that it might be sanguineous effusion, or a collection of matter; I rather feared the commencement of malignant disease. Mr. Cock, after careful examination, advised the continuance of the soothing plan, with complete rest, hoping that it might be an abscess. Weeks, however, passed, with no improvement, but instead, more pain and spasm, increase of the swelling in length and in size, especially on the outer side, a more elastic feel, and a dubious sensation of fluctuation.

About the middle of April, Mr. Cock again saw him, and as in one spot the coverings seemed thinner, an exploring trocar was introduced, through the canula of which there passed about a dessert-spoonful of clear, greenish-yellow fluid, succeeded immediately by about the same quantity of pure arterial blood, the former fluid coagulated spontaneously at once. Both were carefully examined microscopically, and nothing abnormal detected. Some little relief to the extreme tension resulted for a time.

On the 29th, Sir B. Brodie was called in consultation with Mr. Cock. His prognosis was unfavourable. He, however, referred to two cases which had occurred to him, in which an obscure swelling of similar nature had been punctured, and serum followed, but in the end matter formed, and a small piece of dead bone proved to be the exciting cause. He suggested the extract of belladonna externally, and the hydriodate of potash internally; this latter did not agree after a short trial. The swelling now slowly made its way upwards and round the outer side of the thigh, the muscular tension and spasm increased, and our patient's health seemed materially influenced; but the superficial veins continued unaltered, and no glandular enlargement could be detected.

May 20th.—Mr. Lawrence was called in. His prognosis was also unfavourable; indeed, when my father suggested making an incision with a lancet or scalpel, Mr. Lawrence considered it too hazardous a course. Change of air at Brighton was now tried, to improve his health if possible. He returned (after three weeks' stay in June) very much worse, having suffered while there from bilious attacks, nausea, want of rest, &c. Mr. Lawrence, of Brighton, and his late lamented son, saw him frequently, and on one occasion punctured the swelling; grumous blood only followed, and their opinion of the nature of the case was that it was malignant disease.

Mr. Lawrence, of London, visited our patient again on July 4th. Mr. Y— was then sallow, features sunken, pulse feeble and irritable, appetite bad, frequent nausea and retching; the tumour extended from about two inches and a half above the patella to the same distance from the trochanter major, occupying the outer side of the thigh, and was evidently making its way under it; it was somewhat elastic to the feel, and tender on pressure, but the muscular spasm had lessened. Mr. Lawrence now expressed his conviction that it was fungoid, and said that he could not recommend any operation, as he believed the disease reached nearly to the head of the femur. Three weeks more passed, and his family, clinging to hope against hope, wished to have one more opinion, and on July 23rd Mr. Fergusson was called in. After a long and careful examination of the limb, he pronounced it to be malignant disease arising from and in the bone, and as such a hopeless case. From this time our poor patient emaciated more and more, becoming quite helpless, until September 13th, when he died, conscious almost to the last, and having for the week or two previously taken I may almost say no nourishment at all.

On examination of the limb after death, it was found that the *causa mali* was deep-seated, and surrounded in a measure by the attenuated and expanded vastus externus muscle, and that the contents consisted of about a pint and a half of thick dark blood, with a small portion of fibrine adherent to the inner side and lower part; the bone itself perfectly healthy, but at the back part the pressure had caused an absorption of a small piece of the linea aspera, and some blood had crossed it posteriorly to the inner side of it. The muscular structure was healthy, and no lesion could be detected likely to have caused the hæmorrhage. The body itself was not examined, and this is much to be regretted; but we had not anticipated the appearances found, and time prevented a longer investiga-

tion. The case therefore must necessarily be regarded as imperfect, as there is wanting evidence as to the condition of the viscera, and especially the liver. It is, however, not the less one of interest and moment as regards diagnosis, for though positively pronounced malignant, the muscular structure, bone, and the blood, examined microscopically, testified the contrary. As to the treatment, I will not attempt to discuss it; it was sanctioned by those whose opinions are indisputably entitled to our highest consideration. Could we have foreseen events in the early stage, an incision with a lancet perhaps might have allowed the escape of the then pent-up blood, and means might have been adopted to restrain its flow for the future, and restore the natural condition of the limb; and though there would seem to be indicated a hæmorrhagic tendency,—as otherwise why should the effusion of blood continue in spite of the greater pressure,—yet, on the other hand, there was nothing to lead to a suspicion of it. During the last few weeks alone of his life, when debility and emaciation were extreme, there existed some slight exudation of blood from the mucous surfaces, but it was not more than might naturally be expected. As the record, then, of what I believe to be a very rare case, I leave it to the consideration of others. "*Tantum valeat.*"

Sept., 1853.

CASE OF OPERATIVE MIDWIFERY.

By J. T. MITCHELL, Esq., F.R.C.S.

THE following urgent case of operative midwifery has lately occurred in my practice; and as it appears to me to be one of great interest, I offer no other apology for sending it for publication.

On Sunday, the 24th of July, at three P.M., I was called by Mr. Thompson, of Vauxhall-walk, to see the wife of J. S—, who was in labour with her second child, whom he expected would require to be delivered by embryotomy. She is a woman about thirty-three or thirty-four years of age, and had been delivered by the same means about three years previously. Accompanied by my son, I immediately went to the case, where we met Mr. Thompson. I found her with an anxious countenance, greatly exhausted; with hot, dry skin, and dry, furred tongue; pulse about 120 in the minute, and small to the feel. She had vomited all sustenance that had been given for many hours. I heard from Mr. Thompson that expulsive labour-pains had begun in the after part of the previous day, about twenty hours before; that they had soon become violent, and at twelve at night the os uteri had become perfectly dilated; the head at that time was detained at the brim, and soon after became perfectly impacted there by most violent uterine efforts, which lasted until six in the morning, when they became entirely suspended, and only trifling pains continued at long intervals until the time when I first saw her; that she had from time to time passed her urine, and in good quantities, considering that she had vomited all the food or fluid given.

I first put my hand upon the abdomen, and made gentle pressure there, by which I found that there was not the least tenderness in the uterus or in the peritonæum. I then proceeded to examine as to the progress of labour, upon which I found far up in the vagina a firm tumour, filling up completely the sacro-pubal aperture; it felt more like the nates than the occiput. It was the *tumid* scalp of the child, produced by the violent efforts of the uterus, through which I could discern nothing like a fontanel or suture. The obstruction to its passage downwards was interrupted by the projection of the promontory of the sacrum into the arch of the brim of the pelvis, so that there was not more than two inches and a quarter space between it and the symphysis pubis. I at once concluded that it was impossible to bring down the head through this opening without breaking it up. Accordingly I proceeded to perforate it; but as soon as I commenced the operation the woman became outrageously violent, and threw herself into all kinds of attitudes, declaring that I should do nothing by her, upon which I immediately put her under the effects of chloroform, until she became nearly insensible; this enabled me to proceed without interruption. I first introduced the perforator through the swelled scalp, and attempted to perforate the bones of the skull, but without success. I then passed a blunt, curved bistoury through the opening I had made in the scalp, and dilated the opening in an anterior and posterior direction, which enabled me to examine more minutely the skull, and to ascertain the position of the sutures and fontanels. I found that the occiput was presenting, and

no suture could be felt, upon which I carried my finger posteriorly, and attempted to push up the head from the promontory of the sacrum, which, after making considerable efforts, I succeeded in doing. I could just then discover the lamdoidal suture and the posterior fontanel, through which I attempted to thrust the perforator; but in this I was foiled, owing to the sloping direction in which only I could pass the instrument, the tendency of which, when pressed upon, being to pass over the fontanel rather than into it. I then again introduced the blunt bistoury, and with the middle finger of my left hand pressed it into the fontanel, by which means I made an opening, into which I passed the blunt hook, with which I drew the fontanel forwards and into the axis of the pelvis, when I was enabled to introduce through it the perforator, with which I rapidly broke up the brain, and dilated the aperture, through which I introduced and applied the embryotomy forceps, including in its grasp the right parietal bone and scalp covering it. I then drew down, first gently but firmly, and then with more force; but although the head descended a little, I soon found that I could not move it to any extent. Accordingly I very much increased the force, when I brought away the whole parietal bone and scalp covering it, included in the forceps. I then again introduced the forceps, and included the left parietal bone, which, after a short time, came away also with its covering scalp. By this time the uterine efforts had become again roused, and on introducing the forceps a third time, and enclosing the occipital bone, I drew down with very great force, and succeeded after some time in bringing away the mutilated head, by laying hold of which with both hands, and using great efforts, I soon after delivered the shoulders and body. The uterus very soon contracted on the placenta, which I extracted with the least effort. No hæmorrhage followed. The woman never had afterwards a bad symptom.

I thus particularly notice this case, because in a long and very extensive public practice of operative midwifery, extending over a period of more than twenty years, I never saw but one such, and that was fatal in the result. It was conducted by Dr. Walshman, who (although urgently pressed by me) refused to use the embryotomy forceps after perforating the skull, preferring the use of the crotchet—the worst of all instruments—with which (from its repeatedly having slipped off the part of the skull to which it had been affixed) he literally tore the vagina into strips, as well as made a rent in the cervix and os uteri; nor did he succeed in the delivery of the woman, the child having passed through the rent in the uterus into the abdomen, where we found it after death.

Clapham-road, August, 1853.

LONG UMBILICAL CORD.

By F. C. GRAY, M.D., Sheerness.

Mrs. —, was taken in labour at one A.M. with her first child, and the case, though troublesome, did not present anything extraordinary till the birth of the child, which took place at eight o'clock the same evening. The infant was in a state of asphyxia, from which it was with some difficulty resuscitated, the cord having been twisted nine times round the neck. This I distinctly observed, and the volutions as I unwound them. I apprehend this to be very unusual, inasmuch as my midwifery cases exceed 200 annually, and, though I frequently have found two or three turns of the umbilicus round the neck, I never met with anything like it before; and, what appears still more singular, there was almost a total absence of the liquor amnii, not half an ounce having escaped.

Sept. 1853.

Foreign Department.

Impending Death from the Inhalation of Chloroform; Recovery by the direct Insufflation from Mouth to Mouth, according to M. Ricord's Method.

M. BOINET has just published, in the *Bulletin de Thérapeutique*, the case of a lady, 30 years of age, who inhaled chloroform to escape the pain of having the forceps applied. She was short and ill-proportioned, and it had been a question whether the natural term of gestation should be waited for, or whether premature labour should be induced. The former course was adopted, but the head became locked at the outlet of the pelvis. Before the forceps were used, a cambric handkerchief, upon which about two

drachms of chloroform had been poured, was held at a short distance from the patient's nose. She was soon quite insensible, without experiencing any excitement; and as the operation was being prolonged, M. Boinet desired the husband to place the handkerchief again to the patient's mouth, as she was beginning to move about, and to utter faint cries. The traction was now renewed, and the child extracted; but the husband, being engrossed by the operation and the perilous situation of his wife, left the handkerchief upon her face, though he had been recommended to take it off immediately the patient was again insensible. Just as the child was being withdrawn, the assistant, who was watching the pulse, stated that it had stopped. The cord was quickly cut, the child removed, and the windows thrown wide open. The heart had ceased to beat, the most complete relaxation of the frame existed, the pallor was extreme; in fact, all the characteristics of death had made their appearance. For five minutes cold water, ammonia, slapping, &c., were used with the greatest solicitude, but in vain, and the patient was declared dead. M. Boinet thought, however, that he should not give up the case until he had tried the mouth to mouth insufflation. This mode of filling the lungs with air remained at first ineffectual, as the cheeks flapped back immediately the blowing ceased; bellows were also tried, but to no better purpose. And now, finally, as M. Boinet states, a few more direct insufflations were attempted; more to avoid the imputation of leaving the patient too soon, than from any hope of recovering her. These were then continued with great energy, while the assistant pressed the lower part of the thorax, to excite the diaphragm to action. At last the patient made an inspiration, which the author compares to the last gasp of a dying person; and he continued the insufflations without much hope of observing a second inspiration, as the pulse and heart were quite still. But in a few seconds a second breathing effort took place, and the patient gradually recovered, exactly as happens with those who wake from their narcotic sleep without having experienced any arrest of circulation. When the patient had quite recovered, the placenta was taken away, and she made a very good recovery. The question now arises whether this was a mere swoon, which would have been recovered from without any efforts at insufflation.

A Bean extracted from the Bladder by the Lithotrite.

M. MAISONNEUVE, surgeon to the Hôpital Cochin, in Paris, has just removed a large bean from the bladder of a man, 27 years of age, who had wilfully introduced this foreign body into his urethra. The bean, which, on the introduction of the lithotrite, was felt floating on the urine, was luckily caught, and withdrawn without crushing. The urethra must have been considerably stretched by the passage of the lithotrite partially open, and holding a foreign body more than half an inch long. It is, of course, advantageous that the bean should have been extracted whole; but in supposing that the surgeon had crushed it, the fragments would probably have been passed, as well as a portion of the bean, which was evacuated the day after the operation.

Reviews and Notices of Books.

On Scarlatina in her Majesty's Ships Agamemnon and Odin in 1853. 8vo, pp. 22. For her Majesty's Stationery Office. London: Eyre and Spottiswoode.

This is an official report by Sir John Richardson, Inspector of Naval Hospitals, of the epidemic of scarlatina which prevailed so extensively towards the close of the last winter among the crews of the screw-steamers of war, *Agamemnon* and *Odin*. The record of this disease contains much matter of interest, the fever resembling in many points—though on a small scale—some of those epidemics with which the nations of Europe have at different times been visited. Thus, comparing small things with great, it may not inaptly be likened to the sweating sickness which so fearfully clouded the joy of England after the battle of Bosworth Field, on the 22nd of August, 1485, and which again breaking out in the years 1506, 1517, 1528, and 1551, was characterized by its rigors, fever, great prostration, oppression at the stomach, headache, with lethargic stupor, and the fetid perspiration with which the bodies of its victims were suffused. In the cause of the two pestilences, also, there seems to have been something in