by slight alterations, to serve a triple purpose; that of a plane mirror, of a condenser, and of a substitute for the concave mirror.

8. The simple and effective mounting of the achromatic condenser and the diaphragm attached to it.

It remains for others to determine if any or all of these innovations are improvements.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.

THE Middlesex East District Medical Society held its eighth annual meeting, Nov. 4th, at the house of Dr. J. Nelson, in Woburn. After the transaction of business and the election of officers for the ensuing year, Richard L. Hodgdon, M.D., and Joseph Underwood, M.D., both of West Cambridge, were chosen honorary members.

The following paper on a case of inversion of the uterus was then read by Dr. Truman Rickard, of Woburn.

Inversion of the Womb, complete, or even partial, is a very grave occurrence—"one of the most dangerous accidents that can happen to a lying-in woman." Our profession has reason to rejoice that the intelligent practitioner seldom knows anything of it, except what knowledge he derives from books. But cases now and then occur—melancholy cases—especially where our own personal friends are in peril, when the physician is summoned in haste to witness, with a bleeding heart, the sad results ignorance has brought about, and to do what best he may, in the face of fearful odds, to correct the mischief, to stay the rapidly ebbing powers of life, and rescue the sufferer from the perilous position in which she is situated.

CASE.—On the evening of Sept. 7th, 1857, at about half past nine o'clock, I was requested to visit Mrs. C. I was informed that a midwife was in attendance—that the child was born several hours previous, but that there was trouble with the afterbirth. I subsequently learned that Mrs. C. was taken in labor at eleven o'clock on the evening of Sept. 6th, and that the child was born at five o'clock in the afternoon of Sept. 7th. Of the character of the labor I have no knowledge; but immediately following the birth of the child, she was very comfortable, and mutual congratulations were expressed by herself and husband in view of the favorable progress of affairs. The husband subsequently went to his office, and spent the usual time there. On his return home, in the latter part of the evening, he found that there was trouble—that the midwife had not succeeded in removing the placenta—and I was sent for. Upon entering the chamber, I found the attendant sitting by the patient and bathing her face with camphor. I took my seat by the patient, laid my finger upon the radial artery, and asked her how she did. She replied, "I don't know." Her appearance was as follows: face very pale, lips white, respiration sighing, pulse small, feeble and frequent. The midwife remarked to me that something was the matter; that she had *almost* got the afterbirth

away *two or three times*, but she had not succeeded in removing it. I found the placenta low down in the vagina, and resting upon the perineum. As I passed my finger along the cord, it came in contact with a denuded surface of the placenta, and the substance of the placenta tore easily under my finger. Upon attempting to remove the afterbirth with my finger, and making *very gentle traction* upon the cord at the same time, the cord came away. I then introduced three fingers and removed the placenta without trouble. The sensation made upon my finger by the cord at its *apparent* point of insertion, was as if a strip of cloth had been slit into shreds, and the impression made by the parting of the cord was like the separation of the fibres of an untwisted thread—*there was no strength in it*. As I passed my fingers over the placenta, I perceived an elongated, ovoid tumor immediately above it, and on laying my hand upon the hypogastrium, the uterine globe could not be felt there. She was not flooding when I removed the afterbirth, neither did she flow at all subsequently, and the midwife says she had not flowed previously.

Regarding the patient as in imminent danger, I requested that Dr. B. Cutter might be called in consultation. He was sent for, and arrived in a few minutes. While the messenger was gone for him, I administered a full draught of old Madeira wine. Dr. Cutter, on examination, found the womb partially inverted. The os uteri was about four inches in diameter, and situated a little above the middle of the inverted fundus. He immediately reduced the uterus, which did not contract readily. Two drachms of the wine of ergot were administered, and Dr. Cutter passed a bit of ice into the womb, where his hand was still remaining. Compresses and a bandage were applied to the abdomen. The pillows were taken from under her head, and three bricks were placed under each post of the bedstead at her feet. Hot brandy and water was administered freely. Sinapisms were applied to the breasts and arms, and bottles of hot water to the lower extremities. For a time the pulse rallied after each dose of brandy, but soon began to fail again. Before midnight it ceased to respond to the brandy, and ceased at the wrist. There was now great distress at the præcordium, and an earnest desire to pass water. The catheter was introduced, though but little water was found in the bladder, yet the desire to urinate continued. Great restlessness and jactitation, with an oppressed respiration, supervened. We attempted to administer ammonia and water, from a feeding-cup. She may have swallowed a little of the first dose, but deglutition had become difficult, and on attempting soon after to repeat the dose, I found the teeth firmly set. She continued to sink till a little before one o'clock, when the vital spark became extinct.

Dr. Cutter and myself carefully examined the cord and the placenta. The cord was of good length and medium size. Its placental end was deprived of its covering for an inch or more, and its vessels and nerve were separated. The placenta was perfectly healthy and its membranes very strong. There was a hole through it where the cord had been torn out, about the size of a half dollar.

From an intelligent lady, who was present from seven o'clock till a few minutes past nine in the evening, we have learned some of the facts pertaining to this sad case. Upon her arrival at seven o'clock, she found the midwife pulling vigorously at the cord. Upon being

asked if she understood the case, the midwife replied that she did; and when asked "if she had pulled as hard as she could upon the cord," she replied that "she did not know as she had, *but she had pulled very hard.*" *At this time the patient was very pale, faint and exhausted.* Once afterwards she was taken up and placed upon a chamber vessel, with the hope that this would favor the removal of the placenta. As soon as she was seated, she threw up her arms, threw back her head and swooned.

The appearance of the patient indicated that she had flowed profusely. But it was stated by the midwife that there had been no flooding, and although Dr. Cutter and myself sought for proofs of it among the soiled clothes, we could find none.

Dr. Ephraim Cutter made a *post-mortem* examination of the body, thirty-two hours after death. The womb was found perfectly in place. There was no rupture of the organ, and consequently no hæmorrhage into the peritoneal cavity. The bloodvessels appeared emptied. Upon turning the womb inside out, minute portions of the placenta were found adherent. The probability is, that it was a case of adherent placenta.

But what was the cause of death? While the appearance of the patient externally and internally indicated that the system had been drained of the vital fluid, we have no proof of hæmorrhage, but a statement to the contrary. We are left, then, to the conclusion that the patient died of exhaustion from the violent and long-continued efforts made to extract the placenta, in connection with the overpowering influence of an inverted uterus produced by pulling upon the cord. The symptoms clearly indicate that inversion had occurred as early as seven o'clock. The patient was healthy, and the uterine system normal, and everything connected with the labor, up to the birth of the child, natural.

A discussion upon the subject of Dr. Rickard's case ensued, in the course of which circumstantial evidence was adduced to show that the funis had been torn off and the placenta removed, and both replaced, by the midwife, before she sent for a "doctor." The cord was of medium size, at least twenty-five inches long: the placenta was perfectly healthy, and the membrane, which covered its foetal face, at the insertion of the cord, was too strong to be torn by a strong pull with a thumb and finger—evidently proving that the cord could not have been separated from the placenta without a great degree of violence.

At this juncture, the Society adjourned to partake of a bountiful supper provided by the host. Afterward, the following communication, detailing two cases of placenta prævia, was read.

Mrs. D. came to her second labor on the 17th of July, 1857. Her first labor was natural. On two occasions—one six, the other, two weeks previous to her present sickness—there had been a sudden discharge of blood from the vagina. This soon ceased, and she asked no medical advice at those times. This morning (July 17th), on rising from bed, there was a gush of blood upon the floor. She returned to her bed, and the hæmorrhage recurred at intervals during the morning. She declined calling a physician, because she had no pain. Her friends becoming alarmed, I saw her at 11½, A.M. She was lying on her back, in a perfect pool of blood, the pulse hardly perceptible. On

examination, the os uteri was found fully dilated, and the placenta directly over it. She had fainted several times, and was now in the condition described by Ramsbotham, "faint and gasping and cold; the uterus quite inactive, with its mouth widely open, and possessing that degree of unresisting flabbiness which to an experienced hand is indicative of the most urgent danger." In this condition I deemed any attempt to empty the uterus injudicious, as it would not probably contract sufficiently to render the woman safe. Stimulants were exhibited till the patient was roused from her torpid state, and then a full dose of ergot was given with a view of causing the uterus to contract after delivery. Shortly afterward, without changing the position of the patient, the edge of the placenta was detached sufficiently to allow of the passage of the right hand, with which the feet of the foetus were seized and the delivery slowly accomplished—the left hand pressing over the uterus to excite it to contraction. The placenta followed the child immediately, and the womb soon contracted. The mother now seemed out of immediate danger, and attention was directed to the child. It was not supposed that the child could have survived the repeated fainting of the mother. There were no indications of life, but Marshall Hall's ready method was adopted with it, and at the end of twenty minutes it gasped and shortly after cried. From this time the mother and child went on as well as in ordinary cases. The points of interest in this case, other than those which placenta prævia always presents, are the full dilatation of the os uteri, with no more pain than the slight griping which is felt on the first accession of uterine contractions; and, secondly, the success of the ready method in the asphyxia of a new-born infant.

CASE II.—Mrs. L. was taken in her third labor, July 12th, 1857, at 12, P.M. Her former labors had been natural; the first under the care of a physician, the second, and this one, attended by a female, of whose qualifications let the case speak. The patient had had a sudden flow of blood from the vagina, without pain, six weeks previous, at which time she called her attendant, who thought she was about to be confined. She kept her bed a week, and then resumed her duties. The same thing occurred two weeks before her present illness. July 10th, she commenced flowing at 12 o'clock at night, without pain, and continued to do so under the assurance that she was doing well, till the next afternoon, at two. At this time she was faint and cold, and covered by a cold perspiration. This state of things she was told was caused by the death of the child. After friction and external stimulants, she rallied, and continued to flow. At 7½, P.M., a "professor" of the N. E. Female Medical College arrived. Brandy was given, and some medicine from a vial, of the nature of which the mother, my informant, knew nothing. At 10½, P.M., three hours after the arrival of the professor, the child was brought into the world; and at 12½ the patient expired.

Oil of Tansy.—Dr. Chapin, of Winchester, introduced the subject of oil of tansy in its ecboic and toxicological relations, and related a case in which he was summoned at midnight to visit a married female, "in a fit." The patient was found in bed, partly conscious, and in paroxysms. A distinct smell of the oil pervaded the apartment. Vomiting had occurred. He immediately exhibited ipecacuanha and sulphate of zinc, which was followed by free emesis. In an hour the

mind became clear and she got along very well. The woman was four months advanced in pregnancy, and took the oil for abortion. The quantity taken was half a fluid ounce. Dr. C. stated that some cases have been fatal.

Drs. B. Cutter and Drew, of Woburn, adduced similar cases, and Dr. Underwood, of West Cambridge, spoke of a young woman in a hotel who took the oil to procure abortion. The immediate effect was violent convulsions. At full term a child was born, *not larger than a rat*. The child lived three weeks. This case was mentioned to show that the oil sometimes arrests growth. Dr. Toothaker, of Wilmington, spoke of a middle-aged married woman who took two fluid ounces of oil of tansy in divided doses without effect. She then resorted to the woods, although it was midwinter, and the snow knee-deep, and gathered a quantity of savin leaves, an infusion of which was freely taken without success. At term, she bore a medium-sized child, which for some time was esteemed *non compos*. Now, however, at the age of ten, the child is a bright boy.

Oil of Cedar.—Dr. Ingalls, of Winchester, spoke of the exhibition of half a fluid ounce of oil of cedar, which was followed by nausea and fright. The girl took it for an emmenagogue. Dr. Hodgdon, of West Cambridge, said he attended a woman who had been in convulsions three or four hours on taking cedar oil. After an emetic, she recovered, with no ill effects. The patient was chlorotic, and dosed for amemorrhœa. Dr. Underwood asked if the use, by midwives, of an infusion of raspberry leaves, in place of ergot, was known to the Society. Drs. B. Cutter and Drew had found draughts of cold water useful to increase pains, and allowed their patients a free use of the article during labor. Dr. Toothaker inquired if the uva ursi would act as ergot. In one case he used the infusion very freely, *with no effects*. On exhibiting a moderate dose of ergot, contractions immediately ensued.

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NEWSPAPER REPORTS OF MEDICAL MEETINGS.

At a late meeting of the New York Academy of Medicine, a discussion took place concerning a resolution which was offered two months previously by Dr. J. G. Adams, and then laid upon the table. The resolution was as follows :

"Resolved, That this Academy, recognizing the medical journals as the legitimate channels of communication with the profession, cannot, except in extraordinary emergencies, sanction the publication of its proceedings in the daily newspapers, and more especially in such as are in the habit of publishing quack advertisements."

Dr. Adams supported his resolution by some able remarks, in the course of which he read a scurrilous attack upon the Academy from the *New York Times*, called forth by this very resolution. Now the *New York Times* is the identical paper in which the proceedings of the