and insensibility in the commencement partook of the nature of syncope, presumably from the quick formation of the clot and incomplete passage of blood into the aorta. Soon the impulse of the heart was aroused to overcome the obstruction, and caused a larger current of blood to pass. But the stream supplied to the brain must have become less and less arterialed, or charged with oxygen, owing to the disturbed function of the lungs, and thus a comatose condition was induced. Everything seemed to point to the state called cardiac thrombosis. This inference was strengthened not only by the general symptoms and auscultation, but by the fact that the patient's easy and quiet mode of life, wonderful appetite and digestive power, with ample means of procuring all that she desired, were circumstances favourable to that condition of the blood termed hyperinosis.

Again, the puerperal state has been shown to be conducive to coagulation of the blood through the increase of the fibrine-generators and the pale corpuscles. In the presence of such increase in these constituents of the blood, may we not conclude that whatever disturbs the delicate balance by which they are held together in the normal state will lead to the conversion of plasmin into fibrin to such an extent as to cause coagulation within the vessels?

Should we, then, regard in the present case the action of the typhoid poison on the blood, as the active agent or factor in the process of coagulation? Or should we rather attribute the change to the retardation of blood in the pulmonary veins? Experience of the effects of stagnation of blood in the vessels, and the period of time at which thrombosis appeared in the present instance—namely, after, not before, the pneumonia,—lead me to adopt the latter view.

To be certain that I had not overlooked some fault in the valves of the heart which might have produced a mechanical effect, I visited the patient six days ago—i.e., nine months after her recovery. No valvular disease or irregularity of the heart's action could be detected. But although she looked, and stated that she was, "as well as she had been before her severe illness," a close examination elicited, "that if she hurried upstairs an unusual feeling of giddiness seized her, and sometimes led her to fear that she might fall." Her pulse was regular at 72, but weak. Weakness of the heart would account for the giddy feelings and "swimming of the head" under increased exertion. But my belief rather leans to the existence of a small embolus, the remains of the reduced cardiac clot, which, under the influence of increased circulation, is carried up into one of the cerebral arteries, and thus temporarily interrupts the circulation in a portion of the brain.

In the treatment of the case, the ordinary management of a typhoid patient was carried out, and no complication was encountered till pneumonia set in. For the latter the usual treatment was employed, the most beneficial means being extensive counter-irritation with acetum cantharides, followed by hot poultices. Bleeding was not employed.

As soon as thrombosis was diagnosed, it became a question not only of supporting the patient by stimulants (of which sulphuric ether proved of most service as a medicine, brandy and water and champagne as drinks, whilst beef-tea, milk, and farinaceous foods were used as nutrients), but, chiefly, how to get rid of the clot. As the latter was in all probability closely interlaced at one extremity, or whipped in among the chordæ tendineæ, could any chemical or solvent means be used for dissolving or diminishing its bulk, if not wholly removing it from its attachments?

Experiments upon blood immediately after its removal from the living body, and the researches of Dr. Richardson, indicate that the alkalis have the property of softening and resolving such deposits. Accordingly, bicarbonate of potash in doses of ten grains, with sesquicarbonate of ammonia in doses of five grains, were administered every two hours when the patient was awake. Subsequently five-grain doses of iodide of potassium were combined. Occasional fits of dyspnoea were benefited by sulphuric ether, tincture of belladonna, and tincture of Indian hemp. The liver and bowels were kept in order by occasional doses of calomel, followed by sulphate of magnesia and bicarbonate of soda. At a later period compound tincture of bark was combined as a tonic with the soda. The progress of the case was exceedingly slow, and tried the patience of the sufferer and the friends, but a gradual improvement showed itself after the first week, and by Dec. 11th I was able to give up the case as cured.

Pimlico, S.W.

ANALYSIS OF ONE THOUSAND CONSECUTIVE MIDWIFERY CASES.

BY THOMAS NEWHAM, M.D.

IN the following record I adopt the plan laid down by Mr. Plaister in THE LANCET of October 20th, 1877.

Of the total number of children born (1013), 518 were males and 495 females.

Twins occurred nine times. In all cases the second child followed immediately after the first. In two cases both heads presented; in three cases head and breech; in one case breech and arm; in one case both children presented by the breech; and in two cases the presentations were head and hand. All, except one, were born naturally.

Triplets occurred twice. In one case all were head presentations; in the other, all footling. Children born alive, but died within three days.

The *breech* presented in fourteen cases, and in three of these the blunt hook was used.

Arm presentations were only two in number. Turning in both was comparatively easy.

The *face* presented in six cases. No special difficulty occurred, but all the labours were lingering.

Footling cases occurred six times.

The *head and one hand* presented nine times. There was no special difficulty except in one case, where turning was performed easily.

The *placenta* was adherent in eleven cases, and had to be removed by the hand. Two cases of hour-glass contraction were speedily overcome by the action of chloroform. In no case had there been excessive hæmorrhage.

Forceps were used in thirty-three cases, and were rendered necessary chiefly from failure of expulsive pains when the head was at the outlet of the pelvis; in two cases (mother and daughter) from contraction of the brim, both of which were exceedingly difficult, narrowly escaping craniotomy. Five cases were owing to the large size of the child, and occurred in primiparæ.

Rupture of the perineum has occurred only to a slight extent, in no case requiring any other treatment than keeping the legs well together for a few days.

With Mr. Plaister I regret that I have kept no record of cases in which ergot was used. Unlike him, I have the greatest confidence in the certainty of its action and in its beneficial results. I have given it always in the form of fresh powder, in doses of one drachm, stirred up in warm tea. This dose has rarely been repeated. There were many cases where the forceps would have been necessary but for the action of the ergot, and I need scarcely point out that the patients infinitely prefer the medicine to the operation. In cases where I formerly used forceps I have since found the ergot sufficient for delivery, and I am convinced that it is much less productive of contusion and laceration of the soft parts. I attribute the absence of excessive hæmorrhage in my cases to the free use of ergot just before delivery. The child is expelled, the placenta detached, and the uterus contracted in a few minutes. One pale, flabby woman has been attended in five consecutive confinements. In the first two there was adherent placenta. Warned by this, and by her slow recovery, I have given ergot the last three times, with the effect of rapidly completing the labour and accelerating recovery. I have no doubt that ergot has been administered in fully one-third of my cases.

No death has occurred from purely puerperal causes. Two women died within one month, from phthisis; one within twenty-four hours, from malignant disease of the liver of long standing; one woman, subject to epilepsy for several years, had an attack of decided epileptic character at the moment the child passed into the world, and before the placenta was extracted. In this case the labour progressed well up to the time of the attack. Urine, passed a few minutes before, had no trace of albumen. One case of death was remarkable. The patient was attended by me in six labours. Soon after the first she became the subject of ovarian disease. Its progress was unusually rapid, and paracentesis was performed at the sixth month of her second pregnancy, when three gallons of fluid were evacuated. No difficulty ever occurred in her labours. Between every succeeding pregnancy she was tapped, and the same quantity of fluid drawn off. During the last pregnancy the operation

was performed twice, the last time within two months of the confinement. She was safely delivered of twins. The expulsive pains were severe, and had the effect of rupturing the ovarian cyst into the peritoneal cavity, with consequent acute peritonitis and death in three days. The post-mortem examination showed a large unilocular cyst of enormous capacity, with a huge rent at its upper part. The whole case occupied ten years, the woman dying at thirty-four.

I have given my analysis as concisely as possible, with no idea that I am contributing anything new upon the subject, but only as a record of cases occurring in a purely agricultural district.

Winslow, Bucks.

COMPOUND COMMINUTED FRACTURE OF SKULL,

WITH LACERATION OF DURA MATER AND CONSIDERABLE BRAIN-LESION; HÆMORRHAGE; RECOVERY.

By G. B. ROBATHAN, M.R.C.S.

THE following case, which occurred in my practice about three years ago, and of which I now forward the notes, is, I think, a good sequel to that of Professor Pirrie in THE LANCET of July 21st, 1877.

On Sept. 1st, 1874, whilst returning home after seeing my patients, I overtook a cart which was conveying to his home a boy aged sixteen, who I was informed had met with an accident. I stopped the cart and at once examined him. His principal cause of anxiety was loss of power and partly of sensation of the right arm, which he thought was either broken or out of joint. Such was not the case. He was very pallid and evidently suffering very considerably from shock, but was perfectly conscious. He also said that he had a blow on his head, which was nothing. I carelessly looked at it and sent him home, saying I would be there as soon as he was. The circumstances attending the accident are as follows:—He was waiting his turn at the bottom of a coal-pit, three hundred yards deep, to come to the surface, when a piece of broken tram-wheel fell down the pit (from what height cannot be ascertained) and struck him on the head, rendering him senseless.

On arriving at the house and carefully examining the scalp wound, I found a comminuted fracture of the left parietal bone,—at the spot, I should imagine, where the parietal foramen would be found. There was free hæmorrhage from a small artery; and four pieces of bone (the largest and most depressed being about three-quarters of an inch long) were driven into the substance of the brain. The first piece I removed easily, but the other three were removed with some difficulty by a small bone forceps, the last piece going deeper at each attempt at removal, and being at least two inches from the surface, judging from the depth my index finger went out of sight. The boy complained of no pain whatever, and had no sickness. A small portion of brain-substance, and several clots of blood, some as large as filberts, were forced out of the wound by the finger. I ordered perfect rest, and cloths dipped in cold spring water to be constantly applied. I now append the daily notes.

Sept. 1st (day of accident). — 4 P.M.: Pulse 78. 8 P.M.: Pulse 144.

2nd. — 8 A.M.: Pulse 120. 1 P.M.: Pulse 100. Gave this morning a couple of grains of calomel, and a saline aperient during the day. The bowels have acted, and he has passed urine three times.

3rd. — 11 A.M.: Pulse 100; he is cheerful, and slept well.

4th. — Doing well. Pulse 93, somewhat intermittent; wound healthy. He feels hungry.

5th. — Still doing well. Has regained slight power over the thumb and fingers of the right hand.

6th. — Pulse 76. Slight use of arm as high as the elbow.

9th. — Pulse 80. Has regained use of the whole arm.

23rd. — Progressing favourably. Wound of scalp closing. Allowed to rise, and has been helping his mother to peel potatoes.

24th. — Scratched his head last night, and slightly opened the wound.

Oct. 4th. — Wound now entirely healed, and scab fallen off. Has been to the surgery, and says he feels able to do anything.

In conclusion, I may add there was also a certain amount of paralysis and loss of sensation of the whole right side, with the exception of the face, which has quite disappeared. Brighton.

A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WESTMINSTER HOSPITAL.

RETINITIS, ALBUMINURIC; IMPROVEMENT AFTER PREMATURE CONFINEMENT: REMARKS.

(Under the care of Mr. C. MACNAMARA and Dr. POTTER.)

A WOMAN aged thirty-six was admitted on April 18th. Her husband was a strong, healthy man, in good circumstances. She had been married eight years, and had had two children; she was pregnant for the third time when she came under observation. There was no trace of syphilis or other inherited disease in her family history. She had enjoyed good health up to within a short time of her admission, with the exception of severe headaches. After an aggravated attack of headache, about the 1st or 2nd of April, her eyesight suddenly became dim, and continued to fail day by day, so that on April 12th she applied to Mr. Macnamara at the Royal Westminster Ophthalmic Hospital, when, according to Mr. Mackinlay's notes, her vision was *nil* with the right eye; with the left she could make out No. 8 of Snellen's test-type at eleven inches. The urine contained one-half albumen. In both eyes a number of small, raised, white patches were seen arranged concentrically around the upper and outer part of the optic disc, as well as scattered over the fundus of the eye; the retinal vessels could be traced over many of these spots; the margins of the disc were fairly well defined, the retinal veins slightly enlarged, and in many places bright spots of hæmorrhage were seen in the retina. Large floating bodies were observed in the right vitreous.

On admission, she could only read No. 20 Snellen at four inches; her head was so dizzy she was in constant fear of falling. Under these circumstances, as she was only six months pregnant, Mr. Macnamara urged her to go into the Westminster Hospital, and put herself under the care of Dr. Potter, in order that a premature confinement might be brought on, it being Mr. Macnamara's opinion that unless this means were at once adopted the sight would inevitably be entirely lost. There was also considerable risk of her dying of convulsions during confinement if pregnancy were allowed to run its natural course. The urine at this time contained three quarters albumen, with a few large and some small faintly granular casts.

On April 27th, Dr. Potter brought on premature confinement, and under his treatment the patient made a very favourable recovery, so that she was able to leave the hospital on May 23rd. The urine then contained only the slightest trace of albumen. Six months after she came under treatment she could get about, and perform her household duties. She was able to make out No. 15 Snellen with the right eye, and No. 11 with the left at six inches. No spots of hæmorrhage could be detected in either eye, but the glistening patches remained in the fundus of the right eye; in the left they could no longer be seen. The urine contained only a trace of albumen, if any.

Remarks.—This is the third case of the kind Mr. Macnamara has met with, in which rapidly-advancing blindness during pregnancy with albuminuria has been arrested by premature confinement. In the first case the patient retained her sight, and lived for seven years after her confinement, ultimately dying from disease of the kidneys. The second patient is still alive, and has fair sight five years after premature confinement. The case above recorded is the third. In this instance there could, Mr. Macnamara thinks, hardly be any difference of opinion as to the course