upper, and screw on the lower instrument, which was left lax on the thigh at the upper third. During the first and following day, he was unable to bear the pressure of either instrument for a longer period than half an hour to an hour—sometimes less; and experienced considerable pain in the calf of the leg, as well as along the tibia. It was, however, remarked that he bore pain unusually long; and being an intelligent man, he controlled the circulation by the feeling of pulsation in the tumour, which he was sensible of, and which he was cautioned not to obstruct completely.

On the 22nd, he says he passed a restless night, from pain in the knee; but towards morning he relaxed the instruments, and slept; a slight turgescence of the veins around the knee being only perceptible when pressure was put on. The temperature of the limb is not much lower than the opposite; it has a flannel roller applied. The pressure throughout this day was kept up regularly and alternately with the two instruments, and at no period entirely obstructing the pulse in the tumour, or discontinuing pressure. He had each night, from the 15th, half a grain of acetate of morphia, and eight drops of tincture of digitalis, as a draught.

23rd.—The tumour is sensibly harder, and a few turns of the screw of the lower instrument easily controls the circulation through it. The pressure from the pad in Scarpa's angle has irritated the integuments, and the lower instrument was moved down, and pressed on the artery in the middle third of the thigh. This enabled him to bear the instrument on a much longer time; and being without sleep, he observed the pressure having regularly and completely controlled the pulse in the tumour during this night.

In examining the limb on the morning of the 24th, I relaxed both instruments, and found the pulsation of the tumour quite ceased; nothing more than a *fremitus* perceptible. The instruments were kept on the thigh, with but slight pressure, to ensure safety, for the two successive days. The tumour felt hard, and he complained only of stiffness in the knee-joint. The temperature of the limb was somewhat less, but no œdema whatever occurred, nor was there any lividity visible during the whole period of pressure.

26th.—The tumour is perfectly solid, and diminished in size; feels no inconvenience but rigidity of the limb, and his health has in no way suffered.

31st.—Is walking about the ward, able to extend the limb, and place his weight on it; surface of the tumour painted with iodine; and gentle friction is relieving the rigidity.

Aug. 13th.—Still in the hospital; the tumour in the ham is not larger than a Spanish filbert; has perfect good use of the leg; the pulsation of the femoral artery felt to the inferior third of the thigh, likewise in the collateral branches; is in very good health, but the heart's action has been feeble throughout; and upon minute examination of the aorta in the epigastric region, a *soufflet* is audible, distinct from the heart's action; from which fact it is my intention to invalid him from the service, the fleet at present lying in the Bay.

Naval Hospital, Gibraltar, August, 1852.

GOUT AND TRISMUS FOLLOWING INJURY OF THE FOOT.

By J. M. SALTER, Esq., Dorset.

MR. H.—, a respectable yeoman in the neighbourhood of Blandford, Dorset, met with a severe accident on the 23rd of December last. His left foot was caught in a thrashing-machine, by which the fore-part of his boot was torn away, together with the extremities of three of his toes as far as the first joints. Having removed the portions of crushed bone and lacerated integument, I formed a flap over the stump of the great toe, and dressed the parts in the usual way. There was scarcely any hæmorrhage; the foot was very pale and numbed. His age being more than seventy-three, I of course anticipated a troublesome case, and told him there was danger of tetanus or trismus, although from my past experience at home and abroad I felt sure of being able to bring him through safely, and preventing the trismus (should it occur) from being fatal; but a great deal would depend upon my directions being strictly adhered to. The accident occurred about four P.M. At six P.M. I gave acetate of morphia, a quarter of a grain; calomel, three grains; powder of rhubarb, three grains: divide into two pills, to be taken directly. About nine P.M. I gave the following mixture:—Epsom salts, one ounce; potassio-tartrate of antimony, two grains; infusion of senna, six ounces and a half; syrup, one ounce; aromatic spirits of ammonia, three drachms: to have three tablespoonfuls every four hours until the bowels are moved. That night the sleep was

excellent, a nice moisture on the skin, and the next day he could not feel that anything had occurred to the foot.

The next night I repeated the pills of morphia, which produced the same sleep and moisture as on the previous night; but the next morning tetanus made its appearance in the extremities, followed by symptoms of trismus. He complained of great lassitude, and considerable pain and difficulty in moving the jaws; the countenance assumed a cadaverous appearance. I gave him muriate of morphia, a quarter of a grain; powder of rhubarb, three grains, in form of a pill, to be taken directly. I then administered a good strong glass of brandy-and-water; an hour after, a dose of cordial mixture, with aromatic spirits of ammonia, and repeated the brandy and-water three or four times in the course of the day, with the mixture as above.

On the fifth day, gout made its appearance in the right foot, and trismus again set in. The morphia-and-rhubarb pills were repeated, with brandy-and-water, as before. The gout left the foot, and attacked the stomach, at the same time the patient complaining of great pain in the jaws. Nitrate of potash, a drachm and a half; wine of colchicum, three drachms; aromatic spirits of ammonia, three drachms; powder of rhubarb, ten grains; syrup, an ounce; add water to six ounces: two tablespoonfuls to be taken every two hours. By the third dose relief was procured, and he felt perfectly free from pain.

During the first three or four days there was a little hæmorrhage, but nothing of importance. There was considerable sloughing, and the fætor was intolerable. On the seventh day symptoms of gangrene, and a white line reaching from the toes to the ankle. Having cleansed it with warm water, I applied tincture of lytta to the sloughs, and poultices saturated with black-wash. At night repeated the calomel-and-morphia pill. Next day another severe attack of the jaws came on. Repeated the morphia-and-rhubarb pill, with brandy-and-water, and giving the aperient mixture. Slept well. On the ninth day all the symptoms of trismus had disappeared, and he felt his jaws as well as ever; the pulse soft, full, and regular; spirits cheerful; system quiet. Being excited by some unexpected visitors that day, considerable irritation followed, and the trismus appeared again the following day, but was subdued by the repetition of the former remedies, and he slept comfortably that night. On the tenth day he was composed, but had a little delirium, and while sleeping comfortably about two in the morning was seized with tetanus in his arms and legs, which awoke him; it then seized the jaws with greater violence than before. The morphia pills were repeated, with the aromatic spirits of ammonia, two drachms, in a mixture, at intervals, and during that day he took nearly a pint of brandy. The foot assumed a more unhealthy appearance, more gangrenous, and the line to the ankle more apparent; pulse small and feeble; tongue coated and feverish. Gout returned during the day; hiccup and delirium. The morphia pills were repeated three times that day, with the aperient mixture. His foot was held over a foot-pan with water nearly boiling; a large cloth five times doubled was dipped in the water, and applied to the foot; this caused much pain, but was continued for an hour. The patient was easier after, and the hot water was repeated in the evening; and at bed-time, calomel, three grains; powder of rhubarb, three grains; acetate of morphia, a quarter of a grain: make a pill, to be taken immediately. He had some sleep; hiccup diminished; delirium less; tongue and pulse the same as in the day.

January 3rd, 1852.—Was evidently better in every respect, but he complained occasionally of pain and inability to move his jaws, which he did for some time afterwards. Some days he felt as if he had never been affected; on others, very strong tendency to absolute trismus. I continued at intervals the pills, the gout mixture, and the brandy, regulating his bowels with the aperient mixture above. Living near him, I had every opportunity of watching him closely, and attending to every symptom as it occurred; and I had the satisfaction of seeing him walk half a mile by the latter end of the month with ease. Being fond of walking, he continued his exercise, and in March could travel four miles on foot without feeling any inconvenience, and now continues his usual exercise in good health.

Stourpaine, Dorset, August, 1852.

CASE OF PLACENTA PRÆVIA.

By GEORGE BENNETT, Esq., M.R.C.S. Eng., Sydney.

DURING the practice of my profession in Sydney, New South Wales, since 1836, and having during that period an extensive midwifery practice, I have only met with five cases of placenta prævia; in the whole of these cases I invariably detached the placenta previous to the delivery of the child, considering it con-

duced to the safety of the mother by removing the more urgent and dangerous symptoms. In the whole of the cases, the patient recovered without any unpleasant symptom; but the children were still-born, excepting in the last case, the subject of this communication. In the whole of the cases, the presentation was natural.

The objection made by my medical colleagues was, that by such a mode of proceeding it afforded no chance of saving the life of the child; but the great facility it afforded of arresting the more urgent symptoms, and placing the mother in comparative safety, overruled, in my opinion, the objection; for those members of the profession who have witnessed the alarming state of the patient when called to a case of this description, will recollect that the first thought which arises in their mind is, by what immediate remedy can the life of the mother be saved? and of course by arresting the hæmorrhage as rapidly as possible, the latter object is attained. The case I now bring before the profession proves, however, that by adopting the primary detachment of the placenta, and effecting an immediate and rapid delivery, the life of the child may also be preserved; for in this case I consider, the child being small and the delivery effected with unusual facility and rapidity, the preservation of the life of the infant may be attributed to that circumstance.

On the 20th of May, 1851, about nine A.M., my immediate attendance was requested in an urgent case, in consultation with Dr. McVitie, the messenger stating that his wife was dying from flooding; but no labour had yet come on. On my arrival, I found the patient (Mrs. B——, aged twenty-seven,) lying pale and cold, the pulse weak, and scarcely perceptible, but perfectly sensible; the uterine contractions were very feeble. For the last week it appears she had been subject to occasional floodings, but not to such an extent as to occasion any alarm, until this morning, when, with slight uterine pains, the hæmorrhage became so profuse as to alarm the patient and her friends, and induce them to send for their medical attendant. On his arrival, seeing the urgency of the case, he requested me to be called in consultation, and I was immediately sent for. On examination, I found the vagina full of coagula of blood, and could just feel the edge of the os uteri a little open, but soft and dilatable; and I thought I felt something like the placental mass near the edge of the os uteri, but it was too high to enable me to determine positively. Considering the case, from the symptoms, to be a case of placenta prævia, and at all events the state of the patient requiring immediate delivery, we explained to the woman and her friends the urgent nature of the case, and the necessity of immediate delivery to save her life. Their consent was readily obtained; and after administering stimulants, I proceeded to deliver her immediately. On passing the hand up the vagina, and reaching the os uteri, I found the placental mass lying over it, and firmly attached over the inner portion of the left side, occupying half the portion of the os uteri. I proceeded to detach the placenta, which being completed, and the os uteri being perfectly dilatable, as I expected from the previous hæmorrhage, I ruptured the membranes, found the presentation natural, grasped the legs, and brought them both into the vagina, and assisted also by slight uterine efforts, the child was soon expelled. Observing signs of vitality in the infant by a few convulsive gasps, I placed it, still attached to the placental mass, into warm water, and proceeded to resuscitate it by the usual means, and succeeded, after the interval of a few minutes, in making it cry vigorously. The mother during the day remaining weak and exhausted, but by the administration of quinine and ammonia, aided by light nourishment at intervals, on the following day I had the gratification of seeing her cheerful and stronger, with her living infant in her arms. She gradually recovered her strength, and by the termination of her month was in excellent health and strength, and nurses her infant well. The child proved strong and healthy, and remains so to this day. The child was a female, and the mother had previously had two children.

Sydney, Feb. 10, 1852.

On my relating this case, a few days since, to my friend William Bland, Esq., one of our oldest and ablest practitioners in the colony, he furnished me with the following result of his experience, which I considered of sufficient importance to request him to convey it in his own words, in consequence of which he sent me the following letter:—

Sydney, Feb. 18, 1852.

MY DEAR BENNETT,—In cases of placenta prævia my practice, for upwards of twenty-five years, has been as follows:—Without the least violence, but, at the same time, with the least possible delay, (that is, as soon as the dilatation or dilatability of the os uteri would permit,) to separate and extract the placenta—a handbasin of warm water about 98°, having in the meantime been prepared immediately to receive it. By the first part of this

measure the safety of the mother was secured; by the latter part of it the child. The following were, with me, the grounds of the above prompt and decisive interference:—1st. The imminent danger of the case, which, if anything could be done, brooked no delay. 2nd. The conviction that the complete, early, and rapid, though cautious and gentle, separation of the placenta from the uterus, was the readiest and most certain means of allowing the placental vessels of the uterus to contract, and of thus at once arresting the hæmorrhage, while, in furtherance of the same object, by the extraction of the bulky mass of the placenta, with the consequent complete evacuation of the waters, the utmost attainable contraction of the uterus itself could as promptly as possible be ensured; while, again, by the immediate immersion of the placenta on its extraction in the tepid bath prepared for it, the circulation between the foetal portion of the placenta and the fœtus would be promoted and ensured during an ample period of time for the completion (whether by art or otherwise, and with or without the aid of medicine as the case might require) of the delivery of a living child.

I will only add, that whether the above theory be correct or not, the result of it in practice has far exceeded my most sanguine expectations.

Believe me, my dear Bennett, yours most sincerely,

WILLIAM BLAND.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, æt dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proæmium.

GUY'S HOSPITAL.

Cysts of the Female Breast in communication with a Lactiferous Tube; Operation; Microscopic investigation.

(Under the care of Mr. BIRKETT).

THE anatomy, physiology, and pathology of the female breast have of late years been elucidated by some of our most gifted surgeons, and there is reason to believe that their labours have rendered the diagnosis and treatment of the diseases of the mamma far more satisfactory than they formerly were. The microscope has certainly rendered great service in this respect; it has revealed the intimate structure of morbid formations, and its use has led to classifications and arrangements founded upon well-ascertained analogies and differences. But when the microscope has done its best, when its field has allowed us to pry into the most intimate textures and forms of healthy and morbid matter, we should not rest after having noted down what we have seen; but we ought to go further, and study, like truly philosophical observers, the nature of the vital forces that have given rise to the alterations which, with the assistance of our instruments, we can follow up to their minutest cells and fibrillæ. The more these vital laws are studied, the more it will become likely that many of the morbid manifestations, with which we are all familiar, depend on altered nutrition, influenced by external causes, and on the irregular or compensating application of the formative force. This is a fertile subject, to which we mean to recur, but we cannot refrain from briefly alluding in the present instance to the *compensating* force manifested in the morbid phenomena presented by the female breast.

It is plain that during the whole of the catamenial periodicities, there is a constant action going on in the great genesial cycle of Dr. Tyler Smith. Here the mammæ, ovaria, and uterus, through the medium of the spinal centre, are constantly acting in concert, but, as Dr. Tyler Smith justly says, "in certain parts of this catamenial cycle, the balance is first in favour of one organ, and then of another." ("Parturition and Obstetrics," p. 181). It is clear that this *balance* may, in various ways, be disturbed, and it is not unlikely that by closely observing cases we may find that the morbid actions noticed in one or more of the organs composing the cycle, are the result of defective or irregular action in the other. Look at the cystic formations of the female breast; is it not very probable that they chiefly consist of increased action? And when the cysts are evidently connected with a lactiferous tube, (as beautifully shown by Mr. Birkett in the subjoined case,) is it not likely that the development of these cysts de-