has proved his assertion, by the result of a large experience, that such operations are successful by chance rather than upon principle; and if there is one region of the body in which an operation of this kind is more likely to be unsuccessful than another, it is, I believe, in the axilla, for the reasons above stated.

Gower-street, Bedford-square, 1848.

Analyses of Communications in MS.

RECEIVED FOR PUBLICATION IN THE LANCET.

An Account of Two Cases of Placenta Prævia in which the Established Treatment by Turning was Employed Successfully.

By ELMES YELVERTON STEELE, Esq., M.R.C.S.E. & L.S.A.,
Abergavenny.

CASE 1.—On May 30th, 1847, I was called to attend a woman, aged forty years, arrived at about the full period of her seventh pregnancy, and who had been losing blood almost incessantly for more than ten days previously. Medical aid had not been sought for before, owing to straitened circumstances. During the whole of the preceding night, however, and throughout that day, the hæmorrhage had been gradually increasing, till it had attained to a fearful extent; and on arriving at the cottage, I found the unfortunate patient lying on the stone floor, where, at her own request, she had been stretched for some time, weltering in her blood, and with no other covering than her bedgown. Her skin was cold, clammy, and perfectly blanched; lips quite colourless; eyes fixed; jaw relaxed; pulse imperceptible, and she had every appearance of being *in articulo mortis*. I caused her to be carefully lifted on to the edge of the bed resting on her left side, and passed a bandage around the abdomen. Up to that moment, although the full period had been attained, she had shown no evidence of pain, nor any other indication of approaching labour than the hæmorrhage. On examining, I found the os nearly as high as the level of the brim of the pelvis, and dilated to the diameter of about two inches, its lips being thin and flaccid. A loose portion of placenta was bagging through the orifice, occupying the whole circumference, but traceable within the uterus anteriorly to its continuation with the unruptured membranes, and posteriorly to its adhering portion, which commenced about three inches above the free edge of the posterior lip of the uterus. From that point blood could be felt oozing away. I ascertained through the membranes that the head was presenting, and as no contraction was produced by pressure and friction over the abdomen, I felt that not a moment should be lost in attempting to deliver by turning. I ordered a full dose of ergot in some brandy-and-water, and whilst the attendants with difficulty forced it down her throat, I ruptured the membranes, and readily passed my hand around the head fairly into the cavity of the uterus. In doing this I met with the funis, and found that it had ceased to pulsate. Reaching the feet, I brought them down without any difficulty; and so soon as the head became engaged in the cavity of the pelvis, it pressed upon the placenta, and produced immediate arrest of the hæmorrhage. Expulsive pains simultaneously came on, and in the course of a few minutes delivery was accomplished by the natural efforts, excited in a slight degree by gentle traction. The bandage was immediately tightened around the abdomen, and after separating the child, which had evidently been dead for a considerable time, and seemed perfectly drained of blood, I re-introduced my hand into the vagina, to ascertain the progress of the placenta, which the uterus contracted sufficiently to expel in about ten minutes, without any return of flooding. I remained with my patient for about two hours after her delivery, during which time she rallied gradually under the influence of stimulants. At about the sixth day a troublesome diarrhoea ensued, which subsided under the influence of opiates and absorbent remedies, followed by castor oil.

CASE 2.—On July the 22nd I was requested by Dr. Samuel Steele to accompany him immediately to a case of labour which he was attending in this town. The account he gave me on our way to the house was to this effect:—Mrs. C—, aged twenty-four years, had arrived at about the full period of her first pregnancy, and had sent for him a week previously, when he found her suffering from uterine hæmorrhage, attended by slight, and as he thought, spurious labour pains. The os uteri on examination was not found sufficiently dilated to admit the tip of the index finger. Under the administration of an opiate and some castor oil the attack passed off, but was followed by a return at intervals during the week, the os

uteri at each examination being proved to be very slowly dilating. On the day alluded to, he was sent for, in consequence of a violent and sudden hæmorrhage, and on arriving at the house he found blood gushing from the uterus at a fearful rate, and the patient apparently sinking. Seriously alarmed for her safety, he sought my assistance. Her pulse was thread-like; her skin cold and blanched; countenance extremely anxious, jactitation and yawning uncontrollable. On examination I found blood freely gushing from the vagina; the os uteri was high up in the pelvis, and dilated to the extent of a crown-piece, but otherwise tense, and filled up with a protruding mass of placenta. The liquor amnii had been discharged, and the uterus was contracting firmly. On passing my finger up between the placenta and the anterior lip of the uterus, I could distinguish that the head was presenting. I intended to leave to Dr. Steele the active duty in the case; but on looking at that moment to the patient's countenance, I saw what appeared to me, as to all present, so marked a sign of threatening dissolution, that I felt there was no time to be lost if her life were to be saved, and, with Dr. Steele's concurrence, I decided upon delivering at once. I found that as my hand passed through the os it controlled the hæmorrhage by acting as a compress on the placenta; and after much difficulty, owing to the now vigorous contractions of the uterus, and the absence of the liquor amnii, I ultimately succeeded in bringing down first one and then the other foot. Delivery was not completely effected for a considerable time, but as no hæmorrhage had returned, and the rigidity of the soft parts required careful relaxation, I did not attempt greatly to accelerate the process, more especially as the funis was not pulsating, and I had given up for some time all hope of saving the life of the child, which was expelled dead after about an hour from the commencement of my efforts. The placenta followed in about twenty minutes. The patient recovered favourably the third day, with the exception of a slight threatening of peritonæal fever.

The above two cases, though very similar in point of urgency and in their favourable termination, present several circumstances of totally opposite bearing. In the first, the patient was middle-aged, multipare, the os was dilated and yielding, the uterus soft and uncontractile, the membranes were entire, and the soft parts well relaxed. In the second, the patient was comparatively young, primipare, the os but slightly dilated and rigid, the uterus firmly contracted, the liquor amnii discharged, and the soft parts extremely tense. But in both the hæmorrhage ceased on compression of the placenta—in one, by the pressure of the head of the fœtus, in the other, by that of the hand and arm of the operator. In both, version was successfully performed, and was followed by results as satisfactory to the mother as could have been hoped for under any mode of treatment; and as the child had in either case,—at least, as I firmly believe,—already fallen a sacrifice, no advantage could have been secured by any other means adopted.

On the Inhalation of Ether in Midwifery Practice.

By S. GOWER, Esq., M.R.C.S.E. &c., Hampstead,

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Mr. GOWER commences his remarks by throwing out the hint, that the inhalation of sulphuric ether might be found to attemper the pain, and diminish the frequency of attacks of tic-douloureux; such a result has, he says, occurred from the use of tobacco and other kindred narcotic remedies, in several instances which have come under his treatment. With respect to the inhalation of ether in midwifery practice he states:—

"The charges brought against its use seem to be—first, that it retards delivery, by checking the action of the motory nerves, and suspending expulsive efforts; secondly, that it endangers the brain, and is calculated to produce convulsions. That in practice it does not in the least degree check expulsive efforts, I am quite sure; that it tends to produce convulsions, I do not at all believe; always premising that it be used at the proper crisis, and that its effects be well watched. I do not characterize ether as a certain remedy for puerperal convulsions, but it is a remedy for the pain and the constitutional irritation set up by long and severe pain in cases of dystocia diutina, when there is pressure from impaction, or slowness of progress otherwise."

He accordingly cites the following case in point:—

"The patient was of a temperament impressible in the extreme; the spine not distorted, but the pelvis small; hence,