expulsion of the placenta before the delivery of the child, is happily illustrated.

On the 27th of April, 1853, I was requested to visit Mrs. B., on account of a profuse and unnatural flow of blood from the uterus. She considered herself as being eight months advanced in pregnancy. At the time of my first visit, she was not complaining of much pain, though the hemorrhage was very considerable in amount.

A digital examination proved that the os uteri was but slightly dilated. I directed pulv. acetat. plumbi et opii, but found it necessary, also, to apply the tampon, by means of which the bleeding was restrained, and I was enabled to leave my patient in an hour.

After the lapse of eight or ten days, the flooding recurred, and the same treatment was repeated, with a similar result.

On the 15th of May following, being the 19th day after the first attack, I was again summoned to the case, and found the patient laboring under a hemorrhage quite as profuse as at the time of the first visit, or even more so. By examination per vaginam, I found the os uteri dilated about two inches. The placenta was evidently implanted immediately over it. By pressing the index finger firmly towards the right ilium, I detached a portion of the adherent placenta, and was able distinctly to recognize the presenting portion of the fœtus, which proved to be the head.

Periodic pains of the regularly-expulsive character, were now established, but each was accompanied with an excessive discharge of blood.

The imminency of the danger to the mother from hemorrhage, induced me to decide that nothing would be forfeited by following any plan of action calculated promptly to arrest it. I therefore proceeded to separate the attachments of the placenta to the uterus in the hope that possibly I might be able to thrust the after-birth back from the orifice, and thus enable the head to engage itself in the superior strait. On making the attempt to push the placenta beyond the presenting part of the head, however, I found myself opposed and thwarted by the descent of a large portion of the mass into the vagina. The result accorded with the experience adduced from the history of other and parallel cases; for two or three more pains completely expelled the placenta into the vagina, and the hemorrhage then instantly ceased. In five or six minutes more the child was born, and although reasonably a little languid at first, it soon began to cry, and has since been a healthy and promising child.—*The New Jersey Medical Reporter.*

CASE OF VESICO-VAGINAL FISTULA—CURE.

BY N. BOZEMAN, M.D., OF MONTGOMERY, ALA.

EMILY, aged about 30, property of H. W. B. Price, of Daleville, was admitted into my infirmary on the 26th of December last. She is large and stout; the mother of eight children; and had always enjoyed good health until the birth of her last one. This was in August, 1852; at which time she became the subject of the above disease. Labor lasted

about sixty hours; craniotomy was then resorted to by the attending physician, and delivery speedily effected. A few days afterwards it was discovered that urine passed through the vagina—a circumstance first indicating the existence of vesico-vaginal fistula. In addition to this injury she had an attack of rheumatism, and from both of which she did not recover entirely for several months. Since then, however, her general health has been very good, menstruation regular, &c.

Upon examination of the parts, I found them as follows: uterus retroverted and slightly prolapsed; vagina quite capacious, but very much altered in appearance by the abnormal position of the womb; its anterior wall only two and a half inches, while its posterior seemed to be of the usual length. Running vertically through the anterior and a portion of the posterior lip of the os uteri, was to be seen a cleft an inch or more in length. At the anterior extremity of this cleft was the fistulous opening, partially filled by a herniated condition of the mucous coat of the bladder. It was triangular in shape; its base resting against the neck of the womb, and its apex presenting forward and sufficiently large to admit the index finger. The consequences of such a disease are too well known to require a notice in this short report.

Having satisfied myself as to the nature of the case, my attention was next directed to the mode I should pursue in an operation. Fully appreciating the difficulties which I had so often seen my friend, Dr. Sims,* encounter in similar cases, I of course had many misgivings as to the result of any proceeding. I determined, however, to make an effort.

Accordingly on the 11th of March, assisted by several of my medical friends, I proceeded to operate in the following manner: The patient was placed upon a suitable table on her knees and elbows. The parts were now brought into view by the lever speculum and a reflected sunlight. The edges of the fistula, formed partly by the anterior lip of the os uteri, were then freshened by means of a delicate tenaculum and small scalpel. This being done, the next, and what I considered the most difficult step, was to be taken, namely: applying the sutures and clamps in such a way as to effect perfect apposition, and thereby obtain union by the first intention. Here I had the neck of the womb, an unyielding tissue, to deal with; and to remedy this, it was necessary that the compensating parts should be so adjusted that the mechanical contrivance employed would not defeat the object sought to be obtained, by creating an undue amount of inflammation. From the nature of the parts, therefore, I determined to place the clamps longitudinally, binding their upper extremities so as to be applied one on each side of the anterior lip of the os uteri, thus enabling me to secure the upper suture in the most advantageous way. The clamps were one inch in length, and contained four

* J. MARION SIMS, M.D., late of Montgomery, Ala., now of New York, of whom Dr. Bozeman makes such honorable mention in the above interesting case, is at home and abroad now justly regarded as the highest authority on this difficult branch of surgical practice. Dr. Sims himself says that "all we know upon this subject worth knowing, is due to America and France"—the two names which stand out in the boldest relief, being Professor Mettauer, of Virginia, and the indefatigable Jobert, of Paris. Dr. Sims attributes the first successful operation for vesico-vaginal fistula in this country to Professor Hayward, of Boston, who has operated with entire success nine times. Professor Pancoast, of Philadelphia, has operated several times with like results.—*Editor N. O. Med. and Surg. Jour.*

openings for the sutures. These were of silver wire, and were lodged one after another in their respective places, by being attached to the end of a silk thread carried through at a proper distance from the edges of the fistula, by a short, straight, and spear-pointed needle. A clamp was now secured to the distal extremities of the wire and made to occupy its place. On the proximal ends the other clamp was passed down to its place. Traction then being made upon these ends of the wire, perfect apposition of the denuded edges was effected. This was now maintained by compressing with a pair of strong forceps a small, perforated shot previously slid down upon each wire to the clamp. After this, the wire was cut off close to the shot, and the patient put to bed. The self-retaining catheter was next introduced into the bladder and there allowed to remain, excepting when its removal became necessary to clear the mucous and earthy deposit from it. This was required twice a day. During the whole treatment the patient was kept upon her back, and the bowels prevented from acting by the free use of opiates. On the fifteenth day I removed the suture apparatus, and was most happy to find union of the parts perfect. The patient now has entire control over her urine, and says she feels as well in this respect as she ever did.

Whether the fistula in this case was caused by the use of instruments in effecting delivery, or by the sloughing process, I cannot positively say, but am inclined to the former belief. However produced, I think it affords several points of interest; showing in the first place to be a part of the same wound in the cervix uteri as indicated by the cleft or line of cicatrization; and in the second place, beautifully illustrates the extent of nature's efforts to repair such injuries, as well as some of the valuable resources employed by art to overcome such obstacles as she herself fails to do.

I take great pleasure in saying, that the success I have had in this case, I attribute entirely to the advantages derived from those principles of treatment laid down by Dr. Sims. Every surgeon who has or may make an application of them in the treatment of such cases as the above, must feel a sense of pride in awarding to him the praise he so justly deserves.—*New Orleans Medical and Surgical Journal*.

NOTICE OF AN ATTEMPT TO POISON WITH STRYCHNIA.

BY HENRY F. FISH, OF WATERBURY, CONN.

ON the 4th of March last, a gentleman of this city brought me a small basket containing his dinner, which, he said, he had been deterred from eating, owing to the discovery of a very unpleasant bitter taste developed on biting a fried cake. The basket was wrapped loosely in a paper, and my attention was immediately called to some white grains lying near and under the bottom of the basket. On examining these, as well as the contents of the basket, with a magnifying glass, I was enabled to obtain and preserve nearly all the suspected substance, not actually absorbed by, or adhering to, the various articles of food. From the physical aspect and intense bitter taste of these small white grains, I was induced to