breech; and in two others, one with the breech and the other natural. Two of the twins occurred in primiparæ.

Breech presentations occurred 15 times, none of which presented any features of interest.

The *shoulder* presented twice. In one case turning was effected without difficulty; in the other, considerable trouble was occasioned, owing to the detachment and descent of the placenta, a portion of which had become jammed between the shoulder and os uteri. This, being further complicated by a strong and irregular contraction of the uterus, rendered the introduction of the hand and the operation of turning a matter of some difficulty. The feet were eventually brought down, and the case did well.

The *face* presented once; originally a brow presentation, it had become converted into a face. This occurred in a multipara and required the application of the forceps.

Footling cases occurred twice, and the *knees* presented once. In one case a hand descended by the side of the head. I found it easier to turn and bring down the feet.

The *back* presented on one occasion. The fœtus was about seven months, and was dead, and, being doubled up on itself, gave at first some little difficulty in diagnosing correctly its position. I turned, and the case did well.

The placenta was adherent in nine cases, and had to be removed by the hand.

Ruptured perineum, sufficient to call for the use of sutures, occurred in three primiparæ. When the laceration has not extended to the anal ring, I find it better that the patient should keep her legs tied together for a few days, when healing takes place of its own accord.

The forceps were applied in twelve instances. This, according to modern ideas, was very seldom, being only one in about sixty-six cases. Amongst my notes I find I have designated thirty-one as being tedious—that is, that delivery took place naturally, but with more than usual difficulty. Had I to attend these cases over again, I should not hesitate to apply forceps in each case, as my opinion of them, when properly applied, has considerably altered. In seven cases they were used owing to the slow progress in primiparæ. Twice in inefficient pains. In three cases in multiparæ: one a face presentation; the other two owing to the large size of the children, one weighing 12 lb. and the other nearly 13 lb.

I regret I did not keep an accurate account of the number of cases, with the results, in which I gave ergot; but I can truly say that it has never met with the success in my hands that it has in those of others. I have tried every form, but prefer the liquid extract of the B.P. The dose I usually give is two drachms, followed by a similar dose in half an hour, if required. My experience is, that it is very uncertain in its action; and if uterine contraction has followed its administration, I have never felt satisfied whether the same contraction would not have occurred if it had not been given. This is simply my experience, and I should like to hear the opinion of others whose experience has been larger than mine.

Of the total number delivered four died within one month of their confinement; only two of them from puerperal causes. Two died of pneumonia, one being delivered on the third day, and the other on the fourth day, after being taken ill. Of the other two, one died from pelvic cellulitis about a fortnight from the date of delivery, the abscess bursting externally midway between the umbilicus and pubis. The remaining fatal case occurred in a delicate woman with a narrow pelvis. The long forceps were applied, and the child, on being extracted, was found to weigh 13 lb. The patient never really rallied, but died from asthenia some days after. One woman was confined whilst nursing her mother with small-pox. She took it, and was confined four days afterwards; her infant took it three days after birth and died. The mother made a good recovery. Another patient was confined whilst nursing three of her children with scarlet fever. She did not take it, though she could not have had a much better chance.

I have never found any ill effects result from rupturing the membranes when the os is the size of a shilling, but find that the child's head forms a better wedge than the bag of liquor amnii. I cannot recall any instance where there has been retarding of the labour through this procedure. I am further convinced that much assistance can be rendered by the accoucheur gently dilating the os uteri with the finger during a pain after rupture of the membranes.

These cases I lay before the profession, not because they present any abnormalities or features of interest, but simply as an analysis of a few consecutive ones occurring in private practice.

Tottenham.

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.—MORAGANI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF EMPYEMA TREATED FIRST BY PARACENTESIS, AND SUBSEQUENTLY BY ABLUTIONS EFFECTED IN A NOVEL WAY BY MEANS OF UTERINE STEMS; REMARKS.

(Under the care of Dr. SOUTHEY.)

ALTHOUGH the testimony of those physicians who have had the best opportunities of observing cases of empyema has year by year become more confirmatory of the propriety of freely evacuating the fluid which collects in the pleural cavity, it may be doubted whether the advantages of this mode of treatment have hitherto been fully appreciated. Even by those who do not hesitate to let out the purulent fluid, the length of time that the cavity takes to close up has always been felt to be a drawback to the practice. The suggestion of Dr. Southey, to employ short stems instead of a long drainage-tube, promises to get rid of this. At all events, it must be acknowledged that in the subjoined case the result did not stultify the ingenuity of the proposal.

Robert S—, aged seventeen, anæmic, undersized, looking fourteen to fifteen only, was admitted on Aug. 13th for pleuritic effusion. He was the subject of old cardiac disease; mitral regurgitation with dilatation and hypertrophy following rheumatism; had been in hospital three times during the past year for anasarca of legs, bronchitis, &c., the results of heart failure.

The present illness began Aug. 10th, 1877, with pain in left lateral region, attended by dry, harsh, painful cough; has had little sleep, and been feverish ever since; no distinct initial rigors. Pulse 108; temperature 101°; respiration 42. Tongue furred but moist; bowels open; urine high-coloured and scanty; general dulness over left lung, front and back, except in supra-scapular and close beneath left clavicle, where tympanitic resonance prevailed; no breathing-sounds, and absence of vocal fremitus over area of dulness; heart's apex felt in fourth interspace, one inch outside left nipple; systolic murmur at apex. Here there was evidence of effusion, but with little pressure and only very slight displacement of the heart; its ordinary apex-beat, upon reference to a former note of his condition, was between fifth and sixth ribs, one inch outside left nipple. Treatment by diuretics—squill, iodide of potash, and acetate of potash—was initiated.

During the ensuing week his condition did not alter materially. The highest temperature recorded was 102.2°; the most rapid respiration 50 per minute; the pulse fluctuated between 96 and 108. Urine rarely exceeded twenty-five ounces per twenty-four hours, was of deep-amber colour, neutral, containing no albumen or sugar, and no deposit; sp. gr. 1030.

August 21st.—Physical examination: Resonance still marked in left supra-clavicular and supra-scapular regions; dulness elsewhere on left side; ægophony at angle of left scapula.

28th.—Appetite and general condition improved; eats a chop. Still has pain in left side and troublesome cough. Bowels regular. Urine passed in fair quantity, 20 to 30 ounces daily. Pulse 77; temperature 99.8°; respiration 32.

Sept. 10th.—Temperature has gone up during last week steadily. Patient manifestly less well. Pulse (average) 100; temperature between 102° and 104°; respiration 34 to

46. Left side absolutely dull except at apex, and by measurement expanded. Cardiac impulse pushed over to mid-way between right mamma and midsternal line. Digitalis has been employed for last four days in treatment.

17th.—General condition unsatisfactory. Night much disturbed by cough. Evening temperature between 103·3° and 103·8°; pulse 100; respiration 36. Still can lie down. Bowels regular; appetite small; tongue clean. Urine, twenty-four hours' average, 560 cc., equalling about 18½ oz., sp. gr. 1023, percentage of urea 3·3 per cent.; total quantity 18·48 grammes, or about 280 grains. Physical signs: Upon left side unaltered, but evidence of pressure beginning to provoke congestive changes in right lung. Right lung: Resonance at root and upwards apparently impaired, but good downwards towards base. Ægophonic voice-sounds conducted over to right side of spine. Friction sound at base of right lung; sibilus and slight crepitation râles all over it, but most at upper parts.

Operative interference was now decided upon by Dr. Southey, in consultation with Mr. Marrant Baker. On the 19th an exploratory puncture was made with a small trocar and cannula. Then an aspirator was used, and ten ounces of thick fetid pus were drawn off. The relief was inconsiderable; and, at Dr. Southey's wish, two openings were made into the thoracic cavity by Mr. Baker, the patient having been put under chloroform. The first opening was made in the fifth interspace in the axillary line, the second in the ninth space more posteriorly, at anterior edge of latissimus dorsi. A pint or more of very fetid pus was evacuated, and the cavity was afterwards washed out with Condy's fluid and water. An india-rubber uterine stem was now inserted into each opening. The stems appeared admirably adapted for washing out the chest. For this purpose, an india-rubber tube and funnel only were employed, the junction with the orifice of the stems being effected by tapered glass ends, and after washing out, the orifices of the stems were closed by tiny pegs of wood.

For the first two nights after the operation a morphia draught was given, for the lad was more than usually nervous and excited by the chloroform and the operation. On the night of the operation the pulse was 96; temperature 98·4°; respiration 28. For the first few days the pleural cavity was washed out with warm Condy's fluid and water, and subsequently with a salicylic acid lotion. The temperature never rose again, and the boy's health improved daily. On Sept. 28th it was recorded that the pus evacuated was not nearly so fetid, but was not quite sweet. On Oct. 1st it was quite sweet, and the cavity contained only nine ounces of fluid. On Oct. 8th the heart had so far returned to its normal position as to beat to the left of the left mamma, and its impulse was felt close against the anterior tube. The physical signs demonstrated expansion of the affected lung, which probably pressed upon this tube and prevented the flow of fluid through it. It was therefore removed. Twenty-four hours subsequently this opening closed.

Oct. 12th.—Right lung resonant all over; breathing good at apex, behind somewhat puerile; large bronchial crepitation at base. Left lung dull from level of the ninth dorsal spine downwards posteriorly, from level of the sixth rib downwards in axillary line, and from the third rib downwards in front. Breathing sounds heard above of a coarser tubular kind, with crepitation and various extraneous sounds due to fluid in air about the lower opening below. Loud systolic murmur heard all over the cardiac area and behind.

On Oct. 14th it was noted that scarcely any pus escaped when the plug was removed from the back opening; the front one had been entirely closed about a week. The abscess cavity held about an ounce and a half of lotion, when filled by funnel and india-rubber tubing, but the lotion returned nearly unaltered in appearance. There was no pus discharge. The side had sunk in considerably. The heart now beat in normal situation. The appetite was much improved, and the boy appeared as well as anyone with so grave a valvular heart affection could.

Clinical remarks.—In cases of pleuritic effusion Dr. Southey draws a wide distinction between those which induce distension of the affected side and those which do not. When effusion is indicated by the physical signs he is in the habit of directing careful measurements of the chest to be made, by means of the cyrtometer, and he has daily records kept of the effects of pressure. As evidences of these he reckons, first, displacement of the heart; second,

congestion, hyperæmia of opposite lung, crepitation over this lung, œdema, feebleness and emptiness of the pulse, cyanosis, diminution in the quantity of the urine, venous hyperæmia of the kidneys, and albumen in the urine.

It is Dr. Southey's rule never to interfere by tapping early in acute pleurisy—i. e., within the first nine days, unless the evidence of pressure is manifest, and the distress of the patient from the presence of the fluid is great. Such occurrences are exceptional within a fortnight. After that time he usually advises tapping under water, taking all care to exclude air, and closing the wound after the operation. In empyema he has hitherto employed either free incision with treatment of the case like an open abscess, washing out the chest daily, or a drainage-tube with two openings into the thoracic cavity. His experience has taught him that without two openings or one large one the recovery is long and protracted, and the ultimate result at best attained by great subsequent deformity.

In the present case Dr. Southey tried the novel plan of employing two uterine stems in each opening in place of the old drainage tube with happy results. The stems are easily introduced, they are protected from slipping either in or out by their construction, and they do not interfere with the formation of granulations and the process of healing upon the inside of the pleura, as there is every reason for supposing a traversing tube does. He considers the latter too like an old seton in its action. Furthermore, he does not approve of air being sucked in and out at the openings which are necessary for merely washing purposes, believing that this must interfere with the inspiratory pressure which ought to be directed centrifugally through the bronchi to assist the expansion of the air-cells of the collapsed lung. The uterine stems, made of india-rubber, admit of being completely closed at their external orifices by means of little plugs, or by a gutta-percha tissue valve.

The diminution of the abscess cavity by expansion of the lung is indicated by the lessened quantity of fluid that the empyemic pleura will contain.

Washed out by Potain's method, as Dr. Southey advises, with a funnel and india-rubber tube with glass communicating junctions and clips upon the tube, the size of the abscess cavity admits of being readily measured by the amount of its fluid contents, and thus the progress of repair can be estimated.

In this case, as the lung expanded, the cyrtometrical measurement showed that the chest wall collapsed and sank in to meet it, upon the anterior and lateral portions of the thoracic wall, but the chest posteriorly expanded rather than sank in.

The lotion which was employed for washing out the chest contained two grains of salicylic acid, one drachm of spirits of wine, to one ounce of water, and was carefully warmed to a temperature of 100° F. before being introduced into the chest. The greatest care was taken to avoid pressure in its introduction, the height of the funnel not being greater than was required to enable the fluid to search the cavity completely, while the drainage of the fluid from the sac was secured by siphon suction into a vessel placed beneath the bed.

The whole process of washing out the chest was very carefully carried out once every day under all due precautions for securing absolute cleanliness in the apparatus employed.

CHARING-CROSS HOSPITAL.

INJURY TO ULNAR NERVE; PARALYSIS; RECOVERY.

(Under the care of Mr. BELLAMY.)

THE chief points of interest in this case are the well-marked anatomico-physiological symptoms which the injury gave rise to, and its rapid recovery under treatment.

A little girl, aged nine, was brought to the out-patient department on August 16th with the following history and symptoms. She was getting over a stile, with a basket in her hand, when she stumbled. She could not say whether she struck her arm or not, or whether she extended it out sharply to prevent a fall; at all events, the contents of the basket (eggs) were not in any way damaged. When she came as a patient the thumb and little finger were crossed, the remaining fingers being perfectly normal. There was want of sensation on the surfaces of the little finger and on