off by the bowels was interfered with. This case would seem to caution us in administering nux vomica in any other than paralytic cases, and particularly as our authorities seem to differ so widely as to the dose and effects of this powerful remedy. Bayle employed nux vomica in hysteria and epilepsy; but, as Pereira observes, its use is certainly contraindicated in spasmodic or convulsive diseases, and indeed, in one of these cases, it caused paralysis and death. Christison says nux vomica may be given in small doses, frequently repeated, so as to imitate exactly the phenomena of tetanus from natural causes. Mr. Baynham states that he has often given one scruple three times a day, without any sensible effect. He adds, the drug must materially differ in strength, either in relation to the age of its growth, or the time it has been kept.

June, 1856.

ON A CASE OF

LACERATION OF THE PERINÆUM,

WITH COMPLETE RUPTURE OF THE RECTO-VAGINAL SEPTUM AND SPHINCTER ANI, AND CURE WITHOUT AN OPERATION.

By ARTHUR TAYLOR, M.R.C.S., L.S.A., &c., Kingsclere.

As the following case is highly interesting, in a practical point of view, and tends to disprove the generally received notion that complete rupture of the perinæum and sphincter ani are incurable without an operation (which, by the bye, is not invariably successful), I forward the following outline to you for publication:—

On the 20th of December, 1850, I was summoned to attend in her confinement Mrs. T—, the wife of an agricultural labourer. On making the usual examination, per vaginam, I discovered that the head did not present that conical form which is commonly the case when the presentation is natural, and a little further manipulation demonstrated the fact that the occiput was opposed to the sacrum. This, it will be remembered, is one of the most common causes of laceration; the pelvis was, however, exceedingly capacious, and I therefore had little doubt but that the labour, with common care, would be speedily brought to a favourable termination. After the lapse of about half an hour from the commencement of my visit, the head began to press upon the perineum, from which time, up to the occurrence of the accident, I was very careful to give the necessary support which the peculiarities of the case required. My patient was now lying in the usual position, on her left side, her knees well drawn up, and her feet firmly placed against the bed-post, awaiting the next pain, my hand at the same time resting against her perinæum. At this juncture, and in the most sudden and unexpected manner, while pressing her feet forcibly against the bed-post, she withdrew herself most completely out of my reach, and before I could again give such assistance as was necessary, the child was completely expelled. The act was almost instantaneous. I, of course, conceived what was the true state of affairs, and an examination too sadly verified my fears. At that time such cases were generally deemed incurable, and a poor creature so afflicted was considered only as an object of pity and disgust; it was, therefore, with much pain that I reflected on the seeming hopelessness of her condition. Having approximated the knees by a bandage, and informed my patient of what had occurred, I returned home without doing anything more. At my next visit, the following day, on introducing the forefinger of one hand into the rectum, and that of the other into the vagina, it was with some difficulty that I could reach the upper part of the lacerated septum, having done which, and placed the points of the two fingers together, I then withdrew them through the whole of the torn parts without any opposition. It will thus be seen that not only were the sphincter and perineum completely ruptured, but the recto-vaginal septum also. In order to give the laceration a chance of healing, I determined to lock up the bowels, and with this intention administered repeated doses of the compound chalk mixture, with tincture of opium. On my third visit, it was gratifying to find that a small band of perinæum, just behind the commissure, had united, and that the septum had healed slightly from above downwards.

At my fourth visit, still greater improvement had taken place, and, in addition, the sphincter was beginning to heal. When I next saw her, on the fifth day, my visits having been diurnal, the case had in every respect greatly improved. On

the sixth day, the septum was so nearly healed that not more than half an inch remained unclosed. At the end of one week the edges of the sphincter and perinæum had become quite united, the latter being a little shorter than before the accident, while the septum was so nearly closed, that on passing a finger into the rectum, and another into the vagina, there was some difficulty in making the nails of such fingers touch through the wound.

Up to this period the bowels had been kept free from any evacuation; and as there was now some febrile symptoms setting in, a dose of castor oil was administered, and continued daily for another week. In a fortnight more my patient had perfectly recovered, and she has since borne children without any untoward event.

In the above treatment of the case it will be seen that little was attempted to be done; yet it clearly shows that Nature, slightly assisted by art, is sometimes able to effect a cure where it is least expected.

June, 1856.

REPORT OF A CASE OF

WANT OF OSSEOUS DEVELOPMENT OF THE CRANIUM AT BIRTH, &c.

By JOHN S. BEALE, Esq., M.R.C.S.E., Harrow-road.

MRS. H—, aged twenty-three, mother of one healthy child, was delivered, on the 30th of May, of a full-sized female child, exhibiting the following deviations from nature:—It had spina bifida, occupying the last two lumbar vertebræ, and part of the sacral region, about the size of the palm of the hand; the spinous processes and laminae of the vertebræ were deficient, likewise the upper part of the os sacrum; the forehead presented a bulging appearance, owing to the non-development of the frontal bone; all the anterior part, down to superciliary ridges, was wanting, and merely the lateral and temporal sides were present; the gap occasioned by the junction of the two halves increased as the finger traced it upwards, whence only the anterior inferior angle (about one inch) of the parietal bone on each side could be felt; the parietal bones made a slight attempt at approximation at their posterior superior angles, from which points the occipital bone was only developed at the sides, the same as the frontal. Owing to this state of affairs, nearly two-thirds of the brain is deprived of its bony covering. The child sucks well, but occasionally turns its eyes inwards. Nothing unusual occurred during the pregnancy of the mother, beyond a neighbour informing her, whilst out walking, that she thought her house was on fire, which report did not attract her notice particularly at the time. The child is now doing well, and thriving.

June, 1856.

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 et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

SEVERE LACERATION OF THE LEFT FOOT FROM THE MACHINERY OF A WINDMILL; GOOD EFFECTS OF CONSERVATIVE SURGERY.

(Under the care of Mr. FERGUSSON.)

THE following case is an interesting example of the good effects of conservative surgery, in which a large portion of the outer part of the left foot was literally ground up by entanglement in machinery, and the foot was preserved. In such instances as these the usual recourse was amputation, but at the present day such a proceeding is not thought of until other measures adopted for the preservation of as much of the foot as possible have failed. The soft structures here were very