

around and above the umbilicus. The sac was [opened, but only omentum seen. On passing my finger to the ring, however, a small knuckle of bowel was felt tightly nipped. I divided the constriction, returned the bowel, ligatured the omentum, and cut a portion off. The vomiting and pain entirely ceased after the operation. The temperature has been normal ever since, except on the first two days, when it was slightly raised. The bowels acted naturally on the ninth day, and with the exception of some suppuration, owing to the omental ligature, the patient has progressed well.

The interesting point in the above case is the entire absence of local pain. Mr. Birkett, referring to strangulated hernia, says "the tumour is painful when touched." And Mr. Bryant writes: "The hernial tumour will be tense and painful"; but he qualifies this by a later passage: "The local signs are often slight," and refers to a case where he "reduced a femoral hernia by taxis, strangulated for a hundred hours in a man who was unconscious of its presence till a few hours before." The perfect freedom from local pain in the case of Mrs. H—, even to the period immediately preceding the operation, is therefore, I think, sufficiently uncommon to render it of interest.

VERY RARE PRESENTATION IN MIDWIFERY.

BY R. ADAMS BREWIS, M.D. EDIN.

MR. BORHAM of Fulham relates a case of very rare presentation in midwifery in THE LANCET of Oct. 15th, 1887, and more recently Mr. Buchanan of Glasgow has narrated a similar case. These cases remind me of the following one that came under my care in the Glasgow Maternity Hospital.

Mrs. F—, aged twenty-nine, of short stature (a multipara), was admitted on January 17th, 1885, at 6.5 A.M. Previous obstetrical history: She states that in her previous labours the after-birth was always difficult to get away. This was not the case in her last confinement, which took place in this hospital in October, 1883. Present labour: Delivered on Jan. 19th, 1885, at 4.45 A.M. Head, left hand, funis, and left foot presented. Position of head, left occipito-anterior. Duration of first stage, two hours; second, an hour and fifty-five minutes; third, twenty minutes. Child (male) dead; full period; weighed 8½ lb.; length 22 in. The placenta weighed 1½ lb.; length of umbilical cord, 27 in.; the placenta and membranes were entire. The patient says she last felt the movements of the child on the evening of January 16th; but they had been very feeble for four days previously. At 8 P.M. on January 18th no foetal heart sound could be heard; the finger could be inserted into the os and a firm body felt; this was supposed to be the head, and abdominal palpation supported this supposition. The patient was removed from the labour room to a small adjoining ward, as other cases were going on. Labour pains began at 1 A.M. on Jan. 19th. At 3 A.M. the nurse came and said that the membranes had ruptured, that the os was well dilated, and that a hand and a loop of umbilical cord were in the vagina. On examination it was found to be the left hand, and the funis did not seem to be pressed upon, though it was pulseless. A hard rounded body was felt high up, but whether head or shoulder was not determined, though after examination by abdominal palpation it was considered to be the head. Dr. Samuel Sloan, the visiting physician, was sent for, and arrived at 4.15 A.M. On examination he found a large loop of umbilical cord in the vagina, the left hand and arm in advance of the head; head in left occipito-anterior position and in the cavity of the pelvis; a foot lying across the upper part of the forehead, the heel being on the right side of the forehead, the toes on the left. The head being in the cavity of the pelvis, and the uterus being evidently firmly contracted on the body of the child, it was deemed safer to apply forceps, when, if gentle traction did not suffice, the head was to be perforated. Sir James Y. Simpson's forceps were easily applied, and the child delivered in about five minutes with very moderate traction, the arm coming first. The foot that was lying across the forehead receded somewhat when traction was applied, so that when born it lay on the left side of the thorax. The attitude of the child was now well seen; the left hand and arm stretched in advance of the head; the left leg fully extended on the front of the child; the right upper arm lay by the side of the child, the forearm and hand being flat on the abdomen; the

right lower limb was flexed in the usual manner, the right hand and forearm intervening between it and the abdomen. Rigor mortis was marked in all the limbs of the child. The third stage of labour presented no difficulty. The patient made an uninterrupted recovery, and was dismissed on the ninth day of puerperium.

CASE OF SEVERE POST-PARTUM HÆMORRHAGE SUCCESSFULLY TREATED BY INTRA-VEINUS INJECTION OF SALINE FLUID.

BY BLAGDON RICHARDS.

ON December 19th, 1887, I attended Mrs. H—, aged thirty-four, in her eighth confinement. There was a history to the effect that on previous occasions difficulty had been experienced in the removal of the placenta. The child was born at 9.30 A.M., and as attempts to express the placenta, *secundem artem*, failed, I removed it with the hand; but upon examination calcareous degeneration of the placenta was observed, and it was evident that a portion remained still adherent to the uterus. The hæmorrhage was continuous, and the uterus would not respond sufficiently to manual stimulus to justify the hope that the patient might recover without some further assistance. The pulse was now almost imperceptible, the woman blanched, restless, but conscious. Brandy and ergot were administered at short intervals in small doses, and I telegraphed to Mr. Jennings to bring his transfusion apparatus. Upon his arrival Mr. Jennings concurred with me that the remains of the placenta should be extracted from the uterus, which was effected, stupor having been induced by the inhalation of a little chloroform to facilitate the procedure. The uterus being now quite empty, the organ was packed with small lumps of ice, and manual pressure upon its fundus entrusted to the nurse. It was now observed that the pulse was small and very quick, but its frequency was not noted. Great thirst was complained of, and we thought that the condition of the patient indicated the necessity for intra-venous injection of fluid. Sixteen ounces of saline fluid (temperature 98° F.) were accordingly injected, about noon, into the cephalic vein of the right arm. Signs of increased animation were coincident with the intra-venous injection, and the feeling of thirst considerably lessened. The frequency of the pulse was reduced to 100, and its character approached the normal. This patient has made an uninterrupted recovery.

CASE OF MAGGOTS IN THE EAR.

BY WM. J. PILLEY, L.R.C.P. LOND., M.R.C.S.

M. R—, a domestic servant recently arrived in the colony, awoke on Oct. 31st feeling pain in the left ear. The pain steadily increased, although she applied poultices. Three days later she consulted me, complaining of intense pain in the left ear. On introducing a speculum moving white bodies could be seen. The ear was syringed, with the result that three maggots (larvæ of the common blow-fly) were removed. On again examining the canal with a speculum the sides were found to be slightly ingested, as also was the membrane. Iodoform was blown into the ear, after which all symptoms soon disappeared.

I am not aware whether this kind of case is rare or otherwise, but can quite imagine how easy it is for the eggs of the blow-fly to become deposited in the ear during sleep, especially in a country so infested with flies as is Queensland.

THE POISONING OF THE MANCHESTER REGIMENT.—

We noticed some months ago a report that appeared in some of the up-country Indian papers of attempts to poison the Manchester Regiment at Agra. An inquiry has led to the discovery that they had been drinking beer which contained a large quantity of arsenic, and it is believed that they owed their lives simply to the accident of the poison not having been stirred up from the bottom of the cask. The beer drawn from the cask was comparatively pure, but the dregs contained enough arsenic to poison the regiment. An examination of several casks disclosed the fact that the wood was saturated with the poison, and it appeared that they had previously been used for holding arsenic.