

ment of a person rendered insensible by ether he considers would be similar to that of a patient labouring under paralysis from venous congestion.

The paper which is the subject of this analysis was read some time ago before King's College Medical Society, when

Mr. G. SMITH narrated a case similar to those mentioned by Mr. Griffith, of a lady who also entered into the cave at Cheddar, in Somersetshire, and after having been a short time there, was seized with vertigo and loss of voluntary motion, and was obliged to be assisted out.

Mr. WOOD suggested that there was an analogy in the epidemic prevalence of paralysis mentioned by Mr. Griffith, and the recorded epidemics of chorea. He thought that the existence of disease in the temporal bone might have caused the symptoms, either directly, by extension to the brain, or indirectly, by favouring congestion about it.

Mr. GRIFFITH, in reply, stated that only in the one attack at Cheddar was the side affected on which the diseased bone existed; the two subsequent attacks, slighter, however, affected the opposite side.

Mr. SALTER believed the symptoms to be attributable to the effect of carbonic acid. He believed that there were at least four epidemics of cerebral disease on record: one happening at the siege of Vienna, when twenty out of twenty-five children were seized with hydrocephalus. In some parts of Germany, more recently, an epidemic of arachnitis had been noticed.

Mr. G. SMITH made known, as connected with the subject under discussion, a fact which fell under his observation during the last summer—viz., an epidemic amongst horses in Somersetshire. In one place he knew that three horses, grazing together, were equally attacked with hemiplegia of the left side, but recovered under treatment by bleeding, &c.

Report of a Case of Placenta Prævia, and Remarks.

By T. STOKES, Esq., M.R.C.S., Nailsworth, Gloucestershire.

"ON March 11th, at three A.M., I was summoned to a young woman in labour with her first child. She was attended by a midwife, and had undergone uterine hæmorrhage from ten P.M. I found my patient deathly cold, and pale, and with no perceptible pulse. The os uteri was dilated but little, and the placenta implanted over it and the cervix uteri, the bulk of the placenta being over the right lateral portion of the uterus. My first effort was to separate the placenta from its attachment all around the lower part of this body. I then got the patient to swallow, by degrees, four ounces of brandy, with four eggs beat up and mixed with sugar and gruel. Before the nourishment or the stimulus had been given, it appeared to me that collapse would be the sure effect of attempting to deliver. I had the hands and feet well rubbed, and warmth applied to the chest and back; but still a deathly coldness and appearance, with no perceptible pulse. On a second examination, I found a little bleeding still going on. I then ruptured the membranes, though fearful of emptying the uterus, being assured that a state of collapse would follow this interference. After examining from time to time, I was agreeably impressed that no more blood was effusing, and I hoped, by attending to the stomach, and by external warmth, that Nature would rally, and the labour go on naturally. The pains, I was glad to find, gradually increased; but still I could find no pulse, and the patient, in a slow whisper, gave me to understand that the pains were exhausting her, and she could not live. I thought so too, and commenced the business of slowly dilating the parts, and getting the hand in utero, and drawing down the feet of the child, which I slowly withdrew from the mother. Having done this, I made good pressure over the uterus, and continued for some time the means of warmth and nourishment, but the small quantity of blood effusing from the emptied uterus appeared, for some time, to place life in a hopeless condition, especially as even now there was no pulse to be felt. Some reaction having returned, however, I left my patient, under suitable directions; and on this day, March 14th, I find her as well as can be expected. She vomited, I understand, after my departure, and this I have commonly found to be the case when I have given much brandy or wine to patients apparently sinking under uterine hæmorrhage, when the nervous and vascular functions begin to return. Having had somewhat about two thousand cases of midwifery in my own experience, I claim no merit or novelty in the treatment of this patient, but if I have learnt anything worth imparting to young practitioners, it is, not to be hasty in proceeding to delivery in dangerous cases, urged by the fears of bystanders. The emptying of the uterus per manum, without the loss of any blood in

the process, is often a great nervous shock to the system, which, by exhaustion, may, in a weak person, prevent the necessary contraction of the uterus or abdominal muscles."

Instance of Malposition of the Testicle.

Communicated by D. TOD, Esq., London.

Mr. TOD has forwarded to us the report of this case, in the words of the individual who was the subject of the anomaly. It appears that when the patient had attained the age of five or six years, he was found to have a tumour in the right groin. This, in the opinion of a physician who attended him, was of a hernial kind, and he was made to wear a truss, and remain in a recumbent position during the period of ten days. Up to that time he had been in the habit of joining in all the plays and games of his age, without experiencing the least pain or inconvenience in the groin; and had the swelling not been detected by his nurse, he considers that probably some time might yet have passed before his own observation would have been called to its presence. From that period to the present, the patient had always worn a truss. At one time he remembers that the tumour invariably descended during the day, and was compressed by the pad. By degrees, however, the swelling kept within the abdomen, and was only forced outwards under great exertion; whilst external, was always very painful. After athletic exertion in particular, to which the subject of the case was addicted, the tumour has descended, and remained in the groin some hours, giving an acute aching pain; but it receded easily into the abdomen upon removal of the truss, and by lying down. During some days, on which the use of the truss was discontinued altogether, the tumour in the groin swelled larger than a pigeon's egg during the day, receding at night, and producing that aching sensation before named. The circumstance of only one testicle being present in the scrotum had been detected by the patient in youth, and he then entertained a suspicion that the tumour consisted of the missing organ. He says: "I am now in my thirty-fourth year, and was married about seven years ago, since which period I have not experienced the same freedom from annoyance so completely as previously whilst taking severe exercise, and have been obliged to increase the force of the truss, in consequence of a greater disposition in the tumour, or, as I now believe, the testicle, to descend, and of a feeling of inability to go through hard exertion as formerly. And when it does come down now, it is considerably longer in passing back to the abdomen, as well as more painful." At a professional visit to Mr. TOD, the tumour descended, and failing in his efforts to return it as quickly and easily as an ordinary rupture may be reduced, and upon the foregoing history being detailed, the nature of the case became evident. Mr. TOD proposed a further opinion as to whether it would be advisable to pass the testicle, by operation, into the scrotum; or whether, by keeping it in the groin, there would be a likelihood of its eventually passing thither. A consultation accordingly took place, but no operation was determined on. There appears to be no displacement of intestine; the patient can bear pressure upon the internal ring whilst the testicle is down. Mr. TOD states that in this, and two other instances, he recommended the testicle to be kept down, and prevented from returning to the abdominal cavity, and for the following reasons:—The testicle in each case was sound, and had no adhesion with any part of the abdominal viscera.

Reviews.

Deafness Practically Illustrated: being an Exposition of Original Views as to the Causes and Treatment of Diseases of the Ear.

By JAMES YEARSLEY, M.R.C.S.E., Surgeon to the Metropolitan Institution for Diseases of the Ear, to the Royal Society of Musicians, &c. &c. London: Churchill; and Highley. 1847. Post 8vo, pp. 181.

THE author supplies the following reasons for presenting his views in the form of a book, to public notice:—

"I have over and over again enunciated my views and illustrated my practice before hundreds of my professional brethren, who have honoured my Practical Demonstrations with their presence. Nevertheless, every day's experience makes it evident to me that much remains to be done for the more effectual subversion of error in the treatment of deafness. Indiscriminate syringing, and acrid and stimulating drops applied to the outer passages of the ear, still have their advocates, though by such treatment, in the great majority