Such being the case, after having attentively perused the observations which have of late appeared in the columns of your widely-circulated journal, on the use of alcoholic stimulants in uterine hæmorrhage after delivery, I unhesitatingly say, that of all others, I most fully agree with the observations made by Mr. Pidcock. He seems to have taken a very correct view of the subject, and his mode of treatment appears to me most appropriate. The utility—nay, the absolute necessity—of alcoholic stimulants in these cases,—such as brandy-and-water (good whisky-and-water is equally efficacious), he properly insists upon; and oh! who that has seen a patient with pallid cheeks, blanched lips, almost imperceptible pulse,—as it were, at the last gasp, from those profuse hæmorrhages,—rally, on such stimulants being administered, returning to life, as it were, from the very embrace of death, can ever forget what he owes to this treatment, I cannot possibly imagine. The practitioner may be congratulating himself upon the termination of his case; the mother forgetting “her hour of Nature’s sorrow;” the husband revelling in the satisfaction of parental blessedness; each and all alike in comparative happiness, when the cup is at once and suddenly dashed from the lip; the medical attendant is roused to his utmost exertion, the husband frantic at the evident death of his beloved partner, the wife breathing as it were her last breath; all being dread and sorrow and dismay around. Then it is that, amidst those scenes of consternation and woe, we witness the beneficial effects of the stimulants in question: then it is we see their reviving and *revivifying* influence, and never more forget their decidedly beneficial tendency.

The administration of alcoholic stimulants is the first and most important step to be taken in these alarming and dangerous cases, and gives time for the selection and adoption of the other usual remedies. Such are pressure (on which I place great reliance), cold affusions, plugging, &c. These adjuncts, however, are as nothing compared to the effective emptying the uterus, which the introduction of the hand can alone properly insure; and on this point I may possibly have peculiar ideas.

When I was a student in midwifery under Drs. Blundell, Hopkins, and Power, I was to believe the introduction of the hand a desperate—nay a *dernier ressort*; and in cases of retained placenta, without hæmorrhage, I have waited hours for the necessary contraction of the womb, and its consequent expulsion. My experience has led to a very different opinion. I see no risk whatever in doing so; I do not *now* wait more than half an hour without introducing my hand, and encircling, as it were, the placenta with my fingers, and pressing my knuckles against the parietes of the uterus, I insure such an intense expulsive action, that, instead of finding trouble in its removal, the only difficulty would be in retaining either within its cavity. Yes, and when the placenta is high up, at the fundus of the womb, retained by what is called its hour-glass contraction, so great has the pressure been at its mouth and lower part, on the middle of my forearm,—for fully to that point have I had to introduce it,—that on overcoming the spasm and bringing away the placenta, my fingers and hand have for a time been powerless.

Nor in the immense number of cases of the kind that have come under my notice, in my own practice, and that of others who have called me in, have I ever, in one single instance, witnessed an unfavourable result. Let not, then, the *judicious* practitioner hesitate at the introduction of the hand to any length, while to the tyro, I would say, use the greatest caution in adopting the recommendation, for know that “fools rush in where angels fear to tread.”

The pain and difficulty of this method are much less, shortly after delivery, than when resorted to some hours later. I have been sent for to a distant village, or a remote cottage, ten, twelve, or fourteen hours after parturition, and then the pain, in particular, has been most intense, especially where the patient is a powerful muscular female. And here let me remark, that it is persons of this description that suffer most during labour. The delicate woman goes through it with comparative ease; and I have always observed, that the smaller she is in stature the quicker the labour. This, indeed, is a pretty general result, and the least woman I ever knew had always the quickest time.

There is of late a marked difference, however, in the duration of labours; they are, on an average, much less lingering than formerly; but as I have intruded already so largely on your pages, I shall reserve the observations I have to make on that head for a future paper.

I am, Sir, your obedient servant,

Pembroke Dock, June, 1853.

W. THOMAS, F.R.C.S.

THE STARCH BANDAGE IN FRACTURE OF THE PATELLA.

To the Editor of THE LANCET.

SIR,—In your “Clinical Records” of the London Hospitals a few weeks ago, allusion is made to the plan of treatment adopted by Mr. Weeden Cooke, at the Royal Free Hospital, in cases of fracture of the patella. The difficulty of retaining the broken fragments in close apposition, so as to obtain even short ligamentous union, is admitted by all who have to deal with such accidents, and the very unsatisfactory results which have ensued from the adoption of the instrumental aid afforded by the straps and buckles of Sir Astley Cooper, the more cumbrous and expensive apparatus of Lonsdale, and the very unsurgical proceeding of Malgaigne, have led some surgeons to discard them altogether, and trust to mere position of the limb. Such is the case in a large hospital in London, where I have seen the patient lie for weeks, subjected to no other mode of treatment than that of placing them on the V-bed, the reason assigned being that it was found equally successful (?) with that of Sir Astley Cooper or Lonsdale, and less irksome to the patient. In all the cases that I have seen thus treated, a large gap remained between the broken fragments, and very imperfect progression was the natural consequence.

Allow me, therefore, to call the attention of the profession, through the medium of THE LANCET, to the advantage of the starch bandage as employed by Mr. Cooke. It may seem superfluous in me to describe the mode of using a mechanical remedial measure which most practitioners are now doubtless conversant with; but as I know there are some who even still are sceptical as to the advantages to be derived from it, and are in a measure opposed to its adoption in the treatment of other fractures, and as I am certain that strict attention to minutiae in the treatment of this particular one is the most certain means of obtaining a satisfactory result, I will briefly detail the mode adopted by me, under Mr. Cooke’s direction, in patients suffering from this injury.

The patient on admission is placed upon the V-shaped bed, and allowed to remain upon it for about twenty-four hours, until all muscular irritability has ceased, means being taken at the same time to combat any unusual degree of inflammation which may possibly ensue. At the end of this time the fragments are drawn into contact as closely as possible, and retained there by the hands of an assistant, while the figure-of-eight bandage is applied tightly round the joint; some cotton wool is then placed over this, and the whole is invested by two pieces of stout pasteboard, softened in warm water, one on the back, the other on the front of the joint, each being about ten inches in length, that on the anterior having a piece cut out of its centre so as to embrace the patella; it is then invested by successive rolls of bandage, imbued with thick starch, which when dry forms a solid and unyielding encasement; the leg and foot are then bandaged evenly to prevent cedema, and the patient is allowed to get about, and indeed may with safety be discharged from the hospital.

The result in two cases recently under Mr. Cooke’s care in this hospital, and seen by your reporter, admirably illustrates the superiority of this plan. In one, a very oblique and much displaced fracture, there is to all appearance perfect bony union; in the other it is ligamentous, but a scarcely appreciable separation existed between the fragments, and this separation was entirely owing to the patient having unconsciously flexed the joint a little while asleep, and before the starch had become quite dry; the man, nevertheless, walked a mile to the hospital four weeks after the receipt of the injury, showing a very slight degree of lameness, and is now following his usual employment—that of a porter.

I am not aware that this method of treating fracture of the patella has been employed before, or even recommended by any of the systematic writers upon surgery. Professor Erichsen indeed, in his admirable work on the Science and Art of Surgery, seems to approve of the employment of a gutta-percha knee-cap; but, as I think there is nothing new under the sun, I do not wish to advocate for this plan of Mr. Cooke’s newness or originality; of its utility I am fully convinced, and this practical fact must be my only apology for bringing the subject before your readers and trespassing thus far upon your space.

I may state, in conclusion, that in cases of chronic affections of the knee-joint, where perfect rest is absolutely necessary to

ensure a successful issue, and where the patient is harassed by those painful startings of the limb so common in articular disease, the starch bandage has been found eminently useful by Mr. Cooke.

I am, Sir, your obedient servant,
J. EDWARD O'LOUGHLIN, M.R.C.S.,
May, 1858. Senior House-Surgeon, Royal Free Hospital.

THE MARSHALL HALL METHOD OF TREATMENT IN ASPHYXIA.

To the Editor of THE LANCET.

SIR,—I feel constrained to add my mite of tribute to the memory of one whose comprehensive mind, prompted by a noble and philanthropic heart, was ever actively engaged in exploring the profound mysteries of science, and applying its great truths, when carefully elaborated, to the good of universal humanity. Such men as Dr. Marshall Hall are so like "angels' visits," in these days of blustering pretension and downright empiricism, both in and out of the profession, that I think their characters should be held up as exemplars for their contemporaries and those who may come after them; and their pure and unselfish devotion to the great cause of suffering humanity, should embalm their memories in the grateful heart of every true lover of his race. In an age emphatically utilitarian,—when "put money in thy purse," and

"Crook the pregnant hinges of the knee
Where thrift may follow fawning,"

constitute the *primum mobile* of all human action,—it is peculiarly refreshing to the mind to contemplate the character of one who, nobly rising above all thought of self, sedulously devoted the untiring energies of his masterly mind to the good of his fellow-creatures; who, though himself the subject of a painful and incurable disease, laboured assiduously in the vast fields of science, and with a benevolence of heart that extended to the whole human family, distributed the rich and enduring products of his zeal and industry for the universal good. He, like Jenner, needs no monument to tell the story of his greatness. His simple name, nobler and more exalted far than all the titles of Europe could make it, will endure as long as science itself; and wherever there is human life to save, his "Ready Method" will embalm his memory with volumes of incense from off the altars of grateful hearts. Call him no longer, I pray, you the *English Physiologist*, for the medical profession throughout the whole world have already, by acclamation, inaugurated him THE PHYSIOLOGIST; and a spontaneous shout of mingled joy and gratitude, welling up from the great deep of glad hearts, from the water's edge and the lying-in room, proclaims him *The Benefactor*.

CASE.—Mrs. C—, aged twenty-seven years, was taken in labour with her first child on a Wednesday in June last, at two o'clock A.M. She was attended by a negro midwife, from whom I learned that the membranes ruptured at four o'clock in the afternoon; head presenting; pains regular and quite severe. Next day and night the pains were lingering and inefficient; and as the labour was not progressing satisfactorily, I was summoned to her assistance at noon on Friday. I found the foetal head presenting, firmly impacted in the pelvis, and stoutly resisted by exceedingly rigid and unyielding soft parts. I bled her to six ounces, and, by manipulating the tired uterus through the abdominal walls, soon succeeded in delivering her of a very large male child. It was to all appearance dead, exceedingly livid, and no pulsation whatever was observable in the cord, which was coiled twice about the neck and once under the arms.

Apprehensive lest a knowledge of its death might injuriously depress the mother, I delayed removing it for about five minutes. When about handing it to the nurse to remove to another room, the Ready Method, which I had read some months before in THE LANCET, suddenly occurred to my mind. I immediately took it to a door, and exposed it freely to the fresh air, which was blowing cool at the time, I commenced the prone and postural movements of the Marshall Hall Method. I had continued for about fifteen or twenty minutes without any encouragement, except an improvement in its colour, when I was hastily summoned to the mother, whom, in my zeal to test the new method, I had quite forgotten. Directing the nurse to continue the movements, I cleared the mother, and returning to the child resumed my efforts. In about twenty-five minutes from the removal to the door, its little chest was suddenly thrilled with a convulsive effort at respiration, succeeded at

intervals by short sighs, and then by a feeble cry. At the expiration of forty-five or fifty minutes, it cried lustily, and I had the satisfaction of presenting it to the father, assuring him that he was indebted to Dr. Marshall Hall, of London, for the life of his child.

I am, Sir, your obedient servant,
Columbia, Tennessee, U.S., Feb. 1858. J. M. TOWLER, A.M., M.D.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted members of the College at the meeting of the Court of Examiners on the 4th inst. :—

ASHBY, JOSEPH FRANCIS, Clement's-inn.
BABBAGE, WM. BERRY, New Kent-road.
CRAWFOOT, WILLIAM MILLER, Beccles, Suffolk.
CROMPTON, FREDERIC, Bury, Lancashire.
FRY, WALTER, Forest-hill.
NASH, CHARLES SAMUEL, Box, Wiltshire.
RINGROSE, ERNEST, Potter's-bar, Middlesex.
WILKES, EDWIN, Salisbury.
WILLIAMS, WILLIAM, Menai-bridge, Anglesey.

NEW FELLOWS.—The following members of the College, having undergone the necessary examinations, were admitted Fellows of the College at a meeting of the Council on the 10th inst. :—

BALDING, D. BARLEY, Middlesex Hospital; diploma of membership dated Jan. 28, 1853.
BARRETT, CALEB, Gloucester; April 7, 1843.
GASCOYEN, G. GREEN, Oxford-terrace; July 30, 1855.
HARPER, P. HARRY, Cambridge-street, Hyde-park; May 13, 1845.
JONES, WM. PRICE, University College; July 28, 1852.
MOON, R. HENRY, Ilfracombe, Devon; March 31, 1854.
SMITH, THOMAS, St. Bartholomew's Hospital; July 7, 1854.
TEEVAN, WM. FREDERIC, Dorset-place, Regent's-park; not a member.

At the same meeting of the Council, the following gentlemen, who had been elected at previous meetings, were also admitted to the Fellowship :—

BIRD, HENRY, Newnham, Gloucester; diploma of membership dated January 10, 1834.
COOPER, THOMAS, Slough; Feb. 24, 1843.
CRIDLAND, ARTHUR JOHN, Putney; Dec. 22, 1840.
EVERETT, DAVID, Worcester.
HAYMAN, HENRY, Ollery St. Mary, Devon; May 5, 1834.
HUGHES, JOHN, Carmarthen; June 29, 1840.
JOBSON, JOHN, Bishops Auckland; May 24, 1841.
MARTIN, WILLIAM, Hon. E.I.Co.'s Service, Bengal; May 20, 1836.
RANSOM, ROBERT, Cambridge; March 18, 1842.
TAYLOR, ROBERT, George-street, Hanover-square; Feb. 4, 1842.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on

Thursday, June 3rd, 1858.

BARKWAY, ROBERT EDGAR EDWARD, Bungay, Suffolk.
LAW, JOHN, Barnstaple, Devon.

UNIVERSITY OF ST. ANDREWS.—The following gentlemen, having previously obtained the degree of Doctor of Medicine, have been placed on the list of Honours :—

Class I.

BOWEN, ESSEX, late Royal Artillery.
COOK, HENRY, Hon. E.I.Co.'s Service.
POTTER, HENRY, Limerick.
RULE, SAMUEL, London Hospital.

Class II.—None.

APPOINTMENTS.—Dr. Peter Eade was elected physician to the Norfolk and Norwich Hospital on the 22nd ult.—On the 8th inst., at a meeting of the governors of the Metropolitan Dispensary, Cripplegate, John T. Banks, M.D., was unanimously elected one of the physicians to that charity. The number of patients admitted into the Metropolitan Dispensary during the last year was between 7000 and 8000, of whom 7000 were discharged relieved and cured.