ON A
CASE OF PARTIAL PLACENTA PRÆVIA.

By ROBERT FOWLER, M.D.,
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ABOUT one A.M. Nov. 9th, 1867, I was summoned by the union midwife to M. M—, aged thirty-five, residing at King-court, one of the most wretched places in my district, on account of excessive ante-partum flooding. The patient had arrived at full time with her sixth child. She had enjoyed good health in her pregnancy, with the exception of a pain in the left hip during the latter months. Her five previous labours had been natural and quick. In this last pregnancy her work had been harder than heretofore, she having to carry heavy weights up and down stairs. A little before midnight of Nov. 8th she was awoken by a sudden gush of fluid per vaginam, without the least pain. She had had no sudden excitement or unusual physical exertion during the preceding day. Finding that the escaping fluid was blood, she sent for the midwife, who found her standing up and gaping, and still profusely flooding. She was placed on the bed, some brandy-and-water was administered, and an unsuccessful attempt was made to ascertain the presentation. On my arrival I found her in a state of collapse—pale, cold, feeble voice, and almost pulseless. Fluid and clotted blood was still pouring from her, and “she had flooded a pailful.” The presentation was so high that I could not make it out, until I had the whole hand in the vagina. The os was dilated to the size of the mouth of a wine-glass. It was impossible without great and excessive violence to have got my hand through the os. I plainly felt the edge of the placenta reaching to the level of the posterior lip of the os, and the posterior portion of the cervix was clearly thickened by the attachment of the spongy mass. In front of this latter I detected the foetal head covered with the membranes. There was not the least uterine pain. Finding it impracticable to introduce my hand, I passed two fingers through the os, and completely detached the placenta, as high as my fingers could reach, from its cervical attachment. Immediately I had effected this all hæmorrhage ceased. I then gave one scruple of powder of ergot in brandy-and-water, and covered the poor shivering thing with what wretched means were at hand. There being no food in the house save bread and tea, I had some of the latter made, and in about half an hour’s time gave her therein another dose of the ergot. No pain followed. The woman had, however, wonderfully rallied, had become warm, talkative, and acquired a fair pulse. Although the membranes somewhat protruded through the os, I now determined, as there seemed no necessity to hasten or force labour, to watch and see what Nature could or would do. As a matter of precaution, previously plugging the vagina, I left her in charge of the midwife, who had soon also to leave, being sent for to another case. I saw the patient again at five A.M. There had been no hæmorrhage and no pain. She was doing well. To continue her brandy, tea, and sopped bread. At nine A.M. she obtained the necessary medical comforts. At two P.M. matters were still the same. As she complained of inability to make water, I removed the plug, which was scarcely stained with sanguineous discharge. She received four visits from the midwife during the day. At eleven P.M. I found her complaining of pain in the lower belly. This evidently depended on distended bladder, and was at once relieved by catheterism. The os was now more dilated and softer, and the head was just entering the brim. There were still no pains. In an hour after my visit to the patient pains came on, which the midwife on her arrival found well established. Nature had ruptured the membranes, the head was in the cavity, and completely through the os. A still-born male child was naturally expelled, without the least return of hæmorrhage either before or after its birth, at between two and three A.M. of the 10th. The bones of the child’s head were separated, the whole body was discoloured, and the cuticle desquamating. Unfortunately no notice was taken of the appearance of the placenta. The woman did perfectly well.

Remarks.—This case very forcibly illustrates the implicit reliance which may be put on the ability of Nature (when properly assisted) to terminate a case of placenta prævia. The italicised portions of the above description sufficiently indicate the several physiological and therapeutical points so ably laid

down and combated by Dr. Barnes, in his Lettsomian Lectures for 1857. I believe the case more than establishes his views, inasmuch as, having full command of the patient I determinedly resisted the very great temptation of rupturing the membranes.

Bishopsgate-street Without, June, 1868.

EPITHELIOMA OF THE LIP, OF FIVE YEARS’
STANDING, REMOVED; AND LIP RESTORED
BY CHEILOPLASTIC OPERATION.

By JOHN EWENS, L.R.C.P. & L.R.C.S. EDIN.

J. B—, aged seventy-five, had been for five years suffering from epithelial cancer of the lower lip. When first seen, nearly five years ago, it was very small; but he resolutely refused to be operated upon. However, by the end of last year, the disease had increased to such a formidable extent, and the pain was so constant and so severe, that he at last consented to an operation, which now involved nothing less than the loss of the whole lip; thus exposing the lower teeth and gums, and, moreover, allowing the constant dribbling of saliva.

These serious inconveniences led me to contemplate restoration of the lower lip. The question then arose as to the best method. Supplying flaps from the cheeks presented the advantage of having mucous membrane, and thus obviating the contraction arising from a granulating surface; but it was feared lest, at so advanced an age, flaps thus strained might slough. I therefore proposed making them from the chin; and, whilst contemplating the subject, met with a plate of Dr. Andrew Buchanan’s operation in Erichsen’s Surgery, which so coincided with my views that, with a trifling alteration, I adopted it.

Accordingly, at 3 P.M. on Dec. 31st (without chloroform), assisted by Messrs. Tarzwell and Slade, and my assistant (Dr. Fielding), I removed the whole of the diseased structures by a nearly semilunar incision, extending from one angle of the mouth to the other, rather less being removed from the right side (Fig. 1, dotted line A B). The bleeding from the

labial arteries was stopped by torsion. Next an incision was made in the lines C D and C E, and D F and E G; and the flaps on either side included by these incisions were carefully dissected from their subjacent connexions, with a considerable thickness of cellular tissue. The flaps were then brought up and united in the median line by three hare-lip pins (Fig. 2). The point of the triangular piece left by incisions C D and C E was cut off, and (to keep the flaps in position) a pin was passed through it and the lower angle of the right flap.

Dry lint was laid over the wound, and lint placed between the raw surfaces and the lower jaw. The patient passed a quiet night; and when seen at 10 A.M. next day, union by first intention had commenced in the vertical suture, also the edges of the triangle (Fig. 2, H, I, K) on the right side had coalesced, apparently owing to a drawing up of the parts below the chin, aided by the bandage; but as the triangular piece (C, E, D) had so adapted itself that the right flap was not drawn down, it was thought advisable not to disturb the union. On the third day the lower pin was removed; but it was then apparent that the lower corner of the right flap had lost its vitality, the supply of blood having been cut off by the crossing of the ver-

tical pin. And here I would admit the use of this pin to have been an error; but as the contraction of the ulcer left by the slough did not affect the ultimate result, it was of no practical importance.

With the exception of a suspicious-looking slough at the bottom of the left triangle, which on the eighth day gave some little anxiety (but soon yielded to the application of equal parts of carbolic acid and glycerine), the healing process went on uninterrupted, and at the end of a month the patient wished to resume his occupation, but he complied with my request to wait another week.

At this date, nearly three months after the operation, the patient is quite well, and there is no appearance of recurrence of the disease. He does not shave below the mouth, and the new lip forms a most useful substitute, and with a slight effort can be brought in contact with the upper one.

In performing this operation again, I should be disposed not to cut off the point of the triangular piece, but, slightly liberating it from the subjacent parts, let it interpose a little between the lower border of the flaps, retaining it in that position by the lowest of the hare-lip pins.

The above case is chiefly interesting from the comparative rarity of cheiloplastic operations, and as showing the remarkable restorative powers of Nature in a man advanced in life; also from the fact that, although the disease had existed so long, the glandular system was not at all affected. This latter, with his naturally healthy constitution, led me to recommend him most strongly to undergo the operation, at the same time that I fully warned him of the possibilities of the disease returning, and of other contingencies. The patient preferred not inhaling chloroform; and as there was reason to suspect a fatty condition of heart, indicated by occasional intermission of pulse, I should have been reluctant to administer it; and I believe his being conscious was a great assistance, as he exercised the most perfect control over himself, only groaning once at the first incision.

Milton-Abbas, Blandford, Dorset, 1868.

BOOT AND SPLINT FOR THE CURE OF CLUB-FOOT, WITHOUT DIVISION OF TENDONS.

By GEORGE GREWCOCK, Esq., M.R.C.S.

By this instrument the generality of cases of club-foot can be cured without division of tendons. This apparatus will in a great measure, but not entirely, supplant the entire division of tendons; which, I maintain, ought never to be undertaken. From considerable experience, I believe that in the majority of cases, where the inversion of the foot or elevation of the heel is not extreme, a cure can be effected without any division. In theory, the tendons ought to unite by a strong connecting band of plastic lymph; practically, they do nothing of the sort. There is a communicating band, but it is weak and insufficient in the majority of cases to give the stability and strength necessary for the useful movements of the foot. When, however, the tendo Achillis cannot be elongated by means of mechanical extension, I have found that partially dividing the tendon on each side, cutting it about half across on the outer side, and again on the inner, will allow sufficient elongation of the tendon without permanently weakening the foot, and escaping the evil of an entire division. I have with a similar boot and splint so treated many cases of talipes &c., and find that the majority of cases can be cured without division in from two to six months.

A splint is fastened to the outer side of the leg. At the upper end is a concealed rotatory screw. India-rubber bands extend from the screw to small rings in the sole of the boot.

Any amount of extension-power can be obtained. The advantages of this instrument consist in that the extension-force can be regulated and increased, whilst the tendons gradually but effectually elongate.

The instrument is made and sold by Mr. Odery, Clumber-street, Nottingham.

Regent-street, Nottingham, July, 1868.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

WESTMINSTER HOSPITAL.

STRANGULATED INGUINAL HERNIA; OPERATION;
PERITONITIS; DEATH.

(Under the care of Mr. BARNARD HOLT.)

How small a part as a symptom constipation sometimes plays in dangerous and even fatal cases of strangulated hernia is well shown in the following case, for particulars of which we are indebted to Mr. R. H. Lloyd, dresser to Mr. Holt.

John M—, aged thirty-three, was admitted into Westminster Hospital on March 8th, at about 12 P.M., in a state of drunkenness, suffering from a large tumour of the right side of the scrotum, which had suddenly appeared after making a false step on the kerbstone the same evening between 5 and 6 o'clock. He states that he has suffered from hernia for the last fifteen years, but it has never given him any trouble, and he has always been able to reduce it entirely. He has never worn a truss. The tumour is on the right side, and very large and tense—about the size of a small cocoa-nut,—and is slightly constricted at the external abdominal ring, which is stretched to its utmost. There is a good deal of depression, and the patient is in much pain, tossing about restlessly. He lies on his right side, with his thighs flexed on his abdomen, which is tympanitic. The tumour is resonant over the greater part of its surface, except at the upper part, where it is dull on percussion. A sense of fluctuation is conveyed to the hand, but there is no translucency of the tumour. He had a warm bath and opium shortly after his admission, which relieved the pain; and the hernia could be partly returned, but not entirely. His bowels had been open up to the time of the accident, and he has even had a motion since his admission.

March 9th.—11.15 A.M.: Pulse 100, small. Complaints of very great pain. Has been sick three times in the course of