soreness of the muscles of the trunk, more especially in the neighbourhood of the pelvis, and of the limbs, than upon the occasion of her second labour, probably from the almost continuous action which they had had to sustain under the influence of the ergot. She was, however, recovered sufficiently to leave her bed-room at the end of a fortnight.

Had the os uteri been rigid, as well as not fully dilated, I would not, until after the removal of that state, by depletion, or the exhibition of the tartar-emetic, according to the general indications of the case, have ventured upon the use of the ergot, and then, in all probability, it would have become unnecessary.

Head presentation complicated by prolapse of the hand—The pains lingering—The process brought to a completion by a recourse to the ergot of rye, after the return of the hand.

On February 1st of this year, a patient of the Royal Maternity Charity, aged twenty-two, in labour of her third child, had been taken with pains at six in the evening; at ten P.M., the "waters" broke, and she sent for the midwife. The head presented by the vertex, and the hand had descended by the side of the head; the head was freely moveable upon the brim of the pelvis; at 1½ A.M., when I was called to her, I found the parts soft, lax, and free from heat; the orifice of the uterus three-fourths dilated and dilatable, the capacity of the pelvis ample; the patient's two former labours had been of short duration, and safely completed by the natural efforts. I returned the hand above the head without difficulty, and, while keeping it up with the tips of my fingers, by pressure upon the uterine tumour, I brought the head to bear more firmly upon the pelvic brim. At the end of half an hour, on examining again, the head alone was found to present. At three A.M., there being no increase of the pains, which had been, without any obvious cause, from the first very feeble; three 3ss. doses of the ergot were given with the effect of inducing active pains, and the child living and healthy, was expelled at twenty minutes before six, A.M.; the hand remaining as I had left it, above the head. There was no difficulty with the placenta, which was separated and expelled by the natural efforts. Nothing further occurred beyond an attack of milk fever, which subsided under the employment of laxative medicine.

The head presented—Labour lingering—The ergot exhibited—The child born in an hour and a quarter from the first dose.

In November, 1843, one A.M., I was called to a patient whom I had engaged to attend in her confinement of her fourth child. The pains had set in at half-past eight on the previous evening. During the hour before my arrival, they had occurred at intervals of ten minutes. The intervals between the pains were lengthened to half an hour, and they became weaker and shorter. At five A.M., the mouth of the womb had become dilated to the diameter of a five-shilling piece. At nine A.M., the intervals between the pains were scarcely shortened, and the orifice of the womb had undergone no further dilatation; its boundary tissue was soft, however, and dilatable; the other soft parts lax, free from heat, abundantly supplied with mucus; the skin moist, pulse 90, but soft; the pelvis ample; her previous three labours, all at the full period, had been easy, and the last child was born within an hour and a half after my arrival. There was no obvious cause for the inefficiency of the parturient action. The ergot was given in 3ss. doses; active pains supervened after the third dose, and the child was born at half-past ten A.M., the waters being discharged at the outlet half an hour before the expulsion of the child. The placenta was speedily expelled without hæmorrhage by the uterine efforts. In this instance the child was born with the face directed to the pubis; but that position, which could not be ascertained before the rupture of the membranes, had offered no difficulty in the case, the pelvis being of ample capacity. After this labour, the after-pains, which had been exceedingly troublesome upon the two previous occasions, did not require any interference, I therefore omitted, as I always do, unless positively needed, the usual opiate. Was this to be attributed to the more perfect contractedness of the uterus left after the labour from the effect of the ergot? I think it has occurred to me to meet with the same result upon other occasions under similar circumstances.

Another case in which the ergot was administered with good effects under a lingering labour.

A poor woman, aged twenty-two, in labour of her second child, her first living and two years old, came under the care of one of my senior pupils, at half-past seven P.M., September 11th of the present year; her health was good; she then had strong pains, which had continued from five P.M. The uterus was felt low down in the pelvis—its orifice dilated

to about the diameter of a shilling—the head presented, the membranes intact. At about nine P.M., the pains had nearly left her, the orifice of the uterus was nearly fully dilated and soft. The ergot was administered in 3ss. doses, at half hour intervals, for four doses—the pains became strong at eleven, and continued efficient, and at half-past one A.M., a fine living male child was born. The placenta was thrown off spontaneously in two or three minutes, and removed from the lower part of the vagina, and the womb contracted perfectly. The membranes were ruptured by the finger, when the head had reached the outlet, as their toughness appeared to be impeding the birth.

Another case exemplifying the favourable action of the ergot—A sixth labour.

A poor woman, attended under my superintendence, was taken in labour of her sixth child, at half-past ten, P.M., Aug. 24th, present year, her general health being good, and her former labours having been favourable. The pains had commenced at eight A.M.; the head presented; the uterus had descended partly into the cavity of the pelvis; the os uteri dilated to the diameter of a crown piece; the parts unheated, and relaxed, abundantly bedewed with the mucus of parturition. The pains had been strongly bearing, but were now feeble, and distant from one another. At half-past eleven P.M., the pains had wholly ceased; at four A.M., she had a very slight return of pains, but the membranes did not become tense during their presence; the os uteri, nevertheless, had become fully dilated; there seemed to be nothing wanting but some active pains to bring the labour to a completion. Everything being favourable for the exhibition of the secale cornutum, it was given in two 3ss. doses, at an interval of twenty minutes. At a quarter past five the pains became strongly propellent; at half-past five the membranes of the ovum broke, and a healthy living male child was born at six. The placenta followed in a few minutes, and the uterus remained perfectly contracted.

A second labour—Twins, without any evidence that the inertia had had its source in an over distended state of the uterine fibres.

A patient, aged twenty-five, in her second pregnancy, the first child having been born easily at the full period, was attended by one of my pupils, at 7 P.M., on 5th Sept., of the present year. The mouth of the womb was only slightly dilated; the head presented; the membranes entire. The pains continued strong and sharp until one A.M., of the 6th, when they flagged; the mouth of the womb was then fully dilated, the head had partly entered the pelvic cavity, but readily admitted of the passage of the finger around it. At two A.M., no change having occurred in the character of the pains, two 3ss. doses of the ergot were given, at an interval of half an hour. A quarter of an hour after the second dose, the liquor amnii having been discharged a few minutes before, the birth of a male child took place, and in a quarter of an hour afterwards, that of a female, in its membranes, also presenting by the head; both children were healthy, and living. The placenta was separated, and thrown off by the efforts of the uterus in five minutes after, and the uterus contracted perfectly; the placenta was in one mass; the placental circulations of the two children distinct; the cords were attached to opposite margins of this twin placenta.

THE TREATMENT OF INFLAMED BURSÆ BY PUNCTURE.

By ARCHIBALD NEWALL, Esq., Surg., L.R.C.S.E.D., Dundee.

I OBSERVE in the last No. of THE LANCET, for 20th Sept., a claim put in by Mr. H. Crolahan, as having performed the operation of puncturing the bursæ patellæ, in cases of effusion and inflammation, prior to the cases of Mr. Henry James Johnston, as detailed in THE LANCET for 26th July, 1845.

The following case will tend to show that although both Mr. Johnston and Mr. Crolahan may claim originality of treatment, yet that I am able to prove that I performed the operation in the summer of 1839, two years before the first recorded case by Mr. Hargrave, of Dublin, and that I have performed the operation frequently since that time:—

Barbara F., a native of Monikie, Forfarshire, came under my care on the 20th June, 1839, labouring under an inflammation of the bursa over the left patella, with effusion. She states that it has been inflamed frequently during the last four years, from kneeling, during the performance of her duty as a housemaid; she now feels greater weakness, and more difficulty in walking and attending to her work than she has found at former times when it was inflamed, and she is anxious

to have it permanently cured. On my proposing to puncture it, she at once agreed to have it done.

On taking a medical friend's opinion, he thought that it would be attended with danger, and wished to dissuade me from performing the operation; but, having weighed all the difficulties, I determined to perform it on my own responsibility, and at once proceeded to do so.

June 23.—The patient being seated on a chair, as in the usual position in sitting, with a sharp and narrow-bladed bistoury, I punctured the bursa, and discharged about half an ounce of synovia; she became sick, and was removed to bed. An ointment, composed of two parts of strong mercurial and one part of iodine ointment, was applied over the knee, and a few pieces of linen and a bandage being put over all, the knee was not undone for a week, as there were no unpleasant symptoms.

30th.—On the bandage being removed, the wound was found to have nearly healed, and the effusion was gone; the extent of the bursa was indicated by a degree of inflammation over the knee: the patient wore a bandage for a week longer, and on its removal the knee was well, and she has not found it painful since.

I have performed this operation ten times since this case, in eight of which there has been no return of the complaint; in the other two there was a return in six months, which I attribute to the wound being small, and healing too soon, and without sufficient inflammation to cause adhesion.

[The treatment of inflamed bursæ by puncture is a very old practice. It is recommended by many surgical writers both ancient and modern, and among the latter by Sir Benjamin Brodie, Mr. Samuel Cooper, &c.—Ed.]

NECROSIS OF THE TIBIA, &c.—AMPUTATION ABOVE THE KNEE.—RECOVERY.

By THOMAS BOURNE, Esq., Surgeon, Bath.

MARK CHIVORS, aged twenty-five, of strumous diathesis, and by occupation an engineer, states, that about thirteen years ago he was injured in the left leg, by a person throwing a pair of tongs at him, which struck the part just above the inner ankle. He was attended by a surgeon for twelve months; three months after the injury small portions of bone came away, and at different times forty pieces were thrown off. He consulted a surgeon in Bath, about seven years ago, who advised strapping and bandages.

In November last I was sent for, when I found the limb much inflamed and swelled, (being twice its natural size). He was suffering great pain, and had a good deal of febrile excitement. I recommended leeches, lotions, and other antiphlogistic means, which afforded some relief; but the leg remained enlarged, and suppuration took place; small abscesses formed in different parts, and discharged large quantities of pus. I passed a probe down to the bone occasionally, but could not detect any loose portions. I now advised a nourishing regimen, and wine, porter, and broths were given. He took morphia at bed-time, and a tonic mixture in the day; the former was continued for some time, but the latter was soon given up, as he declined going on with it. In January, his health was greatly impaired; he had cough with much muco-purulent expectoration, a weak and quick pulse, night-sweats, and was greatly emaciated.

Mr. Gane, surgeon, of Frome, was kind enough to see the case, and his prognosis, as well as my own, was very unfavourable. He recommended some incisions to be made along the tibia, and rags wetted with cold water to be applied, and he agreed with me as to supporting the patient's strength with tonic medicine and a generous diet. He visited Chivors a second time, but still thought badly of the case. This was in February. After this time I did not see Chivors very often, as I thought nothing more could be done for him. In May, to my great surprise, his health was somewhat improved, and I then told him if he continued to acquire strength, I might probably be enabled, ere long, to remove the limb, which he heard with great satisfaction. In July I considered him able to bear the operation, and on the 9th I amputated the leg above the knee with flap incisions. The stump healed very kindly, and he is now quite convalescent.

Remarks.—Chivors' case presents some very interesting features. The time that elapsed between the receipt of the injury and the operation, his occupation, which required him to stand many hours in a heated apartment, probably tending to keep up disease of the leg; his apparently hopeless condi-

tion in the winter, and lastly, the state of the limb, which upon dissection evinced great and extensive disease.

There was necrosis of the shaft of the tibia, which was greatly enlarged, and presented a honey-comb appearance, with numerous projections of spiculæ of bone. The upper part of the tibia was diseased; there was a considerable collection of pus in the knee-joint, and ankylosis of the patella.

REVIEWS.

Hints on Consumption and its Relief; Gout and its Cure; Indigestion, and the means of avoiding it; Rheumatism and its Cure; with Hints on Diet and Digestion. By the late Sir HENRY HALFORD, Bart., collated by a professional Colleague. London: 1845.

WHAT an array of disorders and cures, sixpences and subjects, and what a kind person the professional colleague must be! We quote from the preface of one of these hints:—

"The late Sir Henry Halford, it is well known, although his extensive professional avocations prevented him from ever realizing his intention of publishing a system of practical medicine, was in the habit of noting down the chief features of diseases and their cure, during his long and distinguished career as a physician for upwards of half a century, and of freely communicating the results of his experience to those who had the felicity of knowing him. One of his surviving professional brethren thus favoured, deeming it matter of regret that these invaluable hints should so long have been withheld from the community, has, in the following brief treatise, endeavoured to embody them, and should this little work meet with encouragement, it will be followed by others, forming the most scientific system of domestic medicine ever given to the world."

We quote again from the conclusory note of this amiable, disinterested, and professional gentleman:—

"With a view of arresting the progress of quackery (!) so prevalent in the present day, and of placing medicine, really scientific and good, within the reach of all classes of the community, the celebrated remedies of this distinguished physician, the favourite attendant on royalty for three generations, have now for the first time been collected and given to the world, at a price which places them within the attainment of all. They are carefully prepared in a form improved and even increased in elegance," and all at "the small cost of 2s. 9d. each. Sold wholesale and retail by I. Henry & Co., 10, Upper Stamford-street."

It argues ill for the social state of our profession, when such a piece of mendacious trickery can be thrown in the midst, and no notice whatever taken of the matter; hardly one man in twenty caring to inquire whether it is a real bequest of the late court physician, or the forgery of a quack. The spirit of the medical faculty must have had some hard blows, and have been accustomed to bear itself tamely in the sight of its enemies, or a loathsome parasite would scarce venture to attempt so soon to seize on the name and reputation of one who filled for a long time the highest places in medicine, and who, though open to many censures, cannot be said to have been less than an able and accomplished physician. The fact is, it is but part of a most bestial system. Quackery sidles up to legitimate medicine in a thousand covert ways and disguises, and no effective means are taken to thrust the brazen daw forth plucked of its stolen feathers. Some are so orthodox that they scorn to touch it even for the purpose of exposure. Many never think of the aids quackery purloins from legitimate medicine, while the truth must be spoken, there are physicians and surgeons, as far as diplomas can make them, who are in some way or other interested in the success of empiricism. Are not our eyes offended daily by testimonials from M.D.'s in favour of medicines or remedial agents, which, if not actually quack productions, sail as nearly as possible in the eye of the wind of good repute? Have we not recently seen two of the "Manly Vigour" and "Silent Friend" crew, crawl within the pale of the London College of Physicians, from whence they are parading themselves as "licentiates," the more effectually to entrap