otherwise the very manipulations necessary to effect this may set up fresh inflammation, and eventually fresh necrosis. In these cases, the old adage of "the more haste the less speed" is very appropriate. To seize the proper moment for interference is in this, as in many other instances, the true test of the surgeon's ability. It is not whenever the probe detects a bit of dead bone at the bottom of a sinus that we are called upon to extract it, but only when we are satisfied that nature has done her part in re-forming the lost osseous tissue, and is vainly endeavouring to get rid of the effete matters, that we are to step in, and with as little violence as the proceeding will admit of to assist in this salutary operation. It is because this precaution is not sufficiently attended to that operations for necrosis are sometimes repeated over and over again, to the great distress of the patients, and to the discredit of the surgeon. You will understand that these observations are confined to that form of necrosis which may happen in the most healthy constitution, and as the direct effect of ordinary inflammation in bone, such as is well illustrated in the two following cases.

Scrofulous necrosis must form the subject of separate consideration. At present, I will only observe, that the disease being an exemplification of a peculiar diathesis, it would be as rational to hope to cure it by simply extracting the dead bone as it would be to hope to cure phthisis by cutting out a mass of tubercle from the lungs, were such an operation practicable.

The acute form of necrosis, again, is a rare and very dangerous disease, which often destroys the life of the patients by rapid irritative fever, and it will consequently require careful study from us.

Necrosis of the radius following an injury; removal of a sequestrum four inches long; recovery.

William W —, aged eighteen, a healthy young man, a carrier by occupation, was sent to me by Mr. Rogers, of East Grinstead, on the 1st of November, 1858. Along the course of the radius of the right forearm there existed three inflamed-looking, discharging sinuses, the lower one situated about an inch from the wrist-joint, and the upper one in the superior third of the forearm. Each sinus led to a cloaca, through which was felt dead bone, apparently a continuous piece not entirely detached, but enclosed in a complete shell of fresh bone, which produced a swelling of the whole length of the limb. The hand was permanently flexed downwards, in the position often artificially adopted in fractured radius; but flexion of the wrist was perfect, as that important joint had escaped unscathed.

The patient stated that, whilst wrestling with a companion in the previous April, he fell against a door and hurt his arm; but that, in the course of a few days, the pain, severe at the time, disappeared without treatment. In the middle of the next month, however, the pain recommenced more severely than before, the skin became red, the arm swollen, and he lost all power of using it. In June an abscess broke and discharged a quantity of pus, but the hole never healed, and was speedily followed by two others. He suffered much at times, but had not resorted to medical advice until shortly before I saw him.

On the 26th of November, the soft structures between the two lower sinuses were divided, and the integuments dissected back from the surface of the new cylinder of bone. This was found to be tolerably firm; but, by the aid of a Hey's saw, it was cut, and being elastic, it was found possible to hold the edges apart whilst the sequestrum within was extracted. This was effected without much difficulty, as it was not adherent, except at its lower end, where its connexions were separated by means of the elevator. Little blood was lost, for the useful precaution had been adopted of elevating the limb high above the body for some minutes before the operation, so that the venous congestion, always the chief source of the bleeding in operations for necrosis, was relieved; and by keeping the arm in a pillow sloping from the wrist during the operation, the blood was prevented from again accumulating. The wound in the soft parts, which was pretty extensive, was closed with silver-wire sutures, and a drainage tube made of india-rubber, perforated with holes at intervals of an inch, as devised by Mons. Chassaignac, was inserted at the lower end. These drainage tubes are admirably adapted for their purpose, as they keep deep cavities perfectly drained of pus, and do not occasion any irritation.

The sequestrum removed was found to be four inches long, and to consist of the whole thickness of the radius, which, though dry and worm-eaten, retained its characteristic triangular shape. The greater part of the wound healed by adhesion, and on the 7th December the drainage tube was removed, as the parts had become much consolidated, and

admitted of passive motion being commenced. The sinuses gradually ceased to discharge; the unnatural position of the wrist disappeared; and on the 24th December the patient went home, with his hand and arm bidding fair in a short time to equal the other in strength and usefulness.

Necrosis of the os calcis, following a strain; extraction of a piece of bone the size of a chestnut.

William G —, aged twenty-one, a healthy labourer, twisted his right foot while at work in January, 1857. Severe pain followed, which recurred at intervals, and often prevented him from either working or sleeping; but, beyond occasional rest, and some support to the limb by the application of strapping, no treatment was adopted. On the 26th October, 1858, he was admitted into the Middlesex Hospital. The whole ankle was swollen, red, cedematous, and in parts tender. On the outer side, below the malleolus, there were two or three sinuses, which conducted to a cavity in the os calcis, where a piece of dead bone was felt to be enclosed. The soft parts over the inner malleolus were also cedematous; but as flexion and extension of the foot were unimpaired, it was hoped that the disease was confined to the heel.

On the 1st November a semicircular incision was made along the outer surface of the ankle, so as to avoid the tendons of the peronei muscles, and by a little dissection the hole in the os calcis was exposed. It was round and smooth, and barely admitted the little finger, but expanded within, so as to hollow out a great part of the substance of the bone. In the interior there lay a sequestrum, exactly like a nut in a mouse's hole; and this being extracted, the operation was concluded. The parts were united by metal sutures, except in the locality in which a drainage tube had been inserted, in order to keep the parts effectually drained of pus.

From that time the patient has done very satisfactorily; the cause of the irritation having been removed, the swelling of the ankle has nearly subsided, and I hope that all danger of the disease extending has ceased. The ankle has become firm enough to admit of the patient walking a little daily, but the mass of new bone necessary to fill up the hole in the os calcis was very considerable, and the spongy bones do not so readily become repaired as the long bones. Two months, however, have elapsed since the operation, and so far everything is quiescent.

The syrup of the superphosphate of iron and lime has agreed very well with this patient, as also with many others for whom it has been prescribed; and as it adds iron to the blood and lime to the bones, you will easily see in how many surgical diseases it is likely to be useful.*

A STATISTICAL STUDY OF THE CAUSES AND RELATIVE PROPORTION OF STILL-BIRTHS IN PRIVATE COUNTRY PRACTICE.

BY R. UVEDALE WEST, M.D.,
FELLOW OF THE OBSTETRICAL SOCIETY OF LONDON, AND
MEMBER OF THE COUNCIL.

SPEAKING of certain conclusions deduced from the statistics of still-births published respectively by the officers of the Dublin Lying-in Hospital, and by Dr. Barnes, in a Clinical Report of the Royal Maternity Charity of London, the proportion in the former being one still-birth in every 14 cases, and in the latter, one in 34, the leading article in THE LANCET for Oct. 22nd goes on to say—

"It is an object of the highest importance to test these conclusions by comparison with the experience of other institutions, and especially with that of private practitioners."

With a view, therefore, to assist in this inquiry, I now forward for publication the results of the whole of my experience of still-births since I commenced practice on my own account in the year 1834. In doing this I have merely copied from the index to my register of general midwifery cases, carefully collating each number with the report in the body of the register itself. It is a simple record of facts.

* Both these patients have since recovered perfectly.

A TABULAR VIEW of the Still-births which occurred in 2962 cases of Midwifery, including 36 Twin cases, and comprising, therefore, 2998 Children born. No account taken of Abortions—i.e., of *Fœtuses expelled before the period of Quickening*. See of Child distinguished thus: B (boy), G (girl); Primiparous cases by an asterisk.

Appreciable Causes of Still-Birth.	No. of Case.	Special Circumstances.	Whether Ergot had been given.
More or less putrid.	192, G.	Easy natural labour at full time.	No.
	255*, G.	Breech presentation; premature.	No.
	311, G.	Easy natural labour; premature.	No.
	355*, B.	Ditto ditto ditto	No.
	490*, B.	Ditto ditto ditto	No.
	541, B.	The first of twins: the second being alive and vigorous; at full time.	No.
	547, G.	Easy natural labour; premature.	No.
	620, G.	Breech presentation; premature; the subject of case 541.	No.
	621, G.	Sister of 541 and 620; softened placenta.	No.
	635*, B.	Easy natural labour; premature.	No.
	636, B.	Face to pubes; easy; premature; subject of case 355.	No.
	702, B.	Easy natural labour at full time.	No.
	729*, G.	Easy natural labour; premature.	No.
	741, G.	Easy natural labour; premature; subject of cases 355 and 636.	No.
	760, B.	Easy natural labour; premature.	No.
	837, B.	Quick, easy labour; premature; preceded by much hæmorrhage; subject of cases 355, 636, and 741.	No.
	978*, B.	Easy natural labour; premature.	No.
	981, G.	Arm presentation; premature; delivery by turning.	No.
	1041, G.	Face presentation, with prolapsed hand; premature; hypertrophy of placenta; weight of child, 3lbs.; of placenta, 2½lbs.	No.
	1048, G.	Easy natural labour; premature; subject of cases 541 and 620.	No.
	1093, B.	Easy natural labour; premature; subject of case 978.	No.
	1134, B.	Easy case of breech presentation at full time; enormous redundancy of liquor amnii.	No.
	1351, B.	Easy labour at full time.	Yes.
	1428, B.	Easy labour; small and premature.	No.
	1445, B.	Easy natural labour; premature.	No.
	1464, B.	Feet presentation; premature; labour preceded by much hæmorrhage for several weeks.	No.
	1714*, B.	Easy natural labour; premature.	No.
	1727*, B.	Ditto ditto ditto	No.
	1828, G.	Ditto ditto ditto	No.
	1869, B.	Ditto ditto ditto	No.
	1915*, B.	subject of case 1714.	No.
	1916, G.	Easy natural labour; premature.	No.
	1917, B.	Breech presentation; easy; premature; prolapsed funis; redundant liquor amnii.	No.
	1920, B.	Natural labour; placenta scirrhus, and not putrid.	Yes.
	1921, B.	Easy natural labour at full time; subject of case 490.	Yes.
	1921, B.	Easy natural labour; premature; placenta very pale and anæmic.	No.
	1930, B.	Feet presentation; premature.	No.
	2022, B.	Easy natural labour; premature.	Yes.
	2057, G.	Placenta prævia; hæmorrhage; presentation of feet; funis long prolapsed; premature.	Yes.
	2071, B.	Presentation of ear and shoulder; premature; labour very easy; shoulder slipping up; subject of case 1921.	No.
	2085, B.	Arm presentation; turning case; premature.	No.
More or less putrid—continued.			
More or less putrid.	2209, B.	Easy natural labour; premature; subject of case 1445.	No.
	2218*, B.	Hard labour at full time; woman aged 40.	Yes.
	2228, G.	Feet presentation, with prolapsed funis; premature; subject of case 2057.	No.
	2268, B.	Easy natural labour; premature.	Yes.
	2346, B.	Ditto ditto ditto	No.
	2621, G.	Shoulder presentation; delivery easy, without turning; premature; mother phthisical.	No.
	2693*, B.	Feet presentation; premature.	No.
	2800*, B.	Easy natural labour; premature.	Yes.
	2881, G.	Hard labour at full time.	Yes.
	2956, B.	Turning case of arm presentation; full time.	No.
	146, B.	Very large child; failure with forceps; 12 hours after complete dilatation of os uteri.	No.
	258*, G.	More than 24 hours in labour; failure of forceps; woman hysterical, &c.; pulse 130, sharp.	No.
Craniotomy.	344*, B.	Very large, bony head; protracted labour; narrow pelvis; failure with forceps.	No.
	588, G.	Presentation of anterior fontanelle; protracted labour; failure with forceps.	No.
	765*, B.	Protracted labour; large, bony head; failure with forceps.	No.
	2004, B.	Very large child; protracted labour; presentation of anterior fontanelle; failure with vectis and forceps.	Yes.
	2521*, B.	In consultation with a junior practitioner, who had failed with the forceps, as I did also.	No.
	2762*, B.	Ditto, ditto, ditto.	No.
	53*, G.	Large head.	No.
	945*, B.	Large head.	No.
	1444*, B.	Called in to the assistance of a junior practitioner, who could not manage the delivery of the head.	No.
	2434, B.	Enormous hydrocephalic head.	Yes.
	2598, B.	Presentation of vertex; delivery by turning; narrow pelvis.†	No.
	2763*, G.	Hydrocephalic head; marvellously short funis.	No.
Footling cases; delivery of head delayed; compression of funis.	2955, B.	Premature labour; arm presentation; turning before full dilatation of os uteri; delivery of head delayed by tight grasp of os uteri.	No.
	69, B.	With arm presentation; turning case.	No.
	168, B.	With head presentation; case left to nature; subject of case 69.	No.
	726, G.	Hand down with head; case left to nature, after pushing back the hand.‡	No.
	2065, B.	Breech presentation.	No.
	2301*, B.	Forceps delivery.	No.
	2400, B.	Case left to nature; head presenting.	No.
	2683, B.	Head presentation; delivery by turning.	No.
	293*, B.	Woman aged 40; considerable hæmorrhage.	Yes.
	645, B.	With feet presentation; great hæmorrhage; funis prolapsed.	Yes.
	921, B.	With feet presentation; great hæmorrhage.	Yes.
	Placenta prævia.		

† Third confinement. In her first, the child being small, the labour was easy. In her second, I had a very difficult forceps delivery; a large child, born alive.

‡ Bad practice; after the hand was pushed up, the funis would be more liable to compression. I ought to have turned the child, and, perhaps, should have saved its life.—R. U. W.

Appreciable Causes of Still-birth.	No. of Case.	Special Circumstances.	Whether Ergot had been given.
Labour unusually severe & protracted. Cases left to nature.	309, B.	Very large child; delivery more than six months after quickening.	No.
	361, G.	Very large child; narrow pelvis. Subject of the craniotomy case No. 146.	No.
	368, B.	Very large child; weight 11 lb.	No.
	772, G.	Face to pubes.	No.
	961*, G.	Three days in labour; woman aged 42.	No.
Labour severe. Delivery with instruments.	1185*, G.	Very large child.	Yes.
	2230, B.	Excessive œdema of thighs and vulva, interfering with expulsion of head; vectis used. Subject of the putrid case No. 1917.	Yes.
	2395*, B.	Difficult forceps delivery.	Yes.
Embryotomy.	1266, G.	A case of adherent twins; <i>sternopage</i> ; feet presentation with both.	No.
	1266, G.		
Ovum expelled entire, before my arrival.	1340, G.	Premature.	No.
	1757*, B.	Premature.	No.
Exencephalian monster.	1607, G.	Enormous hypertrophy of placenta; great redundancy of liquor amnii.	No.
Anencephalian monster.	2884, G.	Presentation of back.	No.
Dropsical foetus.	2732, B.	Softened placenta; hasty labour.	No.
Hæmorrhage before or during labour. Supposed placenta prævia.	1170, B.	Premature.	No.
	2176, B.	At full time.	Yes.
	2299, G.	Ditto.	Yes.
	2453, G.	Feet presentation; premature.	No.
Convulsions before or during labour.	2191*, B.	At full time.	No.
	2320*, B.	Premature.	No.
Evidence of latent compression of funis.	2212*, G.	Delivery with vectis.	Yes.
Turning case of arm presentation.	1686, B.	This case had been a long time under the care of a midwife, and turning was difficult.	No.
Mother ill or dying.	525, B.	Premature; mother moribund: <i>pneumonia</i> .	No.
	711, G.	Ditto, ditto: <i>cholera</i> .	No.
	1857, B.	Premature: <i>chronic disease of intestines</i> .	No.
Disease of placenta.	1762*, B.	Premature; breech presentation; placenta softened.	No.
	2701, B.	Premature; putrid placenta.	No.
	2712, B.	Ditto; softened placenta; putrid funis.	No.
Cause not manifest.	431, B.	Easy natural labour, at full time.	Yes.
	1911*, G.	Ditto, premature.	No.
	2100, B.	First of twins; the second alive and vigorous.	Yes.
	2168, B.	Easy natural labour.	Yes.
	2456, B.	Breech presentation; premature.	No.
	2517, G.	Easy and quick natural labour; premature.	No.
	2618, B.	Premature; easy natural labour.	No.

Summary.

The total of still-births from all causes, as shown in the table given above, is 111 out of 2998 children born: a proportion of 1 in 27. Of these, 50 were putrid at birth, with various special circumstances noticeable; 8 were cases of craniotomy; 7 were cases in which the death of the child was caused by difficult delivery of the head in footling births, the funis being compressed; in 7 cases, where the funis was prolapsed early in the labour, the death of the child was equally caused by compression of that important organ; 3 deaths are explained by *placenta prævia*; 6 by the severity of protracted labours left to the natural efforts; there were only 2 deaths from severe or protracted labour where instruments were used; in 1 case embryotomy was practised to effect the delivery of monstrously-adherent twins, accounting for the death of 2 children; in 2 cases the ovum was expelled entire before my arrival, and the children suffocated or drowned; 2 of the children exhibited deficient development of the head; 1 was dropsical—*anasarcous* and *ascitic*; 4 deaths are explained by profuse hæmorrhage accompanying the labour; 2 by convulsions of the mother during or preceding the labour; in 1 case there was very clear evidence of latent compression of the funis during the labour; 1 death is explained by difficulty of turning in a neglected case of arm presentation; in 3 cases the mothers were either moribund or seriously ill; in 3 of the non-putrid cases the placenta was either putrid or diseased; and in only 7 cases it was not possible to assign a cause. Several of the women are shown to be liable to a recurrence of dead children born.

The ergot of rye is considered by some to be destructive of the life of the child. For that reason I have thought it right to specify in every case, even in the putrid ones, whether the ergot was or was not given. It results that the ergot was given in 24 cases out of the whole number of 111 children born dead. But as the vast majority of the deaths where ergot of rye had been given are explicable from other causes, I think we may acquit this much-abused drug, and especially so if we study the last list of cases—that, namely, where the “cause was not manifest.” Let me here explain that I have given the ergot of rye 201 times out of the last 800 cases I have attended. This is a frightful proportion; but never mind. My register stands at No. 2962 at the present date. If the list of “cause not manifest” be now looked at, it will be seen that the last 4 cases in that list fall within the 800 cases alluded to. The ergot of rye was given in only 1 of those 4 cases: precisely the proportion of ergot of rye for the whole number of 800—1 in 4.

I have thought it important in the study of the causes and the frequency of the mortality of children during labour, to insert in my table the number of each case. It may thus be seen at a glance how far the inexperience of a young practitioner may contribute to an increase of such mortality. Let us, for example, examine the numbers of the cases of craniotomy. It will be seen that nearly all the cases that I was exclusively responsible for, fall within the first 1000. How far a gradually acquired ability in the use of the vectis and forceps* may have enabled me to discard this *wilful murder* from my

* It may assist the reader in the appreciation of my argument if I here state briefly, that I delivered, with the one or the other of those instruments, in the first 1000 cases, 4 times only; in the second 1000, 16 times; and in the third 1000, now nearly completed, 77 times, with the result, as regards the life of the child, shown in the text. And the following extract from the index to my register will illustrate, though, perhaps, more feebly, the advantage of artificial assistance in other circumstances of danger to the life of the foetus than mere protracted labour:—

FUNIS PROLAPSED: in 19 cases; in which,

The child born dead: 11 cases, viz.,—

Head presentation; left to nature: 168 B., 726 G., 2400 B.

“ “ forceps case: 2301* B.

“ “ difficult turning case: 2653 B.

Feet presentation: 645, 1916, 2057, 2065, 2228. Of which,

Child putrid: 1916 G., 2057 G., 2228 G.

Placenta prævia: 645 B.

Arm presentation; turning performed: 69 B.

The child born alive: 8 cases, viz.,—

Head presentation; left to nature: 1667 B., 2345 G.

“ “ vectis used: 1643 B.

“ “ turning performed: 2504 B., 2553 G., 2579 B.

Arm presentation; turning performed: 2281 G.

Feet presentation, with placenta prævia: 1316 G.

CONVULSIONS OF THE MOTHER,

Preceding or accompanying the labour: 2191, 2320, 2729. Of which,

The child born dead: 2 cases, viz.,

Labour unassisted: 2191* B., 2320* B.

The child born alive: 1 case, viz.,

Delivery with vectis: 2729* G.

It is very probable that, although the mere expulsion of the child might have been easily effected in cases 2504, 2553, 2579, and 2729, if they had been left to Nature; yet the children would have been all born dead, if artificial delivery had not been performed.

Practice, I leave to the judgment of my readers, pointing out at the same time that *pari passu* with what I may call the abolition of craniotomy, or, at any rate, the greatly diminished frequency of the practice, the foetal mortality from unassisted protracted labour disappears also from my practice. These are matters for grave consideration, and especially so at a time when the Council of the Obstetrical Society of London is pressing on the attention of the Medical Council the subject of obstetrical education. At present, as far as practice is concerned, we are, for the most part, self-educated. I have fearlessly, and without any extenuation, given all the facts of my experience of still-births, as invited by the leading article quoted in the opening paragraph of this paper. It is obvious that nothing but a sense of public duty, and a regard for the interests of absolute truth, can have induced me to parade, as I have here done, the shortcomings of my early career. *Liberavi animam meam.*

I think that the average of country practices ought not to exhibit a greater proportion of still-births than about 4 per cent.

Alford, Lincolnshire, October, 1859.

A STATISTICAL REPORT OF

THIRTEEN HUNDRED MIDWIFERY CASES ATTENDED IN PRIVATE PRACTICE.

By ANDERSON SMITH, Esq., F.R.C.S.

OF 1320 children, 700 were males, 620 females. 1255 were born alive; 65 dead—of these, 24 were putrid. Premature births numbered 35; twin cases, 20: of these, 35 children were born alive, 1 dead, and 4 putrid. Malpresentations and positions were 58—namely, forehead towards the pubic arch, 20; face, 2; breech, 23: of these, 14 children were born alive, 7 dead, and 2 putrid. Lower extremities, 8; 4 alive, 3 dead, and 1 putrid. Arm, 1 alive. Compound, 4; 1 alive, 3 dead. Prolapse of the funis happened in 6 cases, in all of which the children were still-born. Accidental hæmorrhage occurred 14 times; in 10 cases the children were born alive, in 4 dead. 3 cases of complete placenta prævia, the children still-born; 2 of partial placenta prævia, 1 child alive, the other dead; 6 cases of slight post-partum hæmorrhage; 2 of epileptic and 1 of hysterical convulsions; 3 of peritonitis; 1 of mania. Version was had recourse to in 4, the forceps in 25, and craniotomy in 3 cases. The average duration of labour in primiparæ was 18½ hours; the shortest at the full time, 2¼ hours.

Remarks.—Of the 41 still-born, death in 29 cases was the result of malpresentation, accidental or unavoidable hæmorrhage, prolapse of the funis, or craniotomy. Of the remaining 12 cases, in 1 instance the funis was prolapsed and pulseless before the expulsion of the shoulders; 2 children made ineffectual efforts to respire; in 1 case, the mother had at her previous confinement been delivered of a putrid foetus; 2 were the children of mothers suffering from disease of the heart; 1 was the second of twins; and the remainder were mostly prematurely born.

In the 2 cases of partial placenta prævia, I merely ruptured the membranes, and the labours terminated naturally. Of the 3 of complete, in two instances I tore through the placenta, turned, and brought down the feet. In the 3rd, I was pursuing the same treatment, when a violent pain expelled the placenta, and although the hæmorrhage then ceased, the patient died on the fourth day; and I may here state that this is the only instance in 1300 cases in which the mother has died from any cause connected with parturition.

Not once has there occurred a case either of retention of the placenta or severe post-partum hæmorrhage. Immunity from both these complications I attribute mainly to two causes—namely, the practice of applying a binder as soon as the second stage of labour commences, tightening it directly after the birth of the child, and again after the expulsion of the placenta, and abstaining from the administration of ergot. By the former the regular contraction of the uterus is effected, and by the latter its irregular contraction prevented.

The number of forceps cases appears great, but, as far as my experience extends, no bad consequences have resulted from their use; and I am inclined to believe that laceration of the perinæum is rather prevented than caused by their timely employment.

Claremont-square, Nov. 1859.

STILL-BORN CHILDREN.

By JAMES HADAWAY, Esq., M.R.C.S., L.S.A.

IN one of the leading articles in THE LANCET of the 22nd of October, you suggest the necessity of medical practitioners engaged in midwifery giving the result of their experience as to the number of children “still-born” that have occurred in their own practice, in order to arrive at some statistics as to the per-centage in contrast with those in hospital practice; also, as far as possible, to ascertain the cause of death.

Now, as I have kept a correct register for the last five years of cases attended by myself, I have much pleasure in forwarding to you a table as they have occurred in each year:—

Year.	Cases.	Still-born.
1855	93	6
1856	129	16
1857	171	20
1858	169	18
1859	170	12
	732	72

Thus showing an average of about 10 per cent. in the aggregate.

My memory does not serve me sufficiently to give the causes of death except for the present year:—

CASE 1.—Born at the full period, and movement was felt about two days before birth. Cause unknown.

CASE 2.—(Twins.) Premature, at the seventh month. This patient was delivered of a still-born child prematurely twelve months before. Her general health is delicate.

CASE 3.—Footling and cord presentation.

CASE 4.—Premature, seventh month.

CASE 5.—Premature, seventh month. The mother was affected with variola on the following day after the birth of the child.

CASE 6.—This patient has been delivered prematurely three years successively, all still-births, and severe hæmorrhage following.

CASE 7.—Supposed to have been frightened by a cat.

CASE 8.—Fourth child, all still-births. Cause unknown. The mother is enjoying an average state of health.

CASE 9.—Cause unknown.

CASE 10.—The mother was frightened by a monkey a few days previous.

CASE 11.—This was the third child, out of four, that was still-born. Cause unknown.

Berwick-street, Oxford-street, Nov. 1859.

A Mirror

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

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

THREE CASES OF EMPYEMA—SPONTANEOUS OPENING IN ONE, AND TAPPING OF THE CHEST IN THE TWO OTHERS; RECOVERY.

(Under the care of Drs. GULL, HABERSHON, and WILKS.)

At the present time there are three cases of empyema under treatment in this hospital, and a good opportunity is afforded to the student for studying this result of pleurisy. The phenomena attending upon the disease have varied somewhat in each, but in all the physical signs were well marked and clearly made out. In the first patient, a man of forty years of age, the effusion seemed to be circumscribed, and evacuation of the