From the wheezing, (vale sibilante,) from the impulse synchronous with the pulse, from the "*bruit de scie*," the aorta within the pericardium, and at its arch, is most probably dilated, and presses upon some of the bronchi.

The regularity of the motions of the heart, and the total absence of palpitations, would seem to show that the valves are perfect.

From the increased size of the left carotid, and from the absence of pulsation in the right, I would say that the former is uniformly dilated, and the latter obliterated, or nearly so.

Prognosis.—From all the above considerations, and from others not strictly mechanical, I would say, that this case must terminate fatally, but perhaps at a very distant period, and that no operation on the *right carotid* can be of service.

July 7th. The right subclavian artery has been tied, as it passes between the scaleni muscles. The vessel appeared, I am told, perfectly healthy.

July 8th. Saw the patient this morning, she appears to go on well; slight pulsation discoverable at the right wrist. Tumour not examined.

Saw the patient two days after the ligature had come away; countenance, though pale, much improved in expression and appearance; pulsation and enlargement of the left carotid diminished. Motion of the heart feeble but regular. No impulse at the præcordial region. Impulse below and behind the right clavicle much less than when last examined. Motion at the sterno-clavicular articulation not perceptible. Tumour between the clavicle and the rest of the neck still pulsates, but feels to me hard. It is certainly diminished in size. Bronchial wheeze no longer perceptible by the patient, but still slightly heard through the stethoscope. Percussion not applied. Sleep at night tranquil; respiration easy; pains felt in the right side of the head and neck, right shoulder and arm, before the operation, no longer troublesome. Says she feels 'quite another woman.'

"D. B."

ON THE SECALE CORNUTUM IN UTERINE HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your giving insertion to the following observations made on the use of the ergot of rye, in reply to a question in a letter which appears on p. 368 of your 12th volume, "On the Secale Cornutum in Uterine Hæmorrhage:"—

I was called ——— to attend J. S., æt. 32, taken in labour, of a spare and debilitated habit. Her labour was natural, and for

some little time after delivery, she appeared to be doing well; but from some original debility the uterus did not contract completely; blood was poured out into its cavity, so as to redistend it, although no hæmorrhage appeared externally. From the pallid expression of my patient's countenance, with her extreme restlessness, I was convinced hæmorrhage was taking place. Upon placing my hand on the abdomen, I found the uterus very considerably distended, demanding prompt and active measures. I immediately introduced one hand into the uterus, removed the grumous blood, and gently stimulated it to contract, applying external pressure with the other, at the same time that cold water was dashed on the external parts by an assistant. The exhaustion of the powers of the system was such, that life could scarcely be supported by repeated small doses of brandy and water, which were given, whilst cold water was occasionally sprinkled on the face. As there appeared little disposition about the uterus to contract, and as the woman was labouring under extreme debility, so truly distressing and highly alarming, I determined to try the ergot of rye, the good effects of which I had seen in protracted cases of labour; reasoning from analogy, that if it excited a specific influence over the uterus in exciting those contractions necessary to the expulsion of the child, it ought to produce contraction and restrain the uterine hæmorrhage. Twenty-five grains of the powdered ergot of rye were infused in an ounce of water, with a drachm of spirit, and given to the patient, and ordered to be repeated in twenty minutes. A few minutes after taking the powder it was rejected by vomiting, but the woman appeared a little revived, and the uterus began to contract. The medicine was repeated at the time prescribed, and this remained on the stomach. The patient now complained of pain in the abdomen; the uterus continued its contractions on my hand, and a few minutes afterwards it was well contracted, resembling a hard ball, and the hæmorrhage ceased. A bandage was afterwards placed over the uterine region moderately tight, and the patient eventually did well. I have since met with a similar case, although not so alarming. In this instance I gave half a drachm of the ergot of rye in powder every twenty minutes; the result was favourable. How far the insertion of the above, as the result of my personal observation and experience, may prove useful respecting the benefit to be derived from the secale cornutum in uterine hæmorrhage, I must leave you to determine.

I am, Sir, your obedient servant,

SAMUEL MILLARD.

Bristol, 15th August, 1827.