who stated she then complained of pain at pit of stomach and right hip; water broke at eleven o'clock, through the midwife's interference; pains returned at regular intervals, but, according to her account, were shorter and less strong than usual until ten o'clock in the evening, when she became sick, and had not afterwards a single labour-pain, but complained of her chest and stomach, and soon became much exhausted. The midwife saying all was right, I did not receive sufficient notice to enable me to arrive until four hours afterwards. I found her with an extremely rapid and barely perceptible pulse; whole surface cold and clammy; countenance pale, sunken, and anxious; voice scarcely audible. She seemed in articulo mortis; all she complained of was the pain in her chest and epigastrium. On applying my hand to the abdomen, the nature of the case was evident; the child could be plainly felt external to the uterus. On examining per vaginam, I discovered a laceration extending quite across the anterior part of it and just through the cervix uteri, which was nearly closed. The rent was so large that I could have passed both hands through it. I gave her some brandy and water, and having explained the nature of the case to the poor woman and her husband, (who, for some hours before, had expressed a particular wish that I should be sent for, but were checked in doing so by the midwife persisting in saying "that all was right,") I proceeded at once to deliver her, not with the expectation of saving her life, but, knowing it was her only chance, I deemed it right she should receive the benefit of it. The child was *alive* at the time, as I could find out by its fingers grasping one of mine, "feebly, 'tis true," but so it did. It was high up in the abdomen, so high, that to bring down the feet I had to pass my hand to the upper part of it. After some difficulty, owing to the somewhat contracted state of the pelvis, I effected the delivery of the child, which was then dead. The poor woman bore the operation much better than could have been expected, and said she felt much relieved. I continued giving her brandy and water, with small doses of tinct. opii, and remained with her until seven. She had rallied a little, and, although she was quite resigned, thought she should recover. I saw her again in the evening; she was becoming warm, and felt comfortable; pulse better. The next day she was so comfortable that my partner, Mr. Nicholson, observed, had he not known what had occurred, he should have said she was going on as well as any woman, under ordinary circumstances, usually does. The next morning, however, I found inflammation had come on; bleeding afforded her great relief. The usual remedies were tried, but without effect; she died rather suddenly 78 hours after delivery, up to which time she had been perfectly sensible, and even cheerful.

Leave having been obtained, a post-mortem examination was made by my partner, Mr. Nicholson. The abdomen was exceedingly tumid; urethra and rectum entire. On opening the abdomen, large coagula of blood were found, principally at the lower part, and the peritoneum adhering generally to the surfaces of the omentum and bowels, which were agglutinated, particularly in front; a small quantity of a bloody serous fluid floating amongst the bowels; uterus much enlarged, measuring thirteen inches from fundus to cervix, and thirteen inches in circumference. On drawing the uterus forward in the cul-de-sac formed between it and the rectum, the peritoneum was lacerated in several parts, in one of which a marble might be inserted. On separating the uterus from the pubes, the hands could be easily passed out at the vagina, owing to the laceration, which extended quite across the anterior and upper part of the vagina upwards through the right side of os uteri, just into the substance of the uterus. The anterior surface of the uterus was covered with lymph; there was none on the posterior. I attended her in her first two confinements. In the first I sent for my late father, who, (the head being firmly impacted,) after my ineffectually using the forceps, effected the delivery of the child by opening it; since which time she has been confined five times; the second, third, and fourth, are living.

DEATH OF THE UNDELIVERED MOTHER AND CHILD.

About ten months after the above unfortunate and lamentable occurrence, I was requested to inspect the body of a woman who had died undelivered at the village of Farcet, two miles from Peterborough. She had been under the care of the same midwife who attended in the previous case; the labour, I was told, was lingering and severe. In this case the woman placed confidence in the midwife, and did not express a wish for a medical man to be called in; but the midwife, as in the former case, persisted in there being *no danger*—went home to Yaxley, a distance of two miles, meaning (I believe) to return soon, but during her absence her patient died. The appearances, on examination of the body, sufficiently proved that the poor woman's life might have been saved had she received timely and proper assistance. A fine, full-grown child, naturally situated, was found, but the head, being of large size, was impacted between the bones of the pelvis, so much so, that it had apparently (even after death) retained its position, and some force was required to withdraw it into the abdomen. An inquest was held on the body by Glenton Atkinson, Esq. Peterborough, which terminated by the midwife receiving a severe reprimand from that gentleman, accompanied with warnings for the future.

I have in other instances been witness to the gross ignorance and brutal obstinacy of midwives, but having no notes of the cases, am unable to give particulars. Are not these cases sufficient to shew some of the evils likely to follow the passing of such a bill as that proposed by the Secretary of State?

Stilton, October, 1844.

ON THE NATURE AND TREATMENT OF INCONTINENCE OF URINE IN CHILDREN.

By A. Browne Steele, Esq., Birkenhead.

In The Lancet for the 12th October, appeared Professor Romberg's suggestion for the cure of incontinence of urine during sleep in children; and in that journal of to-day, Mr. Maclure claims for Sir C. Bell the priority of the recommendation. The editorial note on Professor Romberg's direction for the treatment of this affection—viz., "that it would probably be as easy to make the child hold his water as to lie on his belly, and that the means of effecting the object should have been pointed out," appears to me just as applicable to your correspondent's quotation from Sir C. Bell, especially in cases where the child is too young "to accustom *himself* to sleep on his face or side." On referring to my rough notes of a lecture on this subject delivered by Sir B. Brodie, at St. George's Hospital, I find the following practical observations:—"In children, it is not true incontinence, but the result of habit, which should be checked early. In some cases, it occurs every night; in some, only occasionally; in others, on alternate nights, or at a particular hour. A small blister on the sacrum is often useful, and acts by preventing the patient from lying on his back, the position in which it has been observed to occur most frequently; or a machine may be constructed, with the same object. If it occurs at a particular hour of the night, the nurse should wake the child just before; or if it be an older person, an alarum clock should be placed over his head, and set to strike just before the hour. It sometimes appears to be connected with a bad state of health, and then tonics are of service; in some periodical cases, quinine is useful."

These notes are not verbatim, but I believe they contain the substance of the original remarks.

Birkenhead, Cheshire, Oct. 1844.

ON THE PHYSIOLOGY OF THE SALIVA.

By Dr. Wright, Birmingham.

The review of Blondlot, "Traité Analytique de la Digestion," in "The British and Foreign Medical Review," for this present October, 1844, p. 529, contains the following passage:—"He (Dr. Blondlot) maintains that the salivary fluid has no influence in accelerating the process of digestion—a position which is probably far too exclusive. We can as little accord with the conclusions of Dr. Wright, who (in a series of papers communicated to The Lancet not long since) maintains that the saliva is *the essential* agent in the digestive process. We believe that the truth, as usual, lies between the two extremes; and that the peculiar matter of the saliva acts as an incipient *ferment*, especially upon the farinaceous part of the food."

I should have felt the personal compliment to be greater if the reviewer had given proof that he did not know such experiments as mine on saliva were in existence, or knowing thus much, had quoted the deductions from those experiments with rather more fidelity. In justice to myself, and, what is of greater consequence, *in justice to recorded facts*, I beg to furnish him with a little information.

I never in my life either thought, or said, or wrote, that saliva is *the essential* agent in digestion. I have laboured to prove, that in animals possessed of salivary glands, their secretion is *an agent* of digestion, but nothing more. In The Lancet of May 21, 1842, p. 263, I took occasion to say—"Saliva has the power of modifying, and, *to a certain extent, of digesting*, vegetable and animal substances," &c. And further on, "Without the presence of saliva in due quantity, and of a healthy kind, the stomach would *imperfectly* perform its functions." And in summing up the services performed by saliva in the animal economy, I said that one of those services was, "to *aid* the digestion of food by a specific action upon the food itself." But I never said that food could be digested (properly so called) by saliva, or that the stomach could perform no digestive action without it.

The reviewer further tells us that *he thinks* the saliva acts,

especially upon farinaceous food, *as a ferment!* If he will consult the number of THE LANCET to which I have referred, and the one for May 14, 1842, pp. 217-18, he will find that the experiments therein recorded, directly shew that the action of saliva upon starch is a fermentive one, and that this action is promoted or retarded by the very means which help or hinder ordinary fermentation. And in a foot-note to THE LANCET of May 21, 1842, p. 263, it is suggested, that the lactic acid, which is formed when saliva converts starch into sugar, is probably derived from the action of saliva upon the sugar into which it had previously converted the starch. And it is analogically stated, that a piece of rennet will act upon sugar in the same manner as saliva, though without the loss or addition of any element.

Waterloo-street, Birmingham.

FRACTURE OF THE GREATER TUBEROSITY OF THE HUMERUS.

By W. DUNDAS KEY, Esq. Surgeon, Hoxton.

THE following case, first observed by Mr. E. Lloyd, a student in the dissecting room of the Aldersgate school, and pointed out by him to Mr. Smee and myself, may be worthy of your insertion. The particulars as to the origin of the accident cannot be traced, and I cannot discover any similar case on record.

The point of interest is, that the portion of the greater tuberosity of the humerus to which the tendons of the supra and infra spinatus are attached, has been fractured, a portion of the bone still remaining in the ends of the tendons, the remainder having been absorbed; the tendon of the teres minor is in its natural position; the tendon of the subscapularis partially torn, that of the biceps torn through; the capsular ligament has become adherent to the inferior surface of the acromion, having somewhat the appearance of a fresh articular surface; the glenoid cavity is entire; the clavicle was fractured, I suppose, at the same time.

In the same subject, the radial artery is given off directly below the tendon of the latissimus, its chief peculiarity being, that it is given off *on the inner side*, and crosses the brachial about the middle of the arm; in the hand, it forms the superficial palmar arch; in the leg, the internal circumflex is given off above the profunda, and supplies those parts usually supplied by the obturator, which is unusually small. The preparation of the joint above mentioned is in the possession of Mr. Alfred Smee.

Brudenell-place, Hoxton, Oct. 1844.

BRITISH MEDICAL JOURNALS.

ON THE METHOD OF TAKING PLASTER CASTS.

WE have frequently heard medical men express their regret at not knowing how to take plaster casts of various objects in which they felt interested. The method is sufficiently simple, as shewn by the following directions, given by Mr. Butler, in the "*Zoist*," and copied into the "*Phrenological Journal*." Referring more particularly to casts of the head taken during life, they are equally applicable under all other circumstances.

"In taking casts of the head from life, precaution is necessary, to prevent adhesion of the plaster; for this purpose a lather of soap and water is employed, of a consistency similar to that used in shaving, or even stronger. With this the hair must be saturated and combed or brushed down close to the head, after which the soap and water is again applied abundantly to the smoothed surface, and, sometimes, if any doubt exist of perfect security against adhesion, the lather may be applied even a third time.

"In mixing the plaster, let a basin be nearly filled with water, and the plaster carefully and gradually but quickly scattered in with the hand until it rise to the surface, when it may be stirred with a common iron spoon. Care is necessary, in doing this, to prevent the formation of lumps.

"It will be understood that the mould must be removed from the head in sections. The simplest form of division is in two parts; the line of separation running from the throat to the back of the head, so dividing the whole into two equal portions. For this purpose, and before the application of the plaster, a thin string is passed over the face, dividing it down the centre of the nose, and again passing over the head down to the nape of the neck. This string should be arranged before the plaster is laid on. Divide the plaster into two portions; one of which place in any earthen vessel approaching in shape the back of the head, and sufficiently large to admit of immersion for the greater facility of applying the plaster. The person should be placed in a recumbent position, and the back of the head immersed in the vessel provided for the purpose, while the other portion is to be gently but quickly laved over the face, previously moistened with a little sweet oil. The eyebrows it will be necessary to moisten with the soap lather, as also the whiskers and the eyelashes with a little oil. The whole of the head is thus covered, the nostrils of course being left open; it would, however, be advisable that novices should place quills just within the nostrils, to avoid inconvenience. The mould should be consolidated by the repeated addition of plaster, until it is of the thickness of about half an inch, when it may be divided by drawing up the string; this must be done before the plaster acquires too great a degree of induration; then the mould may be removed without difficulty.

"The greatest care must be observed in casting the ears, in order to prevent the plaster from adhering internally or even externally. Let the whole of the crevices be well stopped with a mixture composed of soap and oil, of about the consistency of thick paste; and it may be well to observe to the inexperienced operator, that should any of the plaster form internally, it would be productive of, at least, extreme inconvenience.

"*To take casts from the mould.*—Immediately after the removal of the mould, tie it together and saturate it with water by steeping it during three or four minutes; and before the moisture has disappeared from the surface, pour in at the opening at the throat a quantity of plaster of the same consistency as before, and this, by turning the mould round, must be made to flow into every part of it. The plaster will be thus added until the cast be of the thickness of about half an inch. When this substance has been acquired, let the whole stand for a few hours, after which the mould may be removed from the cast by the careful use of a mallet and chisel.

"*The multiplication of casts.*—Dry the original casts thoroughly; then with a brush and some boiled oil go over the surface two or three times, after which the cast must stand for a day or two, to allow it to dry, when it will be in a fit condition for the formation of the mould. For ordinary purposes the mould may be made in three pieces, of which the back of the head as far as the ears, but not including them, constitutes one, and the face, equally divided as before, affords the other two, an ear of course attaching to each. This operation is performed piecemeal. The part receiving the plaster must first be thinly coated with a mixture of oil and grease, (hogs-lard or tallow,) to prevent adhesion. When the piece is of the necessary thickness, remove it, and trim the edges with a sharp knife, after which replace it on the cast, and having greased the edges, proceed to the formation of another portion, which of course will adapt itself to the edge already prepared. When the mould is made, put it together, dry it perfectly, then oil it in the manner before described with reference to the cast, and in the course of two or three days it will be in a fit state for casting, taking care to coat it with oil and grease before taking each cast."

RECIPROCAL INFLUENCE OF THE NERVOUS AND SANGUIFEROUS SYSTEMS.

The bloodvessel and the nervous fibre are the first parts which receive life, and the last which lose it. Anatomy shews that they are always associated together in the cellular substance, which serves as a bond of union between them. Physiology displays them invariably acting in unison—and Pathology finds them very generally acting the one upon the other. Let us cite a few examples in illustration of these propositions:—

A young girl, returning home one morning, was insulted by a soldier, who clasped her round the waist. She chanced to have the catamenia upon her at the time; the secretion was at once checked, and did not again return.

The mother of one of the young soldiers in the army of Italy, 1798, was told of the death of her son: she started up for a second, and the menstrual discharge ceased that very moment.

These are instances of the action of the nervous on the sanguiferous system; the following exhibit the action of the sanguiferous on the nervous.

A young Creole girl, of an hysterical constitution, was seized with spasm of the throat, which for two days prevented her from swallowing anything. She was bled; and from the moment that the blood began to flow, this spasm gave way, and she could swallow with ease.

A plethoric woman is advanced beyond the middle of pregnancy without having quickened; draw a few ounces of blood from her, and the first movements of the fœtus will probably be felt forthwith.—*Medico-Chirur. Review.*

MEDICAL MEMORANDA.

Quinine in Ague.—Dr. Stratton thinks a single large dose in the interval, cures more rapidly than repeated small doses.

Treatment of Neuralgia.—Dr. Jacques, of Antwerp, recom-