

sult seemed more perfect, but, as I have said, the same procedure would be rather inconvenient in practice.

The results were found to be identical in three successive experiments, at intervals of several weeks.—Yours faithfully,  
EDWARD LONG.

## ON A CASE OF

## INDUCTION OF PREMATURE LABOUR,

AND EXTRACTION OF THE PLACENTA TEN DAYS AFTER  
THE EXPULSION OF THE FÆTUS.

BY CHARLES ROBERTS, M.R.C.S., &c.

THE following case tends to prove the great advantage to the poor of cottage hospitals; and also helps to bear out the remarks of Dr. Playfair at a meeting of the Obstetrical Society, reported in THE LANCET of Oct. 22nd, that "retention of secundines was most likely to occur in the third and fourth months."

The patient, aged thirty-nine, has for years had contraction of the pelvis, and of four of her children that are now living she has been delivered by forceps. More than two years since, having gone her full time, it was found impossible to deliver with forceps, and craniotomy had to be performed, after which she was delivered with difficulty. About fifteen months ago, being then five months pregnant, premature delivery was induced by puncturing the membranes, and all went well.

On the present occasion, being again gone in the family-way between three and four months, I introduced on the 26th of July a sea-tangle tent into the os uteri. This was retained till the 29th, when it was expelled. Next day I introduced another, which was expelled the following day. On August 1st I introduced a third, and in the evening the membranes ruptured, and liquor amnii escaped. Ergot was then given every four hours; but it was not until the 4th that regular pains made their appearance, and the funis descended into the vagina. On the 5th I sent her to the Hillingdon Cottage Hospital, and on that day soon after admission the fœtus was expelled. I saw her within an hour, and found there was no effort to expel the placenta, and the os uteri so closed as to barely admit the tips of two fingers. Not a drop of blood had escaped. All my efforts to get at and remove the placenta failed, although I tried again that evening and also the following morning; so I had to content myself with giving several doses of ergot, and await the course of events. Things went on in this condition for six days. She improved in health, and there was not the slightest bloody or fetid discharge. On the night of the 11th July, however, some considerable quantity of blood and several clots passed. The nurse did not call me, thinking the placenta was among the clots. This, however, I found not to be the case, and gave her directions to send immediately if fresh hæmorrhage occurred, in the hope that from loss of blood the os might yield, so as to admit of my extracting the placenta. At 11 p.m. on the 15th, fresh hæmorrhage to a considerable extent took place, and she became faint. I was then able to introduce two fingers into the uterus with much difficulty, and found the placenta firmly attached on the left side of the fundus, but succeeded in detaching and removing the whole piecemeal. The operation took two hours. On the evening of the next day symptoms of peritonitis showed themselves, but were quickly allayed by opium and turpentine stupes. From that time she made a rapid recovery, due in a great measure to the constant attention, good nursing, and diet, which she could not have had at home.

Uxbridge, October 31st, 1870.

## AUTOPSY OF A CASE OF CYANOSIS.

BY W. H. SHEEHY, L.R.C.P. ED., M.R.C.P., &c.

M. M.—, aged sixteen, was seized, in going upstairs, after she had partaken of supper, with a fit of giddiness with sickness and vomiting. She was assisted into her room, and on being placed on the bed fainted, as her mother thought, and I was at once sent for. I found her dead, with dark

purplish-blue colour of body and face generally. From the parents' statement I gleaned that she had been examined by two medical men at separate intervals, both pronouncing her case to be heart malformation, due to the existence of "a passage between the auricles." I had never attended her. Owing to some opposition on the part of the parents, the post-mortem was delayed, and decomposition had set in considerably.

*Autopsy, seventy-two hours after death.*—Rigor mortis almost complete. Body apparently well nourished. No marks of violence. Intense purplish-blue colour of face and body. Venous blood oozing from mouth and nose. General emphysema of subcutaneous areolar tissue; felt like lung-tissue. Scalp deeply congested. On removing the calvaria there was an escape of a large quantity of black, venous blood,—nearly a pint I should think. Dura mater contained extravasated blood; brain-substance less firm than in health; sinuses contained black blood. The pleuræ were adherent throughout. Lungs congested and emphysematous. Areolar tissue of mediastinum emphysematous. Pericardium contained about a teacupful of dark-coloured fluid. Heart congested, large, and flabby, and was empty, with the exception of a small clot in right ventricle, weighing twenty ounces. Foramen ovale closed, having two transversely oval foramina, about the size of a large blanket-pin's head, about its centre; on making the membrane tense transversely, their edges were brought into apposition. Ventricles considerably hypertrophied, with some degeneration of the substance of the walls. The septum was occupied superiorly by an abnormal aperture the size of a florin, allowing communication between the ventricles. This foramen was partially closed during systole by a membranous prolongation of the lining membrane in the form of a lunated valve, the concavity being directed towards the apex, and connected to the walls of the ventricle at its free edge superiorly by fasciculi resembling cordæ tendinæ. Valves healthy, but somewhat thickened; pouch of Valsalva enlarged. Abdominal viscera generally congested.

There can be no doubt that death was caused by the exertion of walking up-stairs (having always been carried previously), paralysing the heart with præcordial oppression, &c., which, from the distended state of the stomach with food, produced vomiting, by irritation of pneumogastric nerve; the effort rupturing the already over-distended superior longitudinal sinus, causing extensive extravasation of blood between surfaces of the dura mater, and pressure of brain (venous apoplexy).

Claremont-square, September 1st, 1870.

## 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. Proœmium.

## ST. GEORGE'S HOSPITAL.

THE OPERATION OF SKIN-TRANSPLANTATION; CLINICAL  
REMARKS.

By Mr. POLLOCK.

On the 3rd inst. we were present while Mr. Pollock performed the operation of skin-transplantation which he has introduced into this country. He pointed out that the sore on which he was about to operate, which was a rupial ulcer, presented a feature which was, in his experience, frequently to be observed in ulcers of that nature, and possessed a special interest in connexion with the question of skin-grafting—namely, a number of central points of cicatrisation pre-