

tumour, formed by the head of the child, covered by the inferior region of the uterus. The only trace of the cervix, or os uteri, was two or three hard transversal lines, crossing each other at acute angles, and situated at the superior and posterior part of the vagina, near where the posterior lip of the cervix ought to have existed.

The head of the fœtus was felt plainly by the rectum. A sound introduced into the bladder, and directed upwards, was arrested by the head, behind the symphysis pubis; directed downwards, it slipped along the side of the head to within half an inch of the most prominent part of the eminence formed by the fœtus in the vagina, the extremity of the sound being easily felt through the parietes of the vagina and uterus. It was therefore evident that the head, in passing through the brim of the pelvis, had carried the bladder along with it, much lower down than is ordinarily the case. The orifice of the urethra was sufficiently dilated to admit the little finger, a circumstance worthy of notice. An attentive examination of the above data led to the following conclusions:—That there was complete obliteration of the orifice of the uterus; that the absence of the orifice could not be attributed to obliquity, as there was no opening to be found in any region of the eminence formed by the head, covered by the uterus and the superior part of the vagina; that the occlusion of the uterine opening was the result of the adhesion of the lips of the os uteri, as indicated by the linear cicatrices; that the position of the head was occipito-anterior; that the obliteration of the os was the only obstacle to delivery; and that this obstacle could only be overcome by vaginal hysterotomy.

The operation was deferred until the following morning, (it was then the middle of the night,) in order to take other advice, and all being unanimous as to its necessity, it was performed in the following manner:—An assistant first introduced two fingers, the index and the medius, into the vagina, the palmar surface being directed upwards, so as to compress the bladder against the arcado of the pubis, and so as to rest their extremities on the anterior region of the fetal eminence. Dr. Oua himself introduced the index and medius of the left hand into the vagina and as far as the fetal tumour, the palmar surface turned downwards. The rectum and the bladder were thus protected, and a space of about an inch circumscribed on the most prominent part of the tumour by the four fingers. He then, with a bistoury, the blade of which was protected by linen until within a few lines of the extremity, made an opening transversely, six lines in width, in the region corresponding to the cervix. The incision was made carefully, by degrees, and was two lines and a half in thickness; nature was then left to herself. The labours became more acute and continued, and soon afterwards the vertex presented at the artificial opening, surrounded by the membranes. In the course of an hour the membranes broke, the liquor amnii escaped, and the head passed through the new orifice. Two hours and a half afterwards, the delivery terminated, without much hemorrhage, and without any other accident than incomplete laceration of the perinæum. The child was born in a state of syncope, but was easily re-animated. The woman was prevented suckling, owing to a slight attack of intermittent fever, which necessitated the administration of quinine. A month after she was quite well, although weak. The lochial discharge took place through the artificial os uteri, as usual. Two days after the operation, the circumference of the opening had a puckered appearance; its transversal diameter was an inch and a half, and the antero-posterior rather less. It has since become still more reduced in size, but it admits with ease the extremity of the index. Beyond the orifice there extends a narrow passage, about half an inch in length, which may be said to represent the normal uterine neck. As this orifice may tend to become obliterated, it will be necessary, says Dr. Oua, to employ proper means to prevent such an occurrence.—*Journal de Chirurgie.*

72. *Plurality of Births.* By Dr. J. G. RUTTEL, of Weissenburg.—As a general rule, there is only one child at a birth; but it is well known that some females have a predisposition to the production of twins, or even triplets. Among 7,774 births, there were 74 cases of twins, or 1:105; and one woman, a peasant, bore twins five times. In 1840, out of 574,293 births in the kingdom of Prussia, there were of twins 6381 cases, or 1:90;—of triplets 72 cases or 1:7976; and of quad-

ruptlets 1 case. In the nine years from 1826 to 1834, there were 645 cases of trip-lets. From various sources of information, public and private, I have met with fifteen cases of quadruplets, and four cases of quintuplets. At Drogi, in Bessarabia, in December, 1831, a peasant woman of ordinary strength bore six children at a birth! They were born alive, but died within twenty-four hours. It is a question, whether taking an equal number of cases, these plural births are not much more frequent among the poor than among the upper classes of society.—*Lond. Med. Gaz.*, Aug. 1845, from *Zeitschrift der Staatsarzneikunde*, 1844.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

73. *Phosphoric Acid*.—Variety in its effects when pure or impure. (*Caspar's Wochenschrift*.)—Many physicians (in Germany?) are of opinion, that the continued use of medicinal doses of phosphoric acid prove injurious to the coats of the stomach, that this is indicated after death by red or reddish-brown spots. Others again assert that they have employed it for many years with uniform success, and no injurious consequences.

This discrepancy induced MM. WERNEK and KRUH to conjecture that the difference was owing to some chemical change in the article prescribed. That the acid might contain some phosphorous acid, and even possibly in some cases, arsenious acid, and thus the injurious effects might originate from these.

Pure phosphoric acid was prepared—then phosphorus was treated with a diminished quantity of nitric acid, leaving phosphoric acid containing phosphorous acid, in the proportion of ten per cent., and lastly phosphoric acid was made, containing a quarter per cent. of arsenic.

A series of experiments were undertaken on rabbits. It was at first intended to give it to them in divided doses, similar to the mode pursued when administering to the human subject, but this was found impracticable. The acids in a concentrated state were then given, by applying them in drops to the base of the tongue. The result was, that the pure phosphoric acid induced no injurious result, but the adulterated caused a *gangrenous phlegmasia* of the mucous coat of the stomach, and the cause of this evidently was, the development of phosphuretted hydrogen. The arsenical phosphoric acid proved to be a violent poison, even in small doses.

The experimenters are hence of opinion, that when gastric injury occurs, it must be owing to the use of an impure phosphoric acid—or in other words, its containing phosphorous acid—a circumstance (they add), which may readily occur, when sufficient nitric acid is not employed in its preparation.—*Encyclopédie des Sciences Médicales*, February, 1845. T. R. B.

74. *Feigned Disease*.—"A young person of hysteric disposition was bled and soon afterwards became affected with contraction of the fingers into the palm of the hand. Under the idea that the nerve had been wounded, the cicatrix left by the venesection was removed; the spasmodic action of the fingers immediately became relaxed, and their use was restored. By degrees, the spasm returned, and the operation was repeated with the same good effect, less prompt but not less perfect than before. The spasm returned a third time.

"I now began to suspect that even this strange degree of spasm, during which the nails actually grew into the palm of the hand, was not altogether real. I suggested that the patient should be blindfolded, and that a mock operation should be performed. It was performed: superficial but painful lacerations were made in the integuments; it was pretended that a nerve was laid bare, was divided, and it was loudly said, "Now the spasm will cease, and she will open her hand," and she did open her hand! Water was coloured with the tinctura *lavandulae composita*, for the want of blood. Again, after a time the spasm seemed to be returning, but now the whole truth was told, and the patient, for fear of exposure, took care to remain well."

This case is quoted from Dr. Marshall Hall's *Practical Observations and Suggestions in Medicine*, in the *Medico-Chirurgical Review*, with the observation, that if