

of the spinal cord, and, under its influence, the cervix uteri became relaxed, and expanded after the first application, and uterine action set in after the second, which was followed by the expulsion of an organized membrane, upon which the hemorrhage ceased, and the patient rapidly recovered. The second was a case of placenta prævia, in which several alarming hemorrhages had occurred before labour had commenced. In this, a sustained current, applied in the manner stated, for six hours, not only prevented any further hemorrhage, but so accelerated the dilatation of the os uteri that the hand was readily introduced, and delivery completed with safety to the patient, although the child, from the extensive separation of the placenta, was stillborn. In a third, excessive hemorrhage had occurred in a primipara in the last month of pregnancy, and, as the placenta was felt to be attached to the cervix uteri, it was thought desirable to bring on delivery. With this view, a sustained current was applied for three hours; the hemorrhage was almost immediately arrested, and the labour had advanced so rapidly, that, in a few hours afterwards, it was completed by the birth of a living child. The author referred to other cases, in which he had successfully employed galvanism in obstetric practice, and, with reference to those related, submitted that they appeared to him to warrant the three following conclusions:—

1. That a sustained current of electricity, of moderate intensity, passed through the gravid uterus in the manner described, exercises a remarkable influence in increasing the tonic and contractility of the uterine fibre.

2. That, in such increased tonic and contractility of the uterine fibre, so excited and sustained, we have a powerful and reliable means of moderating and controlling uterine hemorrhage, whether of the accidental or unavoidable variety, and of simultaneously accelerating the dilatation of the os uteri and the general progress of the labour.

3. That such sustained current of electricity may be continued for a lengthened period, when the object to be attained requires it, without any appreciable pain or inconvenience to the mother, or danger to the child.

In conclusion, the author briefly considered the objections which had been raised to the employment of galvanism in obstetric practice, and pointed out some fallacies, as he believed, in the conclusions which had been arrived at by Dr. Simpson.

Mr. Foster said he was present at one of the cases referred to by the author, and went to it with a prejudice against the use of galvanism in the manner described, believing that it could have no effect over the contraction of the uterus, and in preventing hemorrhage in placenta prævia. The result, however, satisfied him that Dr. Mackenzie's experiments deserved the careful attention of all who followed obstetric practice. He had never seen anything that controlled the hemorrhage of placenta prævia so perfectly.—*Med. Times and Gaz.*, March 6, 1858.

55. *Influence of Pregnancy and Delivery on Insanity.*—M. MARCÉ thus concludes an interesting paper illustrated by cases. 1. We cannot protest too strongly against the practice of those physicians who advise or allow pregnancy in insane women, for it results from the facts mentioned in this paper that, in the great majority of cases, pregnancy and delivery, so far from exerting a favourable influence on insanity, seem, on the contrary, to hasten on the progress of the disease towards dementia. If in certain exceptional cases (2 in 16) pregnancy has suspended the progress of the disease, the improvement has been only temporary, and the insanity has reappeared after delivery. 2. In some few cases (4 in 16), remarkable especially for the predominance of erotic symptoms, pregnancy has exerted a beneficial influence on the cure. 3. When insanity becomes developed during pregnancy, it very often remains incurable, even after delivery, or is cured so long after that no influence can be attributed to the latter in the termination of the nervous affection. 4. Sometimes, however (3 in 10 cases), the disease disappears after delivery, and these cases must be regarded as sympathetic. 5. Delivery in the insane is often remarkable for the slight amount, or even complete absence of pain.—*Annales Medico-Psychol.*