

more frequent. At six p.m., the membranes broke, head presenting. The pains occurred at short intervals, and were strongly bearing during Friday night. This morning, at six, an intelligent friend of mine was sent for. The pains had then abated, returning at long intervals; a considerable tumour of scalp projecting to within a short distance of the outlet of the passage; the os uteri anteriorly closely and tightly encasing the head. The patient, moreover, having a hot, dry skin, and being thirsty, sixteen ounces of blood were taken from the arm. A temporary increase of labour pains was the consequence; the condition of the os uteri remained as before. At my visit, I found the head impacted firmly in the pelvic brim, a considerable protrusion of scalp reaching to within a few lines of the vulva; the anterior segment of the os uteri tightly embracing the head; the genitals hot and dry; pulse 110; considerable turgescence of the face; the bladder had been relieved. I ordered a repetition of the bleeding, which was carried to the extent of eighteen ounces, after which the os uteri could nowhere be felt; it had become obliterated. The patient felt cooler and more comfortable; the vaginal mucous membrane as well as the skin had lost its dryness. At half-past three p.m. I visited her again. No progress; the impacted state of the head unaltered; the pains, as if by a wise provision of Nature, had remained as feeble as before. The head had been fixed for twelve hours; any change which had taken place in that time had consisted alone in a greater and greater protrusion of scalp; the bony part of the head had not progressed in the least. Further delay being needless and unsafe, for the obvious reason sufficiently alluded to in the cases previously detailed, the delivery was forthwith completed by the perforator and guarded crotchets. The placenta was thrown out of the uterus in a few minutes by the spontaneous efforts of that organ, which, now relieved from its load, seemed at once to recover its natural energies. The pulse sank after delivery, within an hour, to eighty. The child was above the average size, and a male.

8th.—Ten a.m.: No pain; had slept well without an opiate; had passed water; pulse 78. Ordered, castor-oil, six drachms. The ordinary management, after a natural labour, was pursued, not a single bad symptom occurring. I told the patient she would next time, most probably, become the mother of a living child, and I have had an opportunity of knowing that she has in this respect obtained her wish.

*Remarks.*—The depletive treatment adopted, and timely, during the labour, was no doubt the means of ensuring to this patient so prosperous a convalescence after delivery. The entire duration of this artificially completed labour might be stated at thirty-six hours. Of this period, fifteen hours were occupied by that part of the labour which preceded the rupture of the membranes and escape of the waters, technically termed the first stage. Of the remaining twenty-one hours, the bony part of the head might be said to have occupied a fixed position during the last twelve. In many, I would say in most cases, it would not be safe to allow of the head's pressure upon the same tracts of tissue for that space of time; but a due knowledge of the principles of our art, and an accurate observation of the circumstances of each case, will, with rare exceptions indeed, inform us of the extent to which we may safely place trust in the natural powers.

Under the general and local circumstances of this case, with the timely treatment to which it was submitted, the delay incurred was admissible and justifiable, and the more especially when it is moreover borne in mind, that the first child of our patient, although a still birth, was born without artificial aid at the full term of gestation. That there was room for the passage of a child of average size was apparent to me on careful examination of the capacity of the pelvis after the birth of the child, and the result has confirmed my opinion.

Russell-place, Fitzroy-square, Dec. 1845.

## POISONING BY TARTAR EMETIC, AND APPEARANCES AFTER DEATH.

By DAVID HARTLEY, Esq., Surgeon, Cheltenham.

Two children—a boy, aged five years, and a girl, three years of age—were each given a powder containing about ten grains of tartar emetic, mixed with a little sugar. The boy died about eight hours afterwards; the girl lived for four or five hours longer. Mr. Newman and myself were ordered by the coroner to make the necessary examinations of the bodies; this we did about one hundred and eleven hours after the death of the first child, whose body we found not at all emaciated, or presenting any external signs of disease. The

abdomen was not distended. On opening the thorax, there was a slight adhesion of the left pleura, and about three drachms of serum were found in the right pleura. The anterior surface of the lungs appeared healthy; the posterior surface more red than usual, particularly at the lower lobe of the right lung; heart natural; there was a little dark blood in the right ventricle; the coronary vessels were very fully injected. In the abdomen, we found the liver healthy, the gall-bladder empty, the peritoneal coat of the intestines injected, evidently from recent inflammation. The stomach and its contents were removed. The mucous membrane of the duodenum was inflamed, and covered with a whitish-yellow viscid secretion; this was observed throughout the intestinal canal, though more yellow in the colon and rectum; there was no ulceration. The other abdominal viscera were healthy, and presented no abnormal appearance. The jaws were so firmly set, that there was great difficulty in opening the mouth. The tongue was covered with a white fur, and appeared soddened; the fauces were not inflamed; the trachea and oesophagus had a natural appearance. On opening the cranium, the dura mater was found very vascular; the longitudinal sinus contained a coagulum of lymph, but very little blood; the vessels on the surface of the brain were very much injected with dark blood, the whole surface having a deep-purple appearance. Every portion of the brain, when cut into, presented many bloody points; the cerebellum and medulla oblongata were also extremely vascular; there was no effusion in the ventricles, or at the base of the brain. The stomach (the peritoneal coat of which was inflamed) contained about two ounces and a half of dark grumous fluid, but it was not distended with gas. On opening this viscus, the mucous membrane was found very much inflamed about the larger curvature, also at the cardiac orifice; there was no ulceration; the contents were very adherent to it, and in one place was a patch of lymph. On testing the contents, there was a slight acid reaction; but no test that was used indicated the presence of any antimony, although the same tests applied to a mixture of one part of solution of tartarized antimony, and two of distilled water, displayed the characteristic appearances.

In the other child, the morbid appearances were similar, though not to the same extent; there were also patches resembling the eruption of scarlatina on the arms, legs, and neck. The arachnoid membrane was more opaque than usual; and on the mucous membrane of the stomach, where the inflammation was greatest, were two or three white spots, each about the size of a split pea, and which, with the aid of a magnifying glass, appeared to be the commencement of ulceration.

I did not see either of the children before death, but I ascertained from the relatives, that about twenty minutes after taking the powders, they had been seized with violent vomiting and purging, and great prostration of strength, followed by convulsions and tetanic spasms. Mr. Newman, who was called in after the death of the first child, found the little girl had a remarkable distortion of countenance, with strabismus, violent convulsions of the limbs, and a peculiar tetanic spasm of the jaws, as though she was endeavouring to bite anything within reach; there was also great thirst, and extreme prostration of strength.

The children were said to have been in good health till the morning on which the powders were taken, when they complained of pain in the back, and headach, for which symptoms the mother had usually administered emetics.

Cheltenham, April, 1846.

## FRACTURE OF THE HUMERUS, WITHOUT THE APPLICATION OF VIOLENCE.

By J. BERNCASTLE, M.D., M.R.C.S. Eng., Croydon.

THE following instance of almost spontaneous fracture of the humerus occurred to a man named Williams, aged thirty, an excavator on the Epsom line of railway. He was in the act of lifting from the ground with his left hand a piece of wood about a foot in length, and not weighing more than ten pounds, intending to place it on his right shoulder, when he suddenly heard something snap and break. He applied immediately for advice; and on examination, the left humerus was found to have sustained a complete transverse fracture at about the middle of the shaft of the bone. A fracture having taken place from such an unusual cause, led me to inquire minutely into the history of the man, and I found, that six years ago he had gonorrhœa, for which he salivated himself. Three years back, he was laid up with rheumatism at Guy's