

sented to the orifice of the womb, which I immediately extracted, and though the head was far advanced in the passage, yet I put it back into the womb, and taking hold of the feet, brought a living though very weak child into the world."

Here we see the plan recommended by Dr. Simpson, taught and practised in Dublin above a century ago. I believe, however, that in these cases there are points of practice not sufficiently insisted upon by the great disputants on this question, whilst unnecessary importance is given by the contending parties to the fact of extracting the placenta before or after the child—a circumstance which, in my humble opinion, contributes very little, if anything, to the safety of the mother or the child.

I have seen, during a practice of upwards of twenty years, several cases of placenta prævia, only two of which have been fatal to the mother. To one of these fatal cases I was called in consultation only last week. The moment the membranes were ruptured, the patient had a convulsive fit, and died almost instantaneously. In this case, the patient was weakened by various causes, but especially by a sudden hæmorrhage, which took place two or three hours previous to my visit.

From what I have observed in my own practice, and in the practices of others, I am inclined to refer the great mortality, in many of these cases, not to the extraction or non-extraction of the placenta before delivery, but to the continued drainings, often for days, with occasional gushes of blood. Thus, a medical gentleman, on visiting a case of this sort, is apprised that there has been considerable hæmorrhage—the linen, perhaps, has been removed, and probably he does not request to look at it; he feels the pulse, and fancies that there is considerable power in it, and that the hæmorrhage has not done much mischief yet. He prescribes a little medicine, and promises to see the patient again in the course of a few hours. Drainings and discharges of blood still go on; but the patient and her attendants, lulled into assurance by the Doctor, may not request another visit until the animal strength is so far reduced, that the fatigue and irritation arising from the painful operation of turning cannot be endured, and death closes the scene. I speak as a practical man, and am certain that a criminal delay in the performance of a necessary obstetric duty is frequently as fatal in its consequences as the most rash interference, either manual or instrumental, can possibly be. In hæmorrhage attending placenta prævia, how foolish it is to wait even for a moderate dilatation of the uterine mouth!—a dilatation which, if left to Nature, will probably never take place. It is also equally absurd to trust the recurrence of hæmorrhage to mere chance: a sudden gush of blood may occur, and the patient may die almost instantaneously.

The mode of practice which I have followed in these cases with so much success is derived from principles taught me by the late Dr. D. D. Davis. I well remember him urging his class in Webb-street, in these and similar cases, to do what he forcibly termed "the one thing needful"—to use the plug.

When called to a case of placenta prævia, should the os uteri be so far contracted as not to justify me in dilating it, or should the vital powers be so exhausted by previous hæmorrhage as to preclude the probability of a safe delivery by manual interference, I invariably plug and apply a bandage sufficiently tightly round the abdomen to prevent any likelihood of internal hæmorrhage. In the course of twelve or twenty-four hours the strength of the patient becomes recruited, and the probability is, that the os uteri will be dilated or more dilatable; if so, I follow the plan recommended by Ould, and almost invariably with success.

The abstraction of the placenta before or after the child I consider to be, in most cases, if not in all, a mere matter of convenience to the practitioner, and not at all involving the question of safety. The mode of plugging is, in my judgment, a much more important question; the use of some materials giving great and unnecessary pain, whilst others are introduced far more easily, and answer equally well.

My friend, Mr. Hardy, of Hull, has invented a kind of speculum, very short, and giving room for the finger to pass up easily. By means of this instrument, the operation of plugging can be performed with much more ease to the patient than in those cases in which this contrivance is not had recourse to. The substances generally employed are linen rags wet in water, vinegar-and-water, &c.; but the use of these things gives great pain. Strips of an old silk handkerchief well oiled, lint dipped in oil, sponges dipped in oil, are quite as serviceable, and are far less painful in their application.

I have, in one or two cases, plugged a second, or even a third, time in cases of placenta prævia, and no ill effects have, in any instance, arisen from the practice.

Birmingham, June, 1846.

## USE OF ERGOT OF RYE IN DYSENTERY.

By FREDERICK S. GERVIS, Esq., Surgeon, Tiverton.

I ATTENDED, at the close of the year 1844, an obstinate case of dysentery in a woman about fifty years of age. She had been ill for two months before she sent for me, and had discharged blood daily from the bowels. When I first saw her, she complained of pain in the bowels, flatulence, and discharge of blood with every dejection, which, on examination, had the muco-sanguineous appearance common to dysentery. I submitted her at once to a very rigid diet, and made a trial of the diacetate of lead with opium every four hours during the first three days, in a mixture, in conjunction with distilled vinegar. Finding this treatment unsuccessful, I gave her opium with the chloride of mercury twice a day, and an astringent mixture, composed of tincture of catechu and a bitter infusion, with small doses of castor-oil, at intervals. These remedies, with decoction of pomegranate, logwood, &c., were continued with some variation for a fortnight, when I could discover no great improvement to have taken place. The discharges from the bowels were still sanguineous, and the dull pain she had complained of had not subsided. I then decided on making a trial of the ergot of rye, in conjunction with tincture of steel, as follows:—Battley's solution of secalæ, one drachm; tincture of sesquichloride of iron, one drachm; water, six ounces. Mix, and give a quarter part every four hours. After the first mixture had been taken, I found a visible improvement had taken place. The ergot had produced slight pains in the bowels; but after she had taken three of the above mixtures, the bloody discharge and other symptoms had entirely ceased. There was no return of the complaint after this period; and considering the effect produced by the ergot to have been so decided, I have thought it desirable to ask the favour of the insertion of this case in *THE LANCET*. The properties of ergot are invaluable in cases of hæmorrhage arising in other parts of the body; and in a severe case I lately had under my care, in a young man, of hæmorrhage from the urethra, which continued for days, I found that the ergot with the steel mixture succeeded most effectually.

Tiverton, May, 1845.

## ACCIDENTAL POISONING BY OXALIC ACID.

EXTRAORDINARY RECOVERY.—REMARKS ON THE NECESSITY FOR A LIMITATION TO THE SALE OF POISONOUS DRUGS.

By J. R. BRUSH, M.D., M.R.C.S.L., Scots Greys.

MR. THOMAS W—, aged sixty, the cantéen-man of the Portobello Barracks, Dublin, of tolerably good constitution and regular habits, took, on the morning of the 15th of April, an ounce, good weight, of oxalic acid—an article which he has been in the habit of selling to officers' servants, for cleaning boot-tops, &c. He stated that he dissolved the acid in a tumbler-full of boiling-water on the previous night, mistaking it for Epsom salts, and that he took the whole of this about half-past four A.M., having previously stirred up the same. Immediately after swallowing the dose, perceiving from its acidity that he had taken the wrong medicine, he went from his bedroom to the shop to ascertain the nature of the substance. On discovering his mistake, he attempted to produce vomiting, by thrusting his finger down his throat, in which he partially succeeded, a period of about ten minutes having elapsed. He then swallowed about a pint of warm water, which again produced slight vomiting, and he sent over to the hospital of the Royal Artillery, the steward of which gave him an emetic of tartarized antimony and ipecacuanha. This he took with copious draughts of warm water, which produced free vomiting of dark grumous blood mixed with mucus. I was then sent for, and immediately administered a quantity of prepared chalk suspended in water, together with a tumbler-full of the whites of eggs, and I lost no time in using the stomach-pump, fully half-an-hour having elapsed from the period of taking the poison to that of employing the instrument, previous to which the patient had a dark-coloured evacuation. About two quarts of fluid, holding a considerable quantity of prepared chalk in suspension, were then thrown into the stomach, and vomiting was induced before the tube of the instrument was removed, the whole contents of the viscus being subsequently evacuated by the pump. After this, he again took a tumbler-full of prepared chalk-and-water, and also of the white of eggs, which he experienced great difficulty in swallowing, and was then put to bed, and left in the care of his usual medical attendant, Mr. Robert Newland, of Upper Camden-street, Dublin, with whom I subsequently watched the progress of the case. About two hours from the