

plethora or other cause, be towards the cerebral cavity, apoplexy is produced by exposure, or the absence of care, during the season of cold and damp in Europe. When the liver becomes the seat of congestion, this morbid condition may be confined to the venous trunks, or to the whole secreting parenchyma; or it may extend to both. In either case it is a serious state of disease.

I have seen many persons also, whose relatives at home were weak-chested and consumptive, become subject to severe chest diseases from the same cause. In short, if the sufferings were great, under the long continued exposure to the tropical heats, they are neither small nor unimportant under its opposite in Europe—especially under exposure to damp cold, which exercises a peculiarly baneful influence. My experience here in the last nine years would lead me to conclude that, if there really be any such immunity from cold during the first year of residence in England, as we hear spoken of so generally in India, it is enjoyed only by the healthy and the robust. Numberless examples have satisfied me as to the truth of this observation. A dry, or even frosty, cold is well borne, comparatively, even by the enfeebled tropical invalid; but the damp cold produces sensations of indescribable distress and depression in persons possessed of considerable powers of resistance. Many invalids, again, arriving in England in an enfeebled state, seek what they call "the bracing air" of Brighton and other such places during the winter and spring months, in forgetfulness, or in ignorance, that, without a previous restoration of health, this said bracing is impossible of attainment. Many valuable lives are annually sacrificed in this vain endeavour.

More unfounded still is the prevalent notion amongst inexperienced and thoughtless lay persons, that on returning to England from hot climates they are to take leave of all their ailments, at the same time that they need take no care whatever as to their habits. This is only another out of many examples of the facility with which the mass of men receive mere opinions as established facts. It is but the "they say it" of the Spaniards, and that is enough for the unreflecting many. "A moderate acquaintance with mankind," says Dr. James Johnson, "is sufficient to stamp the truth of the remark, that experience seldom instructs the mass." This is quite as true as the observation of the older doctor of the same name, the moralist and lexicographer—viz., that there are some men who are incapable of acquiring experience. In nothing are both remarks so just as in all that popularly relates to health, whether private or public.

(To be continued.)

## OBSERVATIONS IN MIDWIFERY.

By W. MUTRIE FAIRBROTHER, M.D.

### *Complicated Presentation; and a case of Peritonitis.*

PRESENTATIONS of a mixed character, involving serious difficulty and danger, occasionally occur to those engaged in obstetric practice; while some which would otherwise present no serious obstacles to the safe delivery of the parturient woman become complicated by interference, being too long delayed. The following case contains some peculiarities worthy of notice:—

Mary F—, aged twenty-six, having had previously five natural labours, was attended by a midwife in this her last, who requested me to visit her patient at half-past twelve A.M., March 4th. I found the woman suffering but little from uterine pains, which had been severe; the waters had broken one hour before; pulse 100; countenance rather anxious, with slight shivering at intervals. Upon making a vaginal examination, one arm was discovered low down, the shoulder above it, and the other hand could be felt plainly; a coil of the funis had also prolapsed. The bowels having been lately relieved, the bladder was emptied by the catheter, and my right hand introduced into the uterine cavity, with a view to determine more accurately the position of the child. The head was felt lodging against the pubis symphysis, lightly grasped by that part of the uterus which surrounded it; so that only at intervals could the hand be passed towards the fundus, in order to bring down a foot and turn the child. The umbilical cord, which was very long, gave some inconvenience by its position. A foot was brought down as far as practicable, and secured by tape, and now there was slight hæmorrhage. The other foot was found with some trouble, and considerable traction employed without materially altering the

position of the child. Dr. Smythe, of Lambeth, who kindly attended at my request, now arrived. Both feet, one arm, the fold of the funis, were at this time impacted in the pelvic brim, the head doubled on the neck anteriorly, the breech resting on the promontory of the sacrum. A full dose of laudanum was administered to the patient, and she was allowed to rest. Unsuccessful efforts were made to return the arm, and traction was again employed, but uselessly. Another opiate draught was then given, and the use of the forceps suggested to bring down the breech; but at that moment all difficulty vanished, and the child was brought into the world, dead, with the funis four times round its neck, at half-past five o'clock. The expulsive pains had not been strong; the placenta was removed by the hand, and external pressure secured a safe and quick contraction of the womb.

*Remarks.*—Had there been continued expulsive pains for any length of time, and no assistance near, it is possible that this woman might not have been delivered except by a more dangerous alternative than that of turning; but we may often see a beautiful and conservative provision of nature, when, the uterus failing to overcome the unseen difficulty and expel the foetus, the pains are less and less frequent, and sometimes entirely cease. It will also be observed that the fortunate period for turning had passed before my arrival. Several doses of calomel and opium were administered during the following three days, and the woman was spared a second danger by escaping peritonæal inflammation.

And this leads me to relate a case of that disease, which recently occurred in the person of a woman who watched her sister in the agony of labour, and being pregnant, was immediately seized herself. After delivery, no untoward symptom arose until the fourth day, when a circumscribed abdominal pain and tenderness were complained of, and rapidly increased. The lochial discharge was suppressed; the milk was not entirely lost, but the headach was intense. The patient, already emaciated, had paroxysms of severe pain; the countenance was extremely distressed; the vomiting frequent; pulse 120. Calomel with opium were given, a blister applied to the epigastric region, and rectified ether taken in effervescing draughts. The tenderness of the abdomen was excessive, but the fear of being touched or pressed was not confined to this part; in fact, there were symptoms of an hysterical character, but most assuredly the danger was imminent. The opinion of Dr. Tyler Smith was obtained, who expressed to me his belief that she would ultimately do well. A few leeches were ordered to be placed below the navel, the calomel continued, and the ethereal mixture. The breasts were drawn, and the bowels relieved by an enema of castor oil. After the subsidence of the inflammation, the patient was seized with painful diarrhœa and tenesmus, and this being relieved by remedies, she slowly recovered.

*Remarks.*—This mixed form of peritonitis is not frequent, and general depletion is borne with less than in any other variety of this disease. It is a great question how much policy is shown by resorting in the other puerperal forms of this fearful malady to prompt and extreme bloodletting. The sequel of many recorded and related cases treated thus is not very satisfactory.

London-road, Southwark.

## REPORT OF A CASE OF COMPOUND FRACTURE OF THE CRANIUM, AND HERNIA CEREBRI.—RECOVERY.

By ROBERT W. CRIGHTON, M.D. Edin., L.R.C.S.E.,  
DEMONSTRATOR OF ANATOMY IN THE MEDICAL SCHOOL, SURGEONS' HALL,  
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ON the 4th of September last, I was called, at midday, to visit J. C—, aged thirty, a saw-miller, of regular habits.

About an hour previously, while engaged at his occupation, he had been struck on the forehead by a piece of wood, several feet in length, projecting from the circular saw while in full motion, by which he was instantly prostrated. The hæmorrhage was reported by those who carried him from the spot where the accident occurred as having been very profuse, and on first seeing him I found it had been to such an extent as to soak through the bed on which he was lying.

He was then almost pulseless, and in a state of deep coma. The wound inflicted on the forehead was somewhat oblique, extending from a short distance below the left parietal eminence to a little beyond and above the same prominence on the right. The lower part, for fully half an inch, was oc-

cupied by a protrusion of cerebral matter, which also appeared, though to a much less extent, near the upper angle of the wound. On making an examination with the finger, numerous small spicula of bone were found in every direction, and near the right side of the wound there was presented the sharp edge of a portion, of considerable size, apparently quite detached from its osseous connexions.

Learning that another practitioner had previously been sent for from a distance, I waited for his arrival a few minutes, and had then the pleasure of finding that I enjoyed the advice and assistance of Dr. Smith, of Forfar. An oval flap was now thrown down from the forehead, and the whole track of wound freely exposed. Nine portions of bone, completely detached, except by slight connexions to the soft parts, were then removed, and a large quantity of spicula cleared out. Considerable difficulty was experienced in effecting the removal of that fragment towards the right side, which presented the sharp edge, it having been driven inwards below the sound calvarium, with its lower edge embedded in the cerebral mass.

The bone, for some distance around the line of fracture, was found depressed, especially on the left side, where it extended as low as the orbital ridge, and this having been elevated, and the wound cleared of coagula and spicula, the flap was replaced and retained by stitches, except at the lower part, which was left open, to allow of the escape of blood, which still continued to ooze in some quantity. The wound was then covered with a pledget of lint, and the continuous application of cold enjoined.

The patient, who previously to and during the operation had been in a state of complete coma, now gradually recovered his sensibility, and spoke a few sentences quite collectedly. Pulse nearly 60. On making my visit in the evening, I found him pale and somewhat comatose. On being roused, he complained of faintness; pulse 60, feeble; has had slight vomiting. Was ordered to have no ingesta, save fluid (water and a little gruel), and these in small quantity.

Sept. 5th.—Has slept during the greater part of the previous night; slight delirium occasionally; no return of vomiting; pulse of same frequency as formerly, but somewhat firmer. Considerable cerebral protrusion from lower angle of wound. Was ordered an ounce of castor-oil. Continuous application of cold directed.

Sept. 6th.—Condition much as yesterday. During the next fortnight, repeated protrusion, followed by sloughing of cerebral substance, formed the chief local symptoms of importance, pulse in general from fifty to fifty-five; bowels regulated by occasional laxatives, other functions normal. I now determined to try the effects of gentle pressure on the protruded surface, and for this purpose applied a broad strip of adhesive plaster; at first with little, but subsequently with increased tightness, and by the end of the month had the satisfaction of finding the hernia replaced by healthy granulations.

Oct. 15th.—The wound is now rapidly diminishing in size without any tendency to protrusion. Pulse about 60; sleeps well; appetite good; bowels kept open by occasional laxatives.

No signs of impairment of intellectual faculties or functions of special senses, is able to be out of bed occasionally for a short time, and frequently reads a little, without feeling the worse.

He continued steadily improving till the beginning of November, when I ceased to attend him. The wound had then contracted to a mere spot, studded with healthy granulations, which had almost ceased to receive impulse from the pulsation of the cerebrum beneath.

The extent of deficiency of the os frontis was now distinctly appreciable to both touch and sight, and was ascertained to amount to between two and three square inches; the integument over that space was somewhat depressed, but presented firm and healthy aspect.

On inquiring after him a few days ago, I find that he has been working for the last four or five weeks as a weaver; says that he is quite well, except not quite so strong as before, and seems in sound health, both of body and mind.

The case presents several points of interest, and among these—

1. That a wound, even to a considerable extent, of the superior longitudinal sinus is not necessarily fatal; it being evident that in the present case, from the direction of the fracture, and the rapidity and great amount of the hæmorrhage, its cavity must have been exposed.

2. That loss of even a considerable portion of the anterior lobes of the cerebrum is not always followed by evident diminution of intelligence, or impairment of any of the mental faculties.

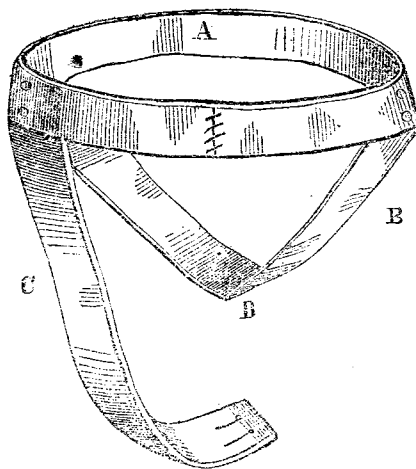
It is also remarkable, that throughout the period of treatment, antiphlogistics were at no time demanded; nay, if employed, would have been positively injurious; and this, doubtless, is in a measure attributable to the great loss of blood sustained at the time of the occurrence of the accident.

Edinburgh, March, 1850.

## ON THE TREATMENT OF PROLAPSUS UTERI.

By THOMAS WILLIAM NUNN, Esq.,  
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THE diagram accompanying this communication is intended to be illustrative of a peculiar perineal bandage\* which has been found useful in the treatment of prolapsus of the uterus. Its especial purpose is to enable the surgeon to afford support, or apply pressure to the soft parts forming the floor of the pelvis, according to the circumstances of the case.



A is a belt encircling the waist; B is a band attached obliquely to that point of the waist-belt which corresponds to the right hip, and is supposed to have passed between the legs, and to have been fixed on the corresponding point of the left hip by buttons or other means. C is another band exactly similar, having an opposite course, and an opposite attachment, that is to say, fixed to left hip, and after passing between the legs, fixed on the right one. The end which is intended to button is represented *free*, in order to render the diagram more easy to be understood; but it is not difficult to perceive that the two bands when properly adjusted will cross each other at the point D, or thereabouts. The bands must be attached to the waist-belt with such a degree of obliquity as will allow of their lying evenly in the corresponding groin when adjusted. The waist-belt can be more or less shaped to the figure, as may be found most comfortable; but it is almost impossible to give precise instruction as to the exact form of every part, on account of the great diversity in the formation of the pelvis in different individuals. Sometimes it will be found requisite to make the bands B and C narrower at the point of crossing than at any other part—at other times this will be found unnecessary.

To insure satisfactory results from the adoption of this bandage, care must be taken to make every part fit exactly, and it is by attention to this point that the comfort of the patient is secured. In certain cases it may be found advisable to interpose a pad between the perineum and the bandage—this can be so easily effected that I deem it hardly requisite to offer any directions concerning it.

The advantage that this particular arrangement has over any of the other different modifications of the T bandage, is this—namely, it offers a perfectly steady unvarying amount of support—the tension upon its various parts being quite unaffected by the movements of the trunk. The reason of its possessing this advantage will be apparent, when it is taken into consideration that whilst the pressure is being made at the perineum, the *points d'appui* are at the margin of the ilium, and that, therefore, the distance between the point of pressure and the points of tension can neither increase nor diminish.

In thus advocating the employment of a bandage in the treatment of prolapsus uteri, I trust that the following observations concerning some points in connexion with this distressing malady will not be considered misplaced.

It was for a long time supposed that the round and broad ligaments of the uterus were alone at fault in prolapsus of that organ; the opinion of some of the highest authorities of the present day is, that the condition of these ligaments has no share in the production of displacement. Dr. Churchill

\* Can be obtained of Mesdames Bell, 63, Margaret-street, Cavendish-square.