

to me to be strongly marked and very important. I conceive this to arise from the intensity of the depression caused by the poison of tobacco, which cannot be the case in the use of ipecacuanha, as it is a simple emetic, and I doubt if the same kind of sensations and depression could be produced by ipecacuanha, even if its effect could be carried on, and the medicine were not rejected by the stomach, which is invariably the case when the effect is increased to a certain point. I have not gone beyond the stage of perspiration and a feeling of sickness, and I have always found the cure to resemble the natural process of mucous discharge and clearing of the air-passages, only more promptly induced and more rapidly performed. I have frequently had short spasms of asthma produced by laughing, lighting a lucifer-match, or some other special irritant, from which I have recovered as rapidly as when under the influence of ipecacuanha, going through the stages of silent asthma, audible asthma, and the expectoration mentioned above, in about the space of ten minutes or a quarter of an hour. The distinction between these two modes of cure or relief is worthy the attention of medical men and their patients, as much distress and perhaps injurious results might be avoided if the ipecacuanha is found to be as efficacious as tobacco. My only doubt is whether tobacco might not be preferable in desperate and suffocating spasms on account of its speedy and violent action."

No doubt there is such a difference as that indicated above in the action of tobacco and ipecacuan. Ipecacuan, I think, could never produce such collapse as that caused by tobacco; but that it does not always act as an expectorant or emetic, but as a direct depressant, is shown by the case that I related just now. The fact is, ipecacuan acts very differently on different individuals: in some, producing vomiting with little more irritation than sulphate of zinc; in some, producing collapse to a considerable degree. Moreover, by relaxing the bronchial spasm, ipecacuan renders free cough and expectoration possible, which were previously impossible, from inability to get sufficient air into the lungs to effect them; so that the expectoration is the consequence of the relief, and not the relief of the expectoration.

(To be continued.)

REPORT OF A

CASE OF PLACENTA PRÆVIA,

IN WHICH TURNING WAS SUCCESSFULLY RESORTED TO, CHLOROPFORM GIVEN WITH ADVANTAGE, AND THE CHILD RESUSCITATED BY THE "READY METHOD."

By E. C. GARLAND, M.R.C.S., &c., Yeovil,

LATE SENIOR HOUSE-SURGEON TO THE SOUTHERN HOSPITAL, LIVERPOOL.

I WAS sent for on the evening of June 18th, 1858, to see A. B.—, aged twenty-nine, taken suddenly ill with flooding. I found her about eight months gone with her eighth child, her previous labours having been good. She stated that she had exerted herself much of late, but had continued well till the present time. She had no pains, but a constant oozing of blood. On examination, I found the os uteri thick and not dilated. There were no symptoms of labour. I ordered her to be kept in the recumbent position and perfectly quiet, the room cool, gave an opiate, and left, intending to call again shortly. I saw her at the end of an hour: all hæmorrhage had ceased, and she felt comfortable. I left directions to be summoned immediately should the hæmorrhage recur.

On seeing the patient the following morning I found there had been no return of the hæmorrhage, and she had passed a good night. I desired her to remain in the recumbent position, and endeavoured to impress upon her the necessity of attending to my directions. She continued free from hæmorrhage during a fortnight, at the end of which period I was again called to see her. I found affairs nearly in the same state as before, and adopted the same treatment, with the like result.

On July 13th, between eight and nine A.M., I was again summoned. Labour had now commenced. There was considerable hæmorrhage; the os uteri was dilated to the size of a half-crown piece; and I found the placenta presenting. As the pains increased I waited a little, resolving to act when necessary. I sent for assistance, and succeeded in procuring the aid of Mr. Moore, of West Coker, who chanced to be in

Yeovil that day. We met in consultation about half-past eleven A.M. The os uteri was then considerably dilated, and a portion of the placenta was ascertained to be detached towards the sacrum. This accounted for the preceding hæmorrhagic discharges; and as the patient was considerably blanched and anxious to be delivered, the pains also getting weaker, we determined to deliver her. I introduced my left hand along the curvature of the sacrum, ruptured the membranes, and brought down the feet and pelvis of the child. Spasmodic action of the uterus then set in, encircling the body of the child so firmly as to render it difficult, if not dangerous, to proceed. I administered chloroform to the patient, while Mr. Moore attended to the further expulsion of the child. The difficulty was somewhat increased by the face being turned towards the pubis; however, by some manipulation, the arms were got down and the face brought in the proper position, when delivery speedily followed.

We had the satisfaction to find the child alive; it cried once, but almost immediately ceased apparently to live. The cord was tied. Without delay we had recourse to the Ready Method, and after persevering in it for more than fifteen minutes we were gratified to find it had succeeded. The child gradually lost its livid hue, breathed and cried, and soon attained a natural rosy colour.

One feature in the case must not be omitted. The mother did not rally so soon as could be wished, and it was found necessary to watch her for some time, administering cordials and nutriment; but she nevertheless became more and more exhausted. As there was no hæmorrhage observed externally, suspicion arose that there might be internal hæmorrhage. This was ascertained to be the case; and the hand being introduced, a considerable quantity of coagula was removed, when the uterus contracted and all further hæmorrhage ceased. The mother and child are now both doing well.

August, 1858.

ON A CASE

OF

DEFICIENCY OF DEVELOPMENT OF THE SUPERIOR, POSTERIOR, AND ANTERIOR ASPECT OF THE FÆTUS:

By J. S. BEALE, Esq., M.R.C.S.

MRS. W.—, primipara, was delivered of a male child (seven months and a half), which presented the following appearances:—It had no neck, the head being stuck atop of the chest. The occipital bone was flattened down on to the scapulae. The brain was outside the skull, and contained in a thick membranous cyst, which cyst had several coagula, inside as well. The laminae of the vertebrae were wanting down to the upper part of the lumbar region, a thin shell of bone being thrown across to protect the spinal marrow; there was no bulging of the contents of the spinal canal. A large transparent serous-looking cyst occupied the abdominal region, through which the liver and intestines could be distinctly seen; the cyst contained a largish quantity of fluid; the umbilical cord was inserted at the lower part of the right side of it, and not centrally. The arms and face were softened through decomposition commencing.

Nothing could be elicited from the patient tending to fix any cause (through fright or otherwise) to elucidate the malformation.

Paddington-green, September, 1858.

ALUMINIUM SUTURES,

A CHEAP SUBSTITUTE FOR THE SILVER.

By J. MILL FRODSHAM, M.D.,

HOUSE-SURGEON TO THE CUMBERLAND INFIRMARY.

FEW surgeons who have tried the silver suture will, I think, deny the great advantages it possesses over the thread or silk in common use, especially where union by the first intention is required. The only drawback to its general use appears to be its great cost. As a cheap substitute for this, I would recom-