

monstrations; delivered at subsequent periods.

Two courses of anatomy and physiology in Edinburgh or Dublin, which are of six month's duration, and the accompanying courses of dissections and demonstrations will be considered as equivalent to the foregoing attendance.

3. Of having regularly attended two or more courses of lectures on the principles and practice of surgery; one of which shall have been delivered in a recognized school of anatomy.

4. Of having also attended the following lectures, viz.

Two courses on the theory and practice of physic of three months each, or one of six months.

One course on materia medica, and botany.

Two courses on chemistry, of three months each, or one of six months.

Two courses on midwifery, of three months each, or one of six months.

5. And of having attended, during the term of at least one year, the surgical practice of one or more of the following Hospitals; viz. ST. BARTHOLOMEW'S, ST. THOMAS', the WESTMINSTER, GUY'S, ST. GEORGE'S, the LONDON, and the MIDDLESEX, in London; the RICHMOND, STEVEN'S, and the MEATH, in Dublin; and the ROYAL INFIRMARIES, in Edinburgh, Glasgow, and Aberdeen; or during four years the surgical practice of a recognized provincial Hospital, and six months, at least, the practice of one of the above named Hospitals in the schools of anatomy.

V. Candidates under the following circumstances, of the required age, and who have been engaged five years in the acquisition of professional knowledge, will be admissible to examination, viz.

Members, or licentiates in surgery, of any of the legally constituted colleges of surgeons in the united kingdom.

And graduates in medicine of any of the universities in the united kingdom, provided they have attended lectures, the practice of an Hospital, and performed dissections, as required in regulation IV.

VI. The required certificates shall express the dates of the commencement and of the termination of attendance on each course of lectures, and dissections; and also of attendance on hospital-practice.

VII. The required certificates shall be

delivered at the college ten days before candidates can be admitted to examination.

By order,

EDMUND BEIFOUR, Secretary.

5th day of January."

We have neither time nor temper to dissect these new regulations this week. But we would ask, when will the impudence and folly of these jacks in office have an end? Do they suppose that the patience of the members has no limits?

SINGULAR CASE IN MIDWIFERY.

By Dr. Hare, Great Baddow, Essex.

I BEG to transmit the following midwifery case for insertion in your widely-extended publication, as the most effectual means of rescuing it from oblivion, which I feel it does not merit, being the only one of the kind upon record.

When I resided at Southminster, Sarah Maynard, of the adjoining parish of Burnham, came to engage me to attend her in her approaching confinement; this was in the autumn of 1789. She was about twenty-eight years of age; a short, thin, delicate woman.

I arrived a few hours after she was taken in labour, on the 10th of November; the pains were strong and regular, with much bearing down. I had her laid on her left side, in order that I might examine and judge of her situation. I found the uterus low down in the pelvis, close to the os externum. I hoped the labour would soon be over, should the os uteri dilate; I endeavoured to find it in every direction, first backward towards the anus, then all round the pelvis, without being able to make any thing out. I could find no entrance into the vagina, nor could I introduce my finger horizontally between the perinaeum and uterus, which I had never failed to do in all other cases, however low the presenting body might be. I felt convinced, during the last examination, that the uterus adhered all round the pelvis, and that the vagina was totally obliterated. It was about eight o'clock on Wednesday evening when I came to her, and by the time I had satisfied myself of these extraordinary particulars, the night was pretty far spent. I proposed to lie down for an hour or two, more with a view of reflecting upon the case without interruption, than with any intention of going to sleep. Her pains coming on stronger, attended with severe sickness,

I was soon called up again. I amused the woman as long as I could, by wishing her to walk about a little, and when her patience was pretty well exhausted, I made another examination, with no better success. I thought I discovered the os tincæ, but it turned out to be only a furrow, or plica of the uterus. The action of the pains upon the uterus was intercepted and lost by its adhesion round the pelvis, for the presenting body never varied its position, which I had every reason to suppose was the head of the child, so far as I could judge by the feel through the uterus, not being able to find any entrance. I represented to the woman's friends the extreme danger and singularity of the case; that, for the satisfaction of all parties, and to avoid censure, I wished for a consultation. Dr. Paxton, of Maldon, and my brother, were fixed on. We met on Thursday evening. I represented the state of the case to them, and they found every thing as already mentioned. Her pains were still strong and regular; constant sickness and vomiting; complained much of violent pain in the abdomen, which made me fearful of rupture of the uterus, as the resistance at the outlet was so great.

Upon mature deliberation, we concluded little could be attempted with any prospect of success. Nothing suggested itself except the Cæsarian operation, at any time formidable, but under present circumstances not justifiable, on account of the appearance of uterine and peritoneal inflammation coming on.

She had opiates administered from time to time to alleviate her sufferings. We questioned the husband whether he had found any impediment or obstruction in his intercourse with his wife; he declared, no longer than about two or three months, when she complained of pain. When she spoke to me to attend her, she informed me she had lain in of her first child about eight years before; that she had a very bad time, and was attended by two surgeons.

Being desirous of gaining every information that could throw any light on this mysterious case, I wrote a note to Mr. Passel, one of the surgeons whose patient she had been, (the other gentleman being dead,) requesting him to inform me of all or any of the particulars of her former labour that he could recollect, as her present situation was a most extraordinary one.

He politely returned me an immediate answer.—“That from his memorandum of the case the presentation was a natural one; but the death of the child not being ascertained at first, and the pains being very violent, with extreme rigidity of the os internum, rest was procured her by the assistance of opium twice. After the use

of clysters, and in about three days, nature perfected the business without any help, he having left the house about two hours before, and the other gentleman being down stairs at breakfast.”

It will be seen in the sequel the great importance of this communication. On Friday morning we found she passed a very bad night; the pains continued without abatement; extremely anxious; up and down, not bearing to be confined to one posture; the countenance wild; pulse small, hard, and quick. During the pains there was a good deal of discharge from the uterus, of a thin, whitish fluid, which we could not account for; the abdomen distended, painful, and tender, not bearing to be touched. Saturday morning, slightly delirious; pulse weak and low; coldness of the extremities. She died about eight o'clock in the evening, after seventy-two hours of great suffering. The pains ceased some hours before her death, but restless to the last, as she was walking about the house a few minutes before her death.

We had great difficulty in procuring a post-mortem examination. Upon opening the cavity of the abdomen some fœtid air escaped, and it contained a considerable quantity of thin whitish matter, exactly similar in appearance to what had been discharged from the uterus during the last stage of the labour. The intestines, viscera, peritoneum, and uterus, were covered with a thick layer of coagulable lymph; the uterus filled the whole anterior part of the abdomen and pelvis. Upon making a longitudinal incision into it, it was found to contain a fine full-grown child, the presentation natural, the fœtus standing, as it were, upon its head, and nearly filling the pelvis. There was an opening through the uterus, about four inches long and two wide, opposite the sacrum, evidently caused by its projection; its edges were worn thin, and seemed to be of some standing, produced by the friction of the uterus, as it increased in volume, against the projecting bone. The rectum was turned to one side of the sacrum. This opening, communicating with the abdomen and uterus, satisfactorily accounted for the discharge of the whitish fluid during the last day of the labour, being the pus thrown out into the abdomen from so extensive an inflammation. Upon examining the uterus in situ, we found at the os externum, a small, smooth, round opening through it, barely sufficient to admit the blunt end of a small probe, and from this foramen extended a cicatrix for about two inches, towards the right labium, and was lost in its adhesion to the side of the pelvis. The urethra was in its natural situation; no appearance of vagina; the uterus at the os externum, and adhering to the perinæum

and sides of the pelvis; the labia were two inches long, and formed a kind of external cavity.

Had I not procured a history of her former labour, the case, as to how the laceration took place, would have been involved in much obscurity; it can, I feel, be satisfactorily explained, viz., three days in strong labour, extreme rigidity of the os internum, delivered suddenly without any assistance, &c. This could have arisen only from laceration of the uterus during the labour; hence also its consequent adhesions to the perinæum and sides of the pelvis, in consequence of the inflammation and coagulable lymph thrown out during so protracted a case. Whether the gentlemen were aware of what happened, or what sort of recovery she had, does not appear.

In a pathological point of view, I feel this case to be of great importance, and perhaps the most singular of the kind upon record. After so extensive an injury, becoming again impregnated, and sustaining a further extensive opening at its posterior side, from its friction against the os sacrum, all this with apparent impunity, shows the wonderful resources of nature.

It appears not the least singular part of this case, that the only remains of the os tinæ was the foramen already mentioned. Physiologists must decide how far this case is calculated to elucidate that wonderful and mysterious act of Providence—CONCEPTION. The sole mode of impregnation was by this small opening in the uterus; and the only lodgment for the semen was between the labia, the vagina being quite obliterated.

Should there appear any obscurity in the relation of this case, I shall feel happy to afford you or your correspondents any further information in my power, having made too deep an impression on my memory ever to be eradicated, witnessing so much distress and suffering without power to alleviate them.

I have, at some future period, to communicate some extraordinary particulars of a case of retention of urine. Sir Astley Cooper mentions it in No. 13, page 410, of *THE LANCET*; I am the person there spoken of. A cast of the case is in the Museum of St. Thomas's Hospital.

Great Baddow, Chelmsford, Essex,
1 January, 1828.

SUCCESSFUL CASE OF TRANSFUSION.

By J. Howell, Esq. Bridge Street, Southwark.

THERE has rarely been a more important operation proposed to the profession than that of transfusion, and if on further trials

it proves deserving the character it would seem entitled to, it will reflect the highest honour upon Dr. Blundell, and be the means, in the hands of enterprising men, of saving the lives of many of the most interesting part of the creation, who would fall victims to uterine hæmorrhage.

A poor woman, the mother of twelve children, 40 years of age, had a second time engaged me to attend her in her accouchement, which she expected to take place at the beginning of the ensuing month of March. On the 31st ultimo, I was hastily summoned to her, and found, that about half an hour before, without experiencing any pain, whilst quietly occupied with her needle, she had been attacked with one of the most frightful hæmorrhages I had ever seen. She was then flooding most profusely, and had lost, before my arrival, a small chamber-vesselful of blood. I immediately laid her on the bed, and, on examination, found the os uteri sufficiently dilated to admit my finger, and quite free from any connexion with the placenta. I directly ruptured the membranes, the liquor amnii escaped, the uterus contracted, and the hæmorrhage instantly ceased. The pulse was feeble, and she complained of being very faint, a state which I did not think it prudent, of course, to interfere with. I applied cold water to the uterine region, lessened the temperature of the apartment, and adopted all those precautions the serious situation of my patient called for. I remained with her some time, but as the flooding had ceased entirely, and she was free from pain, I left her, charging her friends to keep her cool and quiet, and should any pain come on, or the slightest hæmorrhage, to send for me directly. This was about half past three o'clock P.M., and about six I was sent for, in consequence of labour pains coming on. I found she had but very little pain, and the flooding had returned in a very slight degree, but, before my arrival, had entirely stopped. The os uteri remained rigid and undilated. She was very faint, and the extremities cold; indeed the aspect of the patient was altogether alarming. In this state of prostration of the vital powers, there was not absolute syncope, and the stomach remained undisturbed. As there was no contra-indication, I did not hesitate to administer brandy to the amount of five or six ounces; but although it rallied her for a few minutes whenever she took it, she sunk at last into such a state of collapse, that I apprehended a fatal termination, unless something more were speedily done for her. With these feelings, I requested the advice and assistance of my friend Mr. Ravis, of Union Street; who, after observing the inefficacy of stimulants, and finding the woman cold, excessively cold, with an imperceptible