that Mr Crawford was left in charge of his patient, without the society of any other European at the station, and during this interval he was forced to undertake another rather severe operation upon the bones of the wounded arm, by which he hoped to preserve that member; and now not only is the sufferer restored to strength again, but the wound is nearly well, and there is much hope that the arm will still be a very useful one. We believe that this is the first case of the kind that has happened in India; and when we consider that the operation was performed at midnight, the patient in a most inconvenient position, upon a bed from which he dared not be moved, and without the aid or advice of a professional brother, we can have little hesitation in pronouncing the result to be most creditable to the operator.—Abridged from Bombay Journal, and London Med. Gazette.

MIDWIFERY AND DISEASES PECULIAR TO WOMEN.

HERNIA OF THE OVARY MISTAKEN FOR AN ENCYSTED TUMOUR—EXTIRPATION—DEATH. BY M. EVERSANT.

A girl, eleven years of age, came into the hospital to be under the care of M. Eversant, having a tumour in the left labium. Her parents had observed it when the girl was a year old, but it had never caused any trouble till eighteen months previously, when it began to be painful, and made the patient walk lame. The tumour was very moveable, more moveable than a cyst. It was easily pushed from the inguinal ring to the lowest part of the labium—like a testicle in the scrotum. It was of the size of a small nut, painful on pressure, and in one point fluctuation could be perceived. It was diagnosed to be an encysted tumour, and it was resolved to extirpate it. An incision was made in the centre of the labium, and the dissection carefully continued layer by layer. A cord similar to the spermatic cord, and containing part of the fallopian tube, was arrived at and tied. It was then cut across below the ligature, and the ovary removed along with the cord attached.

The girl shortly took peritonitis, and died on the third day after the operation. —Gazette des Hôpitaux, 24th May 1851.

RUPTURE OF THE UTERUS TWICE IN THE SAME SUBJECT—THE LAST FATAL.

BY DR HARTT.

Dr H. was sent for in May 1846, to a female who had been in labour three days. She was exhausted, with a pulse of 108. On examination, he found the shoulder presented; that there was a laceration of the neck of the uterus, through which the head, and the head only, of the child had passed. He immediately seized the feet, and delivered with little difficulty. He gave the patient an anodyne, and waited beside her four hours, expecting that she would die. At the end of that time, however, she seemed to be better, and he began to cherish some faint hopes of her recovery. She did recover; and about eighteen months afterwards she was delivered of a living child upon a raft in the river, without assistance of any kind.

On the 13th October 1849, he received a summons to visit her again on a similar occasion. When he arrived she had been in labour four days. She was very weak; pulse 118 and feeble; breathing very hurried. The account given by the attendant was, that the hand presented, and her pains were severe, and that twenty-four hours after they began, a snap was distinctly heard by her friends around the couch; that the hand receded, and from that moment the labour had been suspended. Suspecting the true state of the case, Dr H. instantly examined, and found a large opening precisely in the seat of the former rupture,
and passing on the hand, felt the child in the cavity of the abdomen. The patient was so far exhausted that he was unwilling to interfere. He described both to herself and her friends her alarming position, and stated that, owing to the length of time which had elapsed since the accident occurred, he feared that no operation could prove successful. They all, however, expressed great anxiety that an effort should be made, and at their repeated and earnest solicitations, he proceeded to deliver her \textit{via naturale}. The operation was performed with great gentleness, and particular care was taken to avoid unnecessary injury to the bowels. He remained with the patient several hours, administering anodynes and restoratives, but in vain. She gradually sunk, and died thirty-six hours after delivery. The interesting feature in the case of this patient was, her complete recovery from the first rupture, and the perfect union of the parts, a union sufficient to sustain the violence of the unassisted delivery of a large and vigorous child.—\textit{New York Journal of Medicine}, Nov. 1850, and \textit{Brit. Amer. Med. Journal}, April 1851.

**CONGENITAL VARIOLA IN TWINS.** \textbf{BY JAMES AYER, M.D., BOSTON.}

I was called in haste to Mrs P., and found her lying on the bed, in great pain. On examination, the head of a small foetus was found born. The uterine contractions were active, and full delivery was effected in a moment, attended by a feeble cry. The pains continued, a bag of fluid was felt protruding, and soon a second foetus was expelled dead. Two separate placenta were afterwards removed, and the patient made comfortable.

The infants were found of the size and development of six months. The living one had a dozen or more of pustules on the face, head, and breast; one or two were noticed on the abdomen, but none on the limbs. Three or four were good-sized, plump and well-defined pustules of small-pox. The remainder were not so full, but evidently of the same character. This one survived its birth two hours.

The dead child had no offensive odour; the abdomen was dark purple, and the cuticle quite loose. Its whole body, especially the abdomen, was marked with depressions, similar to those of variola in infants, after death. No elevations or pustules were noticed; these marks only remained.

Three weeks before the abortion, the mother, I was informed, had broken out with varioloid, after the usual premonitory symptoms, and had just recovered when I saw her. The disease was so mild that a physician was not called. She could not trace her miscarriage to any over-exertion, or any cause, except the attack of varioloid. Whether the mother infected the two at the same period, and the death of one caused the expulsion of both; or one had the disease first, and the second received it from him, are questions of some interest, but difficult, from the evidence, to decide.—\textit{Boston Med. and Surg. Jour., and Brit. Amer. Med and Phys. Journal}.

**FATAL INVERSION OF THE UTERUS.** \textbf{BY DR E. SMITH.}

Dr E. Smith related that he had been called at 11 p.m., May 5th, to a patient who had been attended in her second confinement by a midwife; she was thirty-five years of age, of a healthy but not robust habit of body.

A tumour ten inches in diameter was found to protrude from between the labia. In this tumour, which was an inverted uterus, the placenta was still found adherent. There had been no extraordinary hemorrhage.

The pulse could only be discovered at long intervals; however, consciousness remained perfect. Assisted by Mr Lucas, Dr E. Smith removed the placenta, and then returned the uterus to its normal site, without involving the loss of much blood. Brandy was administered to the extent of half a pint in the course of three hours, by half ounce doses; but nevertheless, about 3 A.M., the patient died, without any prominent symptom.

A post-mortem examination proved the body to be perfectly healthy in its vital
organs. The vascular system was bloodless; the cavities of the heart being empty.

The uterus was found in its proper position; the cavity measured five inches in the transverse, and eight inches in the longitudinal direction. The substance of the uterus was flabby, and the thickness of the walls at the fundus half an inch.

Dr Smith believed that the patient had died from the loss of blood, and from the shock induced from the violent inversion of the uterus. There was no direct evidence to prove that the midwife had used improper force in endeavouring to remove the placenta in the first instance.—*Med. Gazette*, June 6, 1851.

**CASE OF INVERSION OF THE VAGINA COMING ON DURING LABOUR.**

**BY DR LAMBERT.**

The patient was a labouring woman. She had had two children in easy confinements. During the last six months of her third pregnancy she suffered from prolapsus of the vagina whenever she was working at out-of-door labour. The swelling thus produced attracted her attention, but did not alarm her, as it disappeared when she lay down in bed.

When labour came on, the tumour again appeared between the limbs. The midwife in attendance finding the labour tedious, and ignorant of the nature of the case, recommended the woman to make the most of her pains, and ordered her a vapour bath. The only apparent effect of this advice was the increase of the tumour to double its former size. When Dr Lambert arrived, he found it projecting from the vulva of the size of the two fists, of a bluish-red colour, round, wrinkled, and of considerable consistence. At its lower extremity was an opening though which the finger could be introduced to the os uteri.

Dr L. recommended rest in the horizontal posture, with the pelvis a little elevated, cold applications to be made to the tumour, and slight pressure applied to replace it during the intervals between the pains. After considerable delay the tumour was reduced, and the woman delivered with the forceps. She made a good recovery, and the swelling has never returned.—*Revue Med. Chir.*, April 1851.

**RETRO-UTERINE SANGUINEOUS TUMOURS.**

The following is the substance of M. Huguier's speech at the conclusion of an interesting discussion on this subject in the Surgical Society of Paris:—

M. Huguier observed, that these extravasations are not so entirely new to science as might be thought. An example was to be found in the writings of Ruysch, who considered it to be a deviation of menstruation. Another instance, with a similar explanation, was to be found in the "Recueil d'observation des erudits de Leipsick for 1693." Many other collections of cases mentioned retention of blood in the uterus, tubes, and peritoneal sac. Recently, Deneux, in his excellent monograph, "Sur les troubles de la vulve," cited cases which, according to M. Huguier, should be regarded as tumours of the same character as those under discussion. Lastly, observations of the same kind are to be found in the writings of Dugès, Boivin, Bernous, Piegieldaniel, Beau, Nelaton, Pioge, and Vignes. All the facts known with regard to these tumours permit of their being divided into two classes,—the first, those in which the effusion takes place in the cellular tissue below the peritoneal cul-de-sac, between the rectum and uterus, whence it may spread into the broad ligaments, and arrive at the fallopian tubes, remaining all the time extra-peritoneal. These tumours are owing to venous fulness of the parts; to periodical menstrual congestion; to venereal excesses; to frequent pregnancies; and to varicose vessels. Their exciting causes are violent efforts, as in labour and coitus.

The second class includes two species, which M. Huguier distinguishes according to their etiology. The first, which he names a false peri-uterine haematocele, is caused by intra-uterine pregnancy, in which the ovum continues to be developed for six weeks or two months, and then dies: there results a cyst, which goes on
enlarging, and presents the characters of a true hæmatocele. M. Huguiier related the particulars of two cases of tumours situated behind the uterus, in the midst of the contents of which he had met with the debris of the foetus.

The second species, which M. Huguiier termed true hæmatocele, is most frequently formed by retention of the menstrual blood in the cavity of the uterus; the blood having distended the uterus, escapes by the tubes into the peritoneum, being lodged in the retro-uterine peritoneal cul-de-sac. This species presents several varieties. The tumour may be formed of the distended tubes lodged behind the uterus. It may be caused by an accumulation of blood in the peritoneal sac from rupture of an ovarian vein. Lastly, it may depend upon sanguineous exudation.

The diagnosis of peri-uterine tumours M. Huguiier stated to be comparatively easy. Thus: extra-peritoneal tumours are situated low down; they rapidly acquire a large size; the tumours of the cul-de-sac are formed more slowly; they excite partial peritonitis, from which result adhesions: the extra-peritoneal tumour is more resistant and harder, and does not exhibit the violet-colour pointed out by M. Nelaton as belonging to those of the tumours of the cul-de-sac.

In both forms the uterus is displaced and pushed towards the pubis; in the intra-peritoneal the uterus is at the same time raised.

The course of the extra-peritoneal tumour is gradual and steadily progressive; that of the other form is irregular, and increases at the menstrual periods. When death takes place, in the former, phlegmonous inflammation is found; in the latter species, peritonitis is constantly met with.—Med. Gaz., June 13, 1851, and Union Médicale, May 31, 1851.

DOUBLE OVARIAN DROPSY CURED BY OPERATION. DR PEASLEE.

The subject of this operation was a young lady, set. 25. Dr P. proceeded in the usual way to remove the tumour by first carefully dissecting through the abdominal parietes. On arriving at the fascia transversalis, it proved to be a very thin layer, and some doubts were entertained as to the dense white membrane which presented itself after its division. Careful dissection was therefore continued, and the membrane was found to be the sac. In the course of this last dissection, a vein was opened, and 10 ounces of blood lost. Not above an ounce was lost in dividing the abdominal parietes. The vein in the wall of the sac was tied, and the operation continued.

At this conjuncture, fifteen minutes were consumed in guarding against the effects of violent vomiting which came on. After the retching had ceased, the hand was introduced and the sac found to present no adhesions of any moment. The contents of the sac, amounting to twenty-two pounds of fluid, were now evacuated into a bucket. The pedicle was now reached, tied, and divided.

On making a careful examination of all the parts and organs brought into view, preparatory to closing the incision, a sac of the size of a pullet's egg was discovered on the right ovary, and the whole organ was diseased. Accordingly, a double ligature was passed through the broad ligament, and the ovary removed. The incision was now carefully closed, and the ligatures drawn out through the wound at the nearest point.

The woman made a good recovery. The catamenial discharge appeared seventy-two hours after both ovaries had been removed, and lasted for three days.—Amer. Jour. Med. Science, April 1851.

QUININE AS A PREVENTIVE IN Puerperal Fever.

Dr M. Retzius, in reporting that the General Lying-in Institution at Stockholm had been temporarily closed, owing to the prevalence of puerperal fever, stated that the disease had begun in the month of September, and that in November and December it had somewhat abated, but that in spring it had again in-
increased, and become so virulent, that it was necessary to apply to the authorities to have the wards closed for a couple of months to secure their disinfection. Of the patients who had been admitted since the beginning of April, nearly all had suffered from the contagion. The mortality, which was at first frightful, although less severe than in many foreign institutions, amounted to 33 per cent. Latterly, however, it had somewhat subsided; an advantage which Dr R. was inclined to ascribe to the prophylactic measure which had been adopted, of administering daily to each, from as early a period as possible, a scruple of the sulphate of quinine.

[Some consideration should be attached here to that which seems nearly a universal rule in all epidemics, that the earliest cases exhibit always the greatest amount of virulence and fatality.—Tu.]—Hygjea, Medicinsk och Pharm. Mannads-skIFT, May 1851.

**SCARLATINAL VAGINITIS. BY DR CORMACK.**

"During the last epidemic (1848-9) of scarlatina," says Dr Cormack, "I had, under favourable circumstances, considerable, though not a very large, experience of the disease; and of all my cases I have preserved a record. Vaginitis I frequently met with, and I regarded it in no way as an unexpected or rare occurrence; but, on the contrary, as a not unlooked for extension of the exanthematic inflamation of the skin, analogous in its nature to what is often met with in the mucous linings of the nose, ear, air passages, and intestinal canal. In the epidemic of 1848-9 I had under my charge twenty-three female patients, all of whom were cleanly, well nursed, and in a respectable social position. In twelve of the whole number there was well-marked vaginitis; and so impressed was I with the importance of averting or preventing this affection, that in every female patient I directed, from the very first, careful ablutions of the parts to be performed at least twice in twenty-four hours. Of the twenty-three female patients, two only were above 14 years, and these were respectively 26 and 28, and both married. Now, both of these patients had *acute* vaginitis, much more severe than any of the children. In one lady, for forty-eight hours the discharge was so abundant as to require the nurse to change the towels at least every hour, and it was of so acrid a nature as to excoriate the thighs and anus, notwithstanding every precaution being taken to protect these parts. The other had it more mildly; but the vaginitis was also in her a source of great suffering and discomfort. The first lady aborted: the second was not in the family way. The first was the most dreadful case of scarlatina which I have ever seen issue in perfect recovery: the second was one of moderate severity.

"Speaking, as I now do, from a very limited number of facts, I have no right to give an absolute opinion as to the frequency or rarity of scarlatinal vaginitis; but I would venture to suggest that the non-observance of this affection by the practitioner is no proof of its absence; for patients suffering from scarlet fever are often too ill to make complaints; and in other cases the affection is managed by the nurse, without her thinking it necessary to trouble the doctor. The question must be decided by future experience of a large number of cases, carefully observed with a special view to its elucidation.

"The whole treatment required is generally frequent ablation with tepid water, and, if pain be complained of, the use of opiate fomentations. The children, with one exception, required very little special treatment; but one of strumous habit, continued to have a profuse mucous-purulent discharge long after convalescence was in all other respects complete. Chalybeate medicines, cod-liver oil, and astringent lotions, at last effected a cure. The two adults were both treated by injections of nitrate of silver, and the keeping apart the labia by a piece of lint soaked in the same. I believe in severe cases the nitrate of silver will be found the best local remedy; but the injury which it occasions to the linen of the patient, and of her bed, naturally occasions a prejudice against its use."—*Medical Gazette*, August 2, 1850.
DELIVERY OF FIVE LIVING CHILDREN. BY DR SERLO.

The following rare fact is reported by Dr Serlo, in No. 50 of the Medizinische Zeitung (for December 1850).

A woman, 34 years of age, who had already been safely delivered five times, became pregnant for the sixth time. The first period of pregnancy passed well; but in the latter period weakness, agitation, and sleeplessness supervened. The abdomen acquired an extreme development, and in the last months so much so, that the woman could no longer walk, and was obliged to keep her bed during the last seven weeks. Dr Serlo visited this woman on the approach of her confinement, and found her abdomen enormously distended in every sense, very much raised, hard, and strongly projecting on the right side. She could only feel very feeble foetal movements, and was very weak; the pulse was small and quick, the legs and thighs oedematous. On examination, the os was found to be half-way opened; the membranes flabby, but no part of the child could be felt.

Labour came on about thirty hours after this examination. The pains, at first very quick, caused a rupture of the membranes; a little of the liquor flowed off, and then the contractions completely ceased. The head of the child presented itself lower in the pelvis; on applying the forceps, they easily brought down an infant to the outlet, which did not commence crying till the cord, which was rolled around its neck, was cut. When M. Serlo wished to proceed to complete the delivery, he found, on introducing his hand into the vagina, a second bag, and as there were no contractions, he ruptured it, and easily extracted a second infant, weaker than the first. In the same manner he found a bag which contained a third infant, almost as strong as the first. This was extracted by the feet; it was very lively. After M. Serlo had cut the cord and removed the placenta, a fourth bag presented itself, which was open, and contained a child weaker than the third, and which was extracted by the feet. A fifth presented itself, and was extracted in the same manner.

After this last expulsion, the womb was found to be empty and very distended; it did not contract till the end of five or six minutes.

The five children, living and crying, were put in a bath, measured and weighed:

| Child | Length | Weight |
|------|--------|--------|
| First | 15 in. (Fr.) | 2 lbs 3 lbs |
| Second | 12 lbs 2 lbs |
| Third | 13 lbs 3 lbs |
| Fourth | 14 lbs 3 lbs |
| Fifth | 11 lbs 3 lbs |

At the end of three hours, the second infant died: the fourth survived it twelve hours: the third seventeen hours: and the fifth twenty-five hours. The first, which had been extracted by the forceps, lived nine days.—L’Union Médicale, March 1851

MATERIA MEDICA.

METHOD OF COATING RETORTS, MATRASSES, CAPSULES, ETC. BY M. MOHR.

Distillation by naked heat, such as by a charcoal furnace, offers so many advantages over the water bath or sand bath, that in order to enable chemists to have recourse more frequently and more securely to the former mode of heating, M. Mohr applied himself to the discovery of a solid coating, capable of protecting all sorts of fragile vessels which it may be wished to expose to the action of fire. Hitherto chemists have been constantly exposed to the risk of serious losses by the breaking of such vessels. The plan of covering with a layer of copper by galvanism is too troublesome and expensive. All the coatings and lutes hitherto in use are easily detached from glass, and none of them can bear washing with water. The author has succeeded in obtaining a coating which does not possess...