knife was then withdrawn through the same small opening by which it had been introduced; scarcely any blood escaped at the wound, but a compress of lint supported by adhesive plaster was applied over it to keep the parts quiet, and to intercept the flow of blood.

"That the operation had accomplished its intention of detaching the muscles from the coccyx, was obvious enough, by examining with the finger upon the skin, the median line between the end of the coccyx and the posterior margin of the anus, the resistance which the muscles naturally give to pressure in that position had disappeared, and the anal aperture became retracted or drawn up into the pelvis.

"During the time I had the opportunity of seeing the patients after the operations, I have no hesitation in saying they were much benefited by what had been done for them, so much so, that no further treatment was deemed necessary. How far the operation may have succeeded ultimately and persistently, I do not know.—Guy's Hospital Reports.

## MIDWIFERY.

**NATALIS GUILLOT.** SECRETION OF MILK BY THE MAMMÉ OF NEW-BORN CHILDREN.

The examination of a large number of newly-born children has led the author to determine:—1st. That the mammæ of children of both sexes secrete milk a short time after birth. 2d. This function ordinarily succeeds the separation of the umbilical cord, beginning from the seventh to the twelfth day, and lasting for several days. It is quite normal, and takes place only in healthy children. 3d. During the secretion the mammary glands are sensibly swollen. 4th. The fluid may be squeezed out from the mammæ by pressure, either in a jet or in drops. It is white, neutral, or alkaline; it acidifies by contact with the air; it separates into two portions, one serous, the other creamy, and possesses the same chemical composition, and the same appearance under the microscope, as woman's milk. The author adds a table of the exact day of age at which he observed the lacteal secretion in thirty-nine male and thirty-four female children.—Acad. des Sciences, Oct. 17.

**BOULARD.** ON ANTEFLEXION AS A NORMAL CONDITION OF THE UTERUS BEFORE PREGNANCY.

From observations, embracing 107 dissections, the author concludes that anteflexion is, with rare exceptions, the normal condition of the uterus in the fetus, the young girl, and woman previous to pregnancy. The body of the uterus is bent forwards on the neck, so as to give the organ the shape of a reptile, with the broad end directed upwards and forwards. The axis of the body of the uterus is nearly horizontal, while that of the neck corresponds with the axis of the superior aperture of the pelvis; the fundus is in relation with the posterior wall of the bladder, the anterior surface is directed downwards and forwards, the angle of flexion being at the junction of the body and the neck. This flexion cannot be considered a cadaveric change, because, if artificially straitened, the uterus returns to the bent position. In ten examinations in the living subject, the author has found the same condition. By the occurrence of pregnancy the anteflexion is removed, and if observed after this period, it depends on some pathological condition, as abnormal adhesions, etc.—Gaz. Med., Sept. 29, 1853.

**MAZIER.** RUPTURE OF THE UTERUS: GASTROTOMY PERFORMED FORTY-TWO HOURS AFTER: RECOVERY.

This case of Cesarian section, which occurred at Laigle (Orne), is a wonderful instance of recovery under the most adverse circumstances, and fully exem-
plifies the greater success of dangerous operations in the country than in towns. Madame Soret, et. 32, of robust constitution, the mother of two children, after a normal pregnancy fell in labour on the 30th December, about 3 p.m. The child presented by the feet. The pains, at first slow, became strong and frequent towards nine o'clock. About eleven, a pain of great violence came on, forcing the patient to scream aloud with suffering, and blood was at the same time discharged in a copious stream. The labour ceased immediately, and on examination the feet of the child could no longer be felt. The blood continued to flow in abundance for an hour, but without any return of the pains. The medical men in attendance declined to act till the pains should return, and the patient remained that whole night, and the following day and night, in a very precarious condition, suffering severely from acute pain in the whole abdomen, but especially in the epigastrium. On the 1st January M. Mazier was called in, and, arriving in the afternoon, was not joined by the other medical men till late in the evening. He found the patient pale and emaciated, a marked coldness over the body, the belly tense and unable to support the least pressure. The child could be felt through the abdominal parietes, apparently removed from the pelvic region, and occupying the superior part of the abdomen. On examination, per vaginam, an extensive rupture of the uterus was detected on a level with the superior aperture of the pelvis, the tear remaining open for a quarter of its length on the left side, and elsewhere obstructed by clots of blood, etc. Gastrotomy being decided on, the operation was performed by an incision of above sixteen centimetres in length, dividing nearly the whole extent of the linea alba from the umbilicus to the symphysis pubis; and the child and placenta were extracted from the peritoneal cavity. The child was dead, and had evacuated, for the intestines of the mother were stained by the meconium; the dirty serum and small blood clots were removed, and the incision united by the twisted suture. The operation was succeeded by very little fever; the pain and tension of the abdomen soon gave way; there was some suppuration by the vagina; the wound was cicatrised on the 8th. With the exception of an eruption on the skin, and pain in the rectum, attended by constipation, and removed by appropriate evacuations, no remarkable symptoms occurred, and the patient steadily improved. At length the neck of the uterus could be felt pushed back and adherent to the rectal region of the true pelvis. The cicatrix of the rupture and of the incision was complete, and the patient had resumed her ordinary occupations forty days after the operation. A hernia of the linea alba could be observed under the skin for one half the extent of the incision, but this was the only trace left of this perilous operation.—Jour. de Med. et Chir-pratiques, quoted in Revue Med. Chirurgical de Paris.

DUBOIS' EPIDEMIC OF Puerperal Fever, AND GANGRENE OF THE EXTERNAL GENITALS ORGANS IN THE HOPITAL DES CLINIQUES OF PARIS.

During October and November, puerperal fevers and cases of gangrene of the external genital organs became simultaneously epidemic in the wards of the Clinique des Accouchements. The two affections, however different in their nature and symptoms, seemed to have some connection in their cause, and were probably only separate manifestations of epidemic influence. Latterly, almost all the patients were seized; those who did not take puerperal fever were attacked by the local gangrene. The particulars of the cases are thus described in a brief sketch. Within two or three days after delivery, most of the women are seized with some of the following symptoms:—First, a rigor, more or less violent, more intense, and of longer duration, than the rigor of the milk fever, and occurring either in the first twenty-four hours or on the third or fourth day. The rigor is succeeded by intense fever and acute pain in the hypogastric region, or on one side of the abdomen; the lochial discharge is diminished and becomes sanio-purulent in character. These symptoms are accompanied by bilious vomiting, headache, etc.; in short all the characteristic signs of metro-peritonitis are speedily de-
veloped. This fever, however, although it has attacked a very large proportion of the patients, has not presented the very fatal character usual in such epidemics. Only a few deaths have occurred; and in the great majority of cases the disease terminated favourably after a longer or shorter course. In the cases of gangrene, generally after the day succeeding the delivery, sometimes only a few hours after it, an ecchymosis is usually observed on the inner surface of one of the labia majora, or one side of the fourchette. Soon afterwards one or more small fissures make their appearance, and in some hours the epithelium is destroyed, and replaced by an ulcerated surface of greater or less extent, involving one or both labia, and disposed most generally in the form of a horse-shoe, with the convexity directed downwards. This ulceration becomes covered with a diphtheritic exudation, and in some cases spreads rapidly, destroying in a few days a great extent of the mucous membrane, of the vulva, and the surrounding integuments. Of two examples which are given, in the one the whole perineum was destroyed from the fourchette to about two inches behind the anus, and presented on the separation of the eschar a large granulating wound, in the centre of which the circular fibres of the anus could be distinguished; in the other case the whole mucous membrane of the vagina was exfoliated. In some instances the gangrene was accompanied by fever, but in the great majority of cases there was little or no general reaction.

The general preventive measures employed consisted in prohibiting any of the articles or dressings which had served in the affected cases, from being used for the new patients. Moreover, following out the recommendations of the physicians of Vienna, M. Dubois has forbid the students engaged in making the autopsis from taking part in the deliveries. To arrest the local progress of the gangrene, cauterisation, with the acid nitrate of mercury, and subsequently the application of the actual cautery, at a white heat, were freely used.—Gaz. des Hop., Nov. 17th and 19th.

[That such epidemics should occur at the Hôpital des Cliniques, is perhaps hardly to be wondered at, when its unhealthy situation is considered, being placed in the vicinity of the dissecting-rooms of the Ecole Pratique, and built, it is said, upon or close to foul drains.

PROFESSOR FAYE'S CASE OF CAESARIAN SECTION, NECESSITATED BY UTERINE TUMOURS.

The patient was a primiparous woman, aged forty, whose labour commenced on the 3d June 1850. After continuing some time the pains altogether ceased; when venesection and enemata were had recourse to, but without benefit. On a vaginal examination the breech of the child was felt immediately above the symphysis pubis, and to the right of it was distinguished a large rounded body. A large immobile tumour, of cartilaginous consistence, was felt occupying the whole hollow of the sacrum, and the left iliac fossa. A similar tumour, pretty high in the pelvis, could also be diagnosed to the right of the sacrum. The uterus was so high that the cervix could not be reached by the finger. Thus matters continued for two days; then weak pains recommenced, but with no effect, as it was found that the tumours had somewhat descended, diminishing the outlet of the pelvis to one inch in diameter. On an exploring trocar, with hooked extremity (wiederhaken), being thrust into them from the rectum, no fluid was found to exude through the canula, nor was any of their substance brought away. Caesarian section was resolved on, and performed in the usual manner under the influence of chloroform.

The child was found in the second breech-presentation (sacro-posterior), and was easily extracted alive. Some hemorrhage occurred after the removal of the placenta, but this was effectually arrested by compression of the abdominal aorta. Vomiting occurred after the operation; followed next day by abdominal pain, return of hemorrhage, collapse, and death. On examination, post mortem, two large fibrous tumours were found attached by pedicles to the posterior wall of the uterus.
This is the fourth case of Caesarian section which has been performed in Norway within the last ten years. Two of these occurred under very disadvantageous circumstances, viz., after forceps and craniotomy had been tried. In three cases the children were extracted alive, and in two they ultimately survived. In every case the mothers died—at periods varying from a few hours to five days after the operation.—Norsk Magazin Bd. 6.

**HYSTEROTOMY AFTER RUPTURE OF THE UTERUS, BY J. F. HALDER. RECOVERY.**

The patient was a woman, with an oblique and contracted pelvis, who had twice borne dead children. In her third confinement the head of the child became impacted at the brim. The pains, which were very strong, suddenly ceased; the patient became pale and uneasy, and the pulse sunk very low. On examination a rupture was found to have taken place at the posterior part of the uterus. Dr Halder thereupon performed the Caesarian section, and extracted, with ease, a dead child, having a greatly enlarged head. In five weeks after the operation the patient had completely recovered.—Nederland Weekbl. August 1853.

**DR SEYFERT ON ALBUMINURIA IN THE PREGNANT AND PARTURIENT FEMALE.**

This author, after a lengthened series of investigations, has arrived at the following results:—

1st. Albuminuria is not an essential accompaniment of normal healthy pregnancy.

2d. The theory, ascribing albuminuria to the pressure of the enlarged uterus on the renal vessels, is inadmissible.

3d. When anasarca, from Bright's disease, occurs during pregnancy, the patients seldom are attacked by eclampsia.

4th. The albuminuria in cases of eclampsia is occasioned by the interruption of the functions of the respiration and circulation by the attack.

5th. In such cases, the albuminuria terminates with the attack.

6th. Albuminuria is not present in all cases of eclampsia.

7th. Albumen is found in large quantities in the urine of epileptics, immediately after an attack, but not invariably after every seizure, or in every case of the disease.

8th. Provided there be no Bright's disease, this albuminuria among epileptics ceases soon after the convulsions, and only returns after the next attack.

If, therefore, says the author, eclampsia depends on an alteration in the constitution of the blood, are the copious venesections, so universally recommended, judicious? The blood is impoverished during pregnancy; and we know that poisonous matters, commixed with the blood, act much more powerfully when there is an anemic state of the system.

Dr Seyfert says he has seen the most beneficial effects from the use of chloroform in eclampsia.—Wien. Medic. Wochenschr. 12. 1853.

**CASE OF FETUS WITHIN THE PLACENTA, BY S. SARGENT, ESQ.**

Mrs M., of Lawrence, U. S., became pregnant with her third child in February, 1853. After the second month she was attacked with frequent floodings, which would last for a day or two, and then subside. During the last two months which she carried the child, the bleeding became more profuse, so as to waste her strength, and at times became alarming, so much so that Mr Sargent was called in several times to arrest the hemorrhage.

On the 20th of August he was called to see her, and found her with labour pains. On examination, per vaginam, he found the os tincse somewhat dilated, and the placenta attached over the mouth of the womb, and presenting. As the dilatation was not great nor the flooding profuse, nothing was done for three or four hours. The labour slowly progressed, and upon making a second examination, four hours after the first, he found the same presentation, with the parts a little more dilated. No part of the child could be felt, but only the placenta protruding through the os tincse.
Mr S. now attempted for some time to remove the placenta or some portion of it to one side, in order to give the foetus room to pass down. After nearly exhausting his patience without gaining ground, during a strong pain he made a thrust, and his finger went through the placenta. Water flowed out in large quantity. The head of the foetus could now be felt. The pains continued strong, the parts were well dilated, yet the descent of the child was slow, and only with the placenta. At length this was expelled. Neither cord nor membranes could be felt. Upon opening the placenta, it was found to contain the foetus, weighing two pounds or more; the cord, fourteen inches in length, of the medium size, and a portion of the liquor amnii which had not escaped through the opening previously made with the finger. The placenta was a complete sac, the cord starting off from its smooth inner surface, like the trunk of a tree from its roots. The child was a male, and breathed a few times.

It seems that the placenta had entirely surrounded the membranes, attaching its inner surface to them, while the exterior was attached to the whole surface of the womb. It looks as though the foetus had been formed, together with the funis and membranes, without a placenta, and that was altogether an after consideration, and supplied by the whole inner surface of the womb, and surrounding the membranes and foetus.

The placenta and cord, with its attachment, are preserved.

[This case is very imperfectly recorded and the explanation of it is absurd.]

CASE OF PLACENTA PREVIA. BY M. BONNASSIS.

On the 6th of November 1847, at ten o'clock in the morning, I was sent for to the Faubourg St Antoine to see Madam Es, who had been suffering from uterine hemorrhage since the previous evening. A midwife was in attendance. The patient had had five children, all born at the full time and healthy, and in addition, an abortion at the fourth month of pregnancy. She was about 35 years of age, and had always been healthy. She believed herself to be more than eight months gone. During this pregnancy she had had slight hemorrhage at the fourth month, which returned during the sixth, but on both occasions it ceased spontaneously. On examination, I found that the neck of the uterus was slightly dilated, and I felt a soft body, which I recognised as the placenta. The blood flowed without intermission, and there was not the slightest expulsive pain. I ordered my patient to keep her bed, to apply cold fomentations, and to take cold acid drinks. The hemorrhage continued during the day, becoming gradually more considerable. At ten o'clock in the evening the patient was extremely feeble, the dilatation of the neck had made no progress, and there was no appearance of uterine contraction. On auscultation the beatings of the infant's heart were audible. I called in another practitioner, who arrived immediately, and we decided that there was no time to be lost. Accordingly I introduced the fingers one after the other, and easily obtained complete dilatation of the neck, which offered no resistance. I believe that in similar cases dilatation is easily produced, at least I once noticed the same thing under similar circumstances. The hand having passed the neck, I pressed it through the placenta at its central part; on the rupture of the membranes amniotic fluid mingled with blood escaped. I seized the feet, brought them to the vulva, and finished the labour. The infant, although very feeble, and not appearing to be at the full time, was living; it was a girl, who is now five years of age, and in good health. The placenta, when extracted, presented in the centre an opening by which the child had passed. The cord was in the normal condition. The patient herself made a good and tolerably rapid recovery.—Communicated to the Société Médico-Chirurgicale, Paris.

[It will be remarked that, in this case, the practitioner passed his hand through the placenta, a proceeding which is of very questionable propriety. The disruption of the placenta is unfavourable to its easy and complete removal, and the laceration of fetal vessels, which necessarily follows this practice, NEW SERIES.—NO 1. FEBRUARY 1854.
The return of menstruation during lactation is considered by most obstetricians to be very injurious to the health of the child, and an indication that nursing should be discontinued, or a substitute procured. MM. Becquerel and Vernois have examined the milk of nurses during the presence and absence of the catamenia, and the results of their investigations militate against the commonly received opinions, showing that the composition of the milk is very little changed during menstruation, and that, so long as the child continues to thrive, there is no necessity for changing the nurse. The following are their analyses:

|                         | I. When catamenia absent | II. During menstruation |
|-------------------------|--------------------------|--------------------------|
| Specific gravity,       | 1032-24                  | 1031-58                  |
| Water,                  | 889.51                   | 881.44                   |
| Solids,                 | 110.49                   | 118.56                   |
| Sugar,                  | 43.88                    | 40.49                    |
| Casein and extractive matters, | 38.69                 | 47.49                    |
| Butter,                 | 26.54                    | 29.15                    |
| Salts in residue,       | 1.38                     | 1.45                     |

The above changes do not materially affect the nutritive qualities of the milk. The authors recommend that the child be put as seldom as possible to the breast during the cataminal period, and that a little sugar and water be given to compensate for the diminished saccharine matters of the milk.

These remarks apply only to menstruation as it occurs at an early period of gestation, and without causing much pain and constitutional disturbance. The secretion of milk becomes generally arrested when menstruation occurs too profusely and of long duration; and almost with certainty when the catamenia return towards the end of lactation. This latter circumstance indeed is an indication for the weaning of the child. Painful menstruation occurring during lactation, may occasionally cause the milk to disagree with the child, inducing colic, vomiting, flatulence, or diarrhoea; but these effects are very transitory, and the milk soon recovers its normal healthy condition.

[It must be recollected that chemical changes in the milk are not the only possible alterations. Although it is ascertained that the milk is really richer in nutritious material during menstruation occurring in the natural period of lactation, yet it is well known that occasionally, though rarely, the milk at the same time acquires some obnoxious influence which is exerted upon the child. The cause of this we cannot detect by chemical analysis; but the result in the child proves its existence. On the occurrence of menstruation in a nurse, a paroxysm of rage or of grief will often affect the child injuriously (the latter sometimes mortally), without any corresponding discoverable chemical change in the secretion.]

MATERIA MEDICA AND DIETETICS.

DESMARTIS. ON BATHS AND LOTIONS OF GUANO IN SKIN DISEASES.

First proposed by Recamier, this treatment has been found very successful in cutaneous affections. Pemphigus has completely disappeared after two or three baths; tinea capitis has been cured by the lotions in one or two months; cases of psoriasis and eczema, chronic, and considered incurable, have yielded