noticed it. Two cases are described by British practitioners; one by Mr. Ludlow, surgeon, of Bristol, the other by Sir Charles Bell.

An account of Mr. Ludlow's case is to be found in the third volume of "Medical Observations and Enquiries," headed, "Obstructed Deglutition from a Preternatural Dilatation of, and Bag found in, the Pharynx," detailed in a letter from Mr. Ludlow to Dr. William Hunter, illustrated by engravings, read August 27th, 1764. The subject of this case was a man nearly sixty years of age. The disease was supposed to be caused by a cherry stone having lodged in his throat, but was coughed up at the end of a few days. Death did not take place till five years after this occurrence. Upon a *post-mortem* examination, a muscular bag was discovered, passing down between the œsophagus and vertebræ. It was described as being formed by a dilatation of the entire substance of the pharynx, the uniformity and thickness being so exact that it was impossible to ascertain at what particular part the dilatation began. Mr. Ludlow accounts for the formation of this pouch in the following manner:—"It is highly probable," he says, "that the cherry stone must have been forced between some of those irregular loose folds which abound in the lower part of the pharynx; and as the patient during that time ate his meals as usual, the stone being forced on by the aliment, in the act of deglutition, might create a cavity at least equal to its own size, and, perhaps, even larger, from the addition of some of the aliment. The stone, when returned, of course left a cavity which became a recipient for particles of food, and thus by degrees it increased in size."

At page 64, in the second volume of Sir C. Bell's "Surgical Observations," is described a case of a preternatural bag, formed by the membrane of the pharynx. The subject was a gentleman, who applied for relief owing to a disease of the throat, which gave him great uneasiness, and occasioned difficulty of swallowing. Many ineffectual attempts were made to pass the bougie. Death, however, was not ascribed to the complaint in his throat, but from what cause, is not stated. After death there was found a bag projecting from the lower and back part of the pharynx, pushed into a space between the œsophagus and spine. The bag was not covered with muscular fibres, but is described as a hernia or protrusion of the inner coat of the pharynx, between the strong fibres of the muscular coat.

With these few observations I shall now proceed to a brief statement of the case which has recently come under my notice.

Colonel D., aged 69, of a robust constitution, had the greater part of his life indulged an enormous appetite. Three years previous he experienced slight dysphagia, which continued for eighteen months without any apparent aggravation; his general health continued unimpaired. In the months of January and February, 1846, deglutition became more difficult, accompanied with a degree of emaciation. In July following he came under my care; there then existed considerable difficulty in swallowing solids, which required to be finely comminuted before they could be made to pass the œsophagus. Just about this time Mr. Crosse saw the patient in consultation with me. A probang was introduced into the œsophagus, which became obstructed at or near the cricoid cartilage.

This operation was afterwards repeated at intervals, but I could never succeed in passing the instrument beyond what was considered the seat of stricture. It was remarked during the progress of the symptoms, that at each meal a portion of food appeared to be swallowed, but was shortly returned unassimilated, the process very much resembling that observed in the ruminating class of animals. Eventually the patient became totally incapable of swallowing food even in the most attenuated form.

For three weeks previous to death, which took place the following month of October, he was solely sustained by a pint of strong beef-tea, containing a glass of sherry, injected up the rectum every eight hours.

The pharynx, œsophagus, together with the larynx and trachea, were carefully removed for the purpose of inspection. A pouch or bag was discovered proceeding from behind the œsophagus opposite the cricoid cartilage, which must have hung down between the trachea and cervical vertebræ. Nearly two-thirds of it was covered with muscular fibres derived from each of the constrictors, which were much stronger and more developed than in health. The pharynx was laid open by an incision, commencing from its posterior border in the direction of the median line, and continued into the pouch two-thirds of its length.

This exposed the entire pharyngeal cavity which was found dilated far beyond what is natural. Immediately behind the cricoid cartilage, and opposite the commencement of the pouch, there existed in the œsophagus a stricture, formed by a transverse fold of the mucous membrane, and which would only admit a large-sized urethral bougie. The œsophagus below the stricture was contracted, but its mucous membrane throughout healthy.

There can be little doubt that in this case the stricture was the primary affection, and that the pouch became developed in consequence. Had the nature of the disease been detected in its earliest stage, and carefully treated with bougies, in all probability the serious consequences which followed might have been averted, for in the preparation, (which was handed round,) there exists no degeneration of structure at the seat of stricture, the stricture being caused simply by a contraction of the mucous membrane, which no doubt might have been easily made to dilate.

Lowestoft, June 21, 1847.

ON TURNING IN LABOURS RENDERED DIFFICULT BY DISTORTION OF THE PELVIS.

By Thomas Radford, M.D., Consulting Physician to the Manchester Lying-in Hospital, &c.

Whatever practice can safely supersede the *murderous* operation—*craniotomy*, should be adopted. The records of operative midwifery ought not to be stained with so

barbarous a procedure, which, according to the present recognized principles of practice, is so unconditionally and so unhesitatingly performed. It is not, however, my present intention to enter on the consideration of such important questions, as the precise position which craniotomy should hold in obstetrics, and what other means should be employed; my views upon the treatment of labours protracted by distortions of the pelvis, are already known to many of the profession. It cannot be a matter of surprize that I should (entertaining opinions that craniotomy ought to be considered an operation of necessity, and not of election,) hail with delight any measure which only promises to lessen the number of these destructive operations.

Velpeau is the first writer who has practised turning the child in cases of labour protracted by distortion of the pelvis. He says—"Lorsque il n'y a qu'un des *diamétres obliques* de vicie, il en résulte ordinairement une disposition fort importante à noter. Si c'est à droite, par exemple, comme l'a vu Smellie et comme Stein en donne plusieurs figures, qu'existe le ressrerement, le côté gauche, pourra présenter une excès d'amplitude. Dans ce cas, si la tête vient l'occiput à droite, l'accouchement exigera presque nécessairement des secours, tandis que s'il s'etait présenté a gauche, la nature aurait pu se suffire à elle meme. Cette remarque indique assez que pour rendre l' accouchement facile chez une femme ainsi conformée, il suffit d'opérer la version, et d'amener le fœtus en premiére ou seconde position des pieds; de telle sorte que l'occiput puisse correspondre au côté le plus large au détroit. Elle explique aussi comment la même femme, étant accouchée spontanément une premiére fois, ne pourra peut être le faire sans la symphyseotomie ou la section Cesarienne á la seconde, et *vice versâ*.

En 1825, je fus prié de donner des soins à une femme que etait en travail depuis deux jours. La tête ne s'engageait point. J'allai chercher les pieds, et je terminai l'accouchement. En 1826, la même personne fut amenée a l' Hôpital de la Faculté etant en travail depuis quatre jours. Les eaux étaient écoulées et la tête fortement engagée. La matrice, très exactement appliqueé sur le fœtus, ne permit pas d'operer la version. L'application du forceps fut tenteé par Desormeaux, M. Deneux et moi; mais rien ne put faire descendre la tête. La cephalatomia devint indispensable. Cette femme, enceinte de nouveau en 1827, m'a fait prévenir bonne heure lors du travail. Je suis allé chercher les pieds, et tout s'est promptement et heureusement terminé. L'issue différente de ces trois accouchemens tient à ce que, dans un cas, le gros de la tête se présentant à droite, ou le bassin était fortement rétréci, ne pouvait franchir le détroit, tandis que dans l'autre, la version ayant ramené l' occiput à gauche où les dimensions naturelles étaient conservées, le passage de la tête, n'etaient plus impossible.—*Tome premier*, p. 38.

Before we have recourse to turning the child to supersede craniotomy, or other instrumental means, we should be fully satisfied that we do not thereby create equal, if not greater, evils. The first question to be settled is, can we safely turn and deliver the child? Here is involved a due estimate of the degree of distortion of the pelvis relatively to the size of the child's head, and likewise the condition of the maternal organic structures. Can we, then, measure with such mathematical accuracy the pelvic diameters, as to decidedly pronounce that the head of the child in utero will pass through unopened. If, after turning and extracting the body of the child, we cannot bring the head through the brim of the pelvis, we shall be compelled to use the perforator, which will now be attended by increased difficulty and danger, after having already exposed maternal structures to great hazard, by an unwarrantable operation. Perforation of the head of the child can be more safely and more easily performed, when it lies over, or partly within, the brim of the pelvis, than when the cavity is occupied by the body, as it is in footling cases. Is there not great danger of fallacy in computing the admeasurement of a distorted pelvis? From my own experience, I am fully convinced there is, I mean, relative measurement, especially when slight distortion only exists. I will briefly mention a case which strikingly corroborates the foregoing remarks:—

Dr. Hamilton, late Professor of Midwifery at Edinburgh, induced in the same lady premature labour at the seventh month in several successive pregnancies, after having in a former case used the crochet. She was the wife of a Colonel, whose regiment was stationed at Manchester. Being pregnant, the opinion of my respected relative, Mr. Wood, was requested, who, after a careful examination, decided that no distortion existed, and advised her to let pregnancy proceed. She was naturally delivered at the full period after a labour of shorter duration than ordinary, and recovered well. The child was of average size and weight, and its head as large and as much ossified as is commonly the case. This case is valuable on two accounts,—as first it proves the most experienced practitioner may err in ascertaining the precise dimensions of the pelvis; and, secondly, as a caution, not to rely implicitly on a professor's opinion.

Can we always deliver by turning? Certainly not. One of the cases mentioned by Velpeau illustrates this fully. It would be highly culpable to attempt turning with the passages undilated and undilatable, or when the liquor amnii has been some time discharged. Under either of these circumstances the child would perish.

Does turning give the child a better chance than might be afforded by other measures? As regards the crotchet, the answer is plain; but the long forceps, in the great majority of cases of slight contraction of the pelvis, may be more advantageously had recourse to.

Will the head pass through a less pelvic space when its base comes first, as in footling cases, than when the vertex presents? My opinion is, that it will not, unless such unwarrantable force is used as to risk the separation of the body from the head, leaving the latter in the uterus.

It has been, however, said, that the neck of the child alive, or recently dead, is so strong, as to allow such a degree of force to be used, as to greatly compress the sides of the cranium; but such a procedure is at variance with all scientific views, and incompatible with the safety of both mother and child.

Does the head elongate more readily upwards than downwards? If only the same degree of extractile force is used, it does not, and certainly not so safely to the child. But assuming that the child's head elongates as readily, if not more so, in footling cases, than in presentation of the vertex, we know that the funis is subject to fatal compression in the former,—which danger is greatly increased in cases in which the child has been turned, on account of distortion of the maternal pelvis.

Can the head of the child be adjusted and better adapted to pass through the widest portion of the brim of a distorted pelvis, by means of the leverage its body affords after it has been turned, than by any other means? Velpeau has great reliance on the advantages of turning in these cases; but unless all contingent circumstances are favourable for its performance, the operation is most certainly hazardous to both mother and child.

ON THE EMPLOYMENT OF TREACLE IN BURNS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

RESPECTED FRIEND,—Observing from a communication which appeared in the last number of the *Provincial Medical and Surgical Journal*, recommending the employment of treacle as a dressing to burns, that the practice is not generally known amongst the profession, I beg to lay before the medical public a few cases, out of many more, in which I have successfully treated burns and scalds with treacle.

I remain, with much respect,

Thy sincere friend,

HENRY PAYNE, M.D.

Nottingham, 7th month, 8th, 1847.

Mary Parr, aged 70, of sanguine temperament, stout, and of intemperate habits, whilst sitting alone reading a newspaper by candlelight, accidentally set fire to it, and before the flame could be extinguished, it had spread to her cap and dress, inflicting a severe burn on the head, neck, shoulders, back, and breasts, but most severely on the back, where the dress was entirely burned off, and the cuticle destroyed. For the first three days after the accident she had been attended by a surgeon who had ordered the application of olive oil, but finding that she gradually became worse, he had despaired of her recovery.

On being called in, three days after the occurrence, I found her very weak. The burnt surface presented a livid hue. Treacle was directed to be immediately spread on every part of the burn, and a covering of linen-rag to be laid over it. The application was directed to be renewed at intervals of a few hours. A dose of mild aperient medicine and a saline mixture were prescribed. She was advised to live upon mild diet and diluents.

Upon seeing her next morning, she told me that she had felt no pain since the treacle was first applied, that she felt quite comfortable, and had slept tolerably well. The burn now presented a healthy rose-red appearance, and continued to heal under the same treatment until the epidermis was restored, which took place in a few days after my first seeing her.

Owing to great irritability of the nervous system in this patient, she was attacked with a sympathetic fever soon after the accident, which rendered my attendance necessary for a week or two after the burn had healed. It was successfully treated with saline medicines in camphor mixture, and occasional doses of opening medicine. I am informed that this unfortunate woman not many months after set fire to her clothes again in the same way, and before assistance arrived was so dreadfully burnt that she did not survive her injuries many hours.

M. A. P———, a female, aged 50, fell asleep in the day-time before the fire, near which a kettle of water had been placed, which, boiling over, the water fell on her foot, scalding the whole upper surface of it. This patient had received treatment for a fortnight previous to my seeing her, but not finding any benefit from it, she applied to me. Amongst the various remedies that had been tried at different times, were simple cerate and olive oil.

The scald was now looking highly inflamed, and discharged much serous fluid. Her general health was good, and it was thought unnecessary to administer any medicine internally, nor even to restrict her diet. I ordered the other applications to be discontinued, and the scalded surface to be well covered with treacle, and the dressing to be repeated three times every day, which, being followed by the usual happy results, was continued for a few days; at the end of this time I was pleased to find the part quite healed, and my patient returned to her usual avocations.

Edward Butler, a stout child, aged three years, was extensively scalded on the back, hips, and thighs, by falling backwards into a tub of boiling-hot water. I saw this patient soon after the accident, and directed treacle to be spread over the scalded surface without delay, and to be repeated according as the treacle became fluid and less adherent.

As might have been expected, the pain in this case continued, though much abated, under the remedy, and he obtained intervals of perfect ease, and slept soundly at times, lying continually on his face and breast. On the second day he became feverish, and a mixture of Epsom salt and infusion of roses was accordingly prescribed, which had a favourable effect.

The part was kept covered with treacle for three days, during which the wound had the usual healthy appearances, and was rapidly healing, when, owing