from Philadelphia, walking homeward, but so tired and way-worn that every five or ten minutes she stopped and groaned for fatigue, "absolutely indescribable and comparable to no other fatigue", I am sure you would consider yourself bound, on the principles of mere common humanity alone, not to withstand her "solicitations" to be driven home in your carriage, and thus relieved of her present anxieties and suffering (not to speak of the future morbid effects of these). And I cannot see why, if you do this (and who would not do it?) to relieve a patient from the mere effects of fatigue, you could refuse to relieve the same lady when in "the pangs and agonies of travail", from the endurance of pains which are, in your own words, absolutely "indescribable and comparable to no other pains".

"Perhaps," you observe, "I am cruel in taking so dispassionate a view of the subject." Of course it would ill become me to pass any such judgment upon you. But I feel this, that you and I, and other teachers of midwifery, are placed, in reference to this question, in a position far more fearfully responsible than ordinary medical practitioners. The ordinary obstetric practitioner has little or no power, except over the relief or the perpetuation (according as he may choose it) of the sufferings of his own immediate patients. But you and I, as obstetrical teachers, may, through our pupils, have the power of relieving or of continuing the sufferings of whole communities. If, perchance, you persist for some years longer in your present opinion, it will have the effect of inflicting a large amount of what I conscientiously believe and know to be altogether *unnecessary* agony and suffering upon thousands of our fellow-beings. If you review and alter your opinions, which I earnestly hope you will do, and make yourself sufficiently acquainted with the peculiarities in the mode of action and mode of exhibition of chloroform during labour, a vast proportion of human suffering may, even within the next few years, be saved by your happy instrumentality and influence.

Feeling as I do deeply the great responsibility in this respect of your situation and of mine, I trust you will kindly pardon and excuse me, if anywhere in the preceding remarks I may have appeared to defend my views with too much earnestness. If I had to rewrite or revise the observations, I would perhaps have stated them more accurately; but I must send them as they are; and along with them I beg to send also the most sincere esteem and reiterated respects of,

My dear Sir, yours very faithfully,
J. Y. SIMPSON.

To Dr. MEIGS,
Professor of Midwifery, Philadelphia.

CASE OF CONGENITAL DIAPHRAGMATIC HERNIA.

By JAMES CRANG, Esq.

ON February 5th, I was hastily summoned to attend Mrs. K., in her confinement. On my arrival, I was informed that she had been in labour seven hours. On an examination, I found the membranes ruptured, and the head of the fetus presenting. The labour progressed favourably, and she was delivered of a well formed female infant; which showed very faint symptoms of life. The pulsation of the funis having ceased; I instantly divided it, and used every possible effort to save the child. No action of the heart could be discovered on the left side; but on grasping the chest, I felt, as I then believed, a slight pulsation in my thumb. I then placed two fingers on the same spot, and felt two distinct beats of the heart on the right side; after which it ceased. I felt great anxiety to open the body, and earnestly requested the parents to allow this to be done. They readily consented.

EXAMINATION OF THE BODY. On February 7th, my son accompanied me; and on separating the sternum from the ribs, and turning it back, we discovered the heart and both lobes of the lungs folded together on the right side,

and resting on a portion of the ileum, the other portion of which, with the stomach, large intestines, etc., filled the thorax. The diaphragm was perfect, with the exception of a small round aperture, which admitted a straight part of the colon to descend to the rectum. The liver, covering the kidneys, filled the abdominal cavity. The contents of the pelvis were perfect and well defined.

a. Stomach.	d. Left lobe of liver turned up
b. Heart.	The rough edge of the diaphragm is seen above it.
c. Intestines within cavity of thorax, pushing the lungs upwards and to the right side.	e. Portion of intestine within abdomen. The bladder is conspicuously seen in its usual situation.

Dr. J. G. Swayne, of Clifton, has kindly furnished me with a drawing of this case; and I intend exhibiting it at our anniversary Meeting at Swansea. The preparation is deposited in the Museum of the Bristol Medical School.

Timsbury, Somerset, July 1853.