aggravated, the urine slightly bloody, and the debility ex-

cessive. Jan. 21st. Improvement began, and continued until the 23rd, when he was so much better that he was able to eat com-

fortably. When in bed he was being nursed by his wife. Care being taken to prevent undue muscular exertion, he escaped any more myalgic pains until the 25th. During that day he had been "roaring" with laughter and fun, and had been sitting up in bed for the greatest part of the afternoon. At night, after a short sleep, he was awakened crying with severe pain in the iliac and pubic regions, which lasted for about six hours. The 26th, he was too sore to move or to talk. On the 27th, he was becoming better, and lively enough to play; but fearing to sit up, he only raised himself on one elbow, in the position assumed by the Greeks at their symposia. This posi-
tion threw much strain upon the sternomastoid of the left side; and the result was, that a very intense pain in that muscle came on at night, with much swelling and tenderness, and difficulty of swallowing. After this, he became very fearful of moving, and lay quietly until February 1st, when he was again full of fun, and laughed and talked with more than usual vivacity. The same result followed, and the pain was referred to the tragus, the sternohyoid and thyroid, the omohyoid, and the platysma. The next day, he was too sore to move. During the whole of the complaint, the debility was excessive, and hematuria twice occurred, passing away on each occasion in twenty-four hours, without special treatment. He was much better at this time. He died on February 16th, but remained subject to myalgia for many weeks. On one occasion, the 10th, 20th, and 21st of January, I felt no doubt that there was genuine inflammation, which had commenced in the sternomastoid, and had spread to the parts around, including the pharyngeal muscles and the fascial muscular mem-
brane.

Dr. Sandwith of Beverley has told me of a case in which this state of things evinced itself in permanent wormen, for the cure of which he operated. By making a section of the muscle, he found it converted into a substance of almost carthaginian appearance of hardness.

CASE VII. The next case is one where, after scarlatina, the myalgia was so general as to lead to the fear of acute rheumatic fever. J. M. J., aged 10, a tall overgrown girl, of strumous habit, had a very mild attack of scarlet fever, but which was complicated by two attacks of hematuria, much vomiting, and by a serious epilo-

peptic seizure. The fever began January 22d; and by Feb-

ruary 26th she was sufficiently recovered to go to Southport for change of air. The journey involved a walk down stairs and to a car, a drive to the railway (one mile), a walk to the train at the station, a walk of two hours, a drive of two cars (twenty yards), a drive of five hundred yards, and a walk into the house (twenty yards). On her arrival, she seemed to be in excellent health and spirits, and not to be at all fatigued; but, on the next day, the delirium of intestinal muscle overwhelmed her over the body, and especially about the knee and ankle joints. This obliged her to keep to bed for two days, after which she slowly began to recover; but a whole week elapsed ere she could place one foot in advance of the other while walking; and three months elapsed ere she could sit up for more than two hours without having inflammatory pain, on the one side or the other, according as she had been sitting. The last attack of hematuria lasted for four months ere it disappeared. No special treatment was adopted, nor did there appear to be any mischief resulting. She has since that period continued in perfectly good health.

REMARKS. These cases are sufficient to show—1. That ex-

cessive use of a muscle may produce an inflammatory condi-
tion; 2. That such condition may subside without suppuration or organic change; 3. That this resolution is favoured by absolu-

test rest; 4. That this condition is induced by what appears to be very cold and continued exertion; 5. That this will be so much more marked, and the organ more liable to be affected aperiently, or from scarlatinai; 6. That the diagnosis of a case is not completed when "myalgia" is made out, but that it is necessary to investigate the circumstances produ-

ing it. They suggest the idea—a. That the severe pains are so common in scarvy, and the brawny hardness so constantly met with in the hams, calves, and thighs, in that complaint, and to myalgia, from overextension, in individuals weakened by scurvy, is not circumstantial. b. That the hardness of the abdominal walls, so common in cancerous affections and inflammation of the liver, may be due to myalgia, the result of over-
exertion in a cachetic subject, or from the spread of inflammation from the liver to the recti and obliqui; c. That the few cases in which myalgic pains are relieved by local bleeding are those in which overexertion has produced a quasi-inflam-

matory condition in the affected muscle; d. That this is always referred to must always complicate the diagnosis of abdominal tumours; e. That, in all cases of suspected abdominal disease, the examination must be made with the greatest delicacy and care, so as not to provoke the liable muscles to contract.

In conclusion, I would remark, that any one who wishes to ascertain for himself the power of the muscular system under varying circumstances may do so by using Hutchinson's test. He may determine how much he can blow it up high or low, according to his condition at the time. So sensitive is this test, that the influence of a day's fatigue, diarrhœa, influenza, and the like, are all marked by a diminution of the power, and may be used without end, as a substitute for the compressor.

TURNING AS A SUBSTITUTE FOR THE FORCEPS IN CASES OF NARROW PELVIS.

By ROBERT JONES, Esq., Stroud. In a series of papers published some years ago in this Journal, Dr. Simpson advocated the operation of turning in labours connected with narrow pelvis, in preference to the use of the long forceps or cranicotomy, provided it be made recourse to early, as being attended with less risk to the mother, and as affording a greater chance of saving the life of the child. He states that morbid contraction of the brim is, whatever mode of delivery be adopted, liable to cause rupture of the uterus, especially when the labour has been long protracted. He also states that the compressed tissues of the cervix have consequently been rendered friable; and that, owing to the elasticity of the cranial bones, great force might be used in extracting the head, without endangering the child's life.

The following case is related as corroborative of these views. A few years ago, early in May, Mrs. Cook requested me to attend her in her forthcoming confinement. She is a little lady, aged 48, the widow of a coachman. She had then nearly completed the eighth month of her eighth pregnancy. She informed me that her first four labours were tedious and painful; the children were small, but born easily. For her next confinement, she was attended by two different midwives, both living at Leintwardine; that in each the labour was painful in very few hours, and was prolonged, and craniotomy was had recourse to in each. In her seventh confinement, which happened eighteen months ago, she was attended by a gentleman practising in Ludlow; this time the labour lasted thirty hours; it was left to nature, and the child was born dead.

I took this history as a very forcible illustration of the efficient evidence of the existence of a morbidly contracted pelvis, and at once suggested the induction of premature labour. To this my patient stoutly ob-
jected. There was, therefore, nothing for it but to wait the natural time. Accordingly, early in the morning of the follow-
ing 21st of June, I was sent for, and found she had become labour all night, and for the four last hours the pains had been very powerful. The vagina was well lubricated, the sacrum very hollow, and the symphysis greatly projecting for-
wards. The os uteri was well dilated, the labour was fully formed, and the child's head just entering the brim. With a trifling degree of force, I pushed back the head, carried my hand into the uterus, and brought down the fetus without the slightest diffi-
culty. Not so, however, with the head; for this required all or nearly all the strength I could use and keep up for some minutes. The head at length passed. The child was appa-
rently dead; but the funis was feebly, and at long intervals, Cold water being gently dashed on the face repeatedly, the child gasped, cried, and ultimately breathed well, and, I believe, is still living. The mother made a good recovery.