curred to the late Mr. Avery at Charing Cross Hospital, and more recently to Mr. Adams, of the London Hospital. Another case in which the artery pursued this unusual course, and was the occasion of fatal hemorrhage after the operation, occurred some years ago at St. George's Hospital. In that case, however, it appeared probable that the artery had been laid open by sloughing after the operation, as the fatal bleeding did not come on till after the establishment of that process.

II. LOCAL TREATMENT OF CANCER.

Under the care of E. STANLEY, Esq.

[From Notes by E. BARKER, Esq.]

Sophia L., aged 47, was admitted on May 27, on account of scirrhus of the right breast, which she had noticed for ten years, and which had probably existed for even a longer time. It had been growing with more rapidity during the last five months. A large swelling, of stony hardness, was found occupying the central part of the mamma; the nipple was retracted and the skin puckered. There was, however, no adhesion to the deeper parts, nor any affection of the glands in the axilla. Her general health was very bad; she suffered much from pain in the part; and was much reduced and very feeble. Under these circumstances, it was determined to prefer local treatment by escharotics to a surgical operation; and accordingly, two days after her admission, the Vienna paste was applied to the swelling, the pain being deadened by the continued application of ice and salt through a piece of gutta serena tissue. She was ordered nutritious diet, and was allowed to go about the wards. On June 9th the slough separated, exposing the ulcerated scirrhus mass. The disinfecting fluid of Sir W. Burnett, diluted with nine parts of water, was now applied with the effect of causing the separation of the same leathery sloughs as have been previously described in the notice of similar cases. On July 19th, the use of the caustic was superseded, as the sore appeared quite healthy, was granulating kindly, and, although some inflammatory induration existed at the upper part of the wound, none of the scirrhus mass seemed left behind. It should be noticed, that the application of the fluid was attended with some degree of pain, so that it was necessary to add a solution of morphia to it.

REMARKS. This case is the continuation of a series which have appeared from time to time in this JOURNAL. The cure, of course, cannot be pronounced either complete or permanent without longer observation of the patient; still it seems fair to conclude that the cancer has been removed by escharotics, without the risk that would have undoubtedly attended its removal by the knife, and without any extreme degree of pain. Time and opportunities of seeing the same cases at long intervals (which, unfortunately, are so rare in hospital practice) are necessary to enable us to compare the prospect of a return after this method with that after operation. Meanwhile, the form of escharotic used in this patient's case appears to answer as well as any of the others, and to be, at the same time, more manageable and less painful.

Original Communications.

CASE OF THE INDUCTION OF PREMATURE LABOUR.

By EDWARD WILLIAMS, M.D., Wrexham.

[Read before the North Wales Branch, July 7th, 1857.]

S. J. was married in 1850; and on the 7th of April, 1851, being at the full term of utero-gestation, she was delivered by craniotomy, after a protracted labour of seven days. In July 1852 she was again delivered by the same means, after great suffering for nine days. It was then pronounced by the gentleman in attendance—a person of great experience—that “she could never give birth to a living child”. In June 1853 she was again in labour. After six days great suffering, I was called in; and, finding the pains perfectly ineffectual, though very strong, I felt assured of the existence of some mechanical hindrance. The history of her previous labours confirmed this view; and therefore I brought the child away by craniotomy.

After so much distressing experience, and the apparent im-

possibility of giving birth to a full grown fetus, I suggested to her the practicability of inducing premature labour, if ever again she became pregnant. This idea she gladly adopted; and on the next occasion she called upon me to solicit my assistance.

I should mention that she is a very small person, but quite symmetrical, and has always enjoyed good health; and I was unable to account for her difficult labours, except upon the supposed disproportion between herself and her offspring, which on each occasion were represented as being very large, and which certainly was the case in her last confinement. The husband is a large athletic man.

She last menstruated on November 2nd, 1854; and on June 6th, 1855, when she supposed she was seven months advanced in pregnancy, I gave her a mixture of the following ingredients:—

Ergot, three drachms; boiling water, eight ounces. Macerate for half an hour, then strain, and add half a drachm of dilute sulphuric acid, two drachms of syrup, and a drachm of spirit of cinnamon.

Of this she took an ounce every four hours.

She commenced taking this mixture on Wednesday night, June 6th. On Thursday morning, June 7th, she had slight pains, which continued through the day; and, in the evening, I found, on examination, that the os uteri was dilated sufficiently to admit my index finger easily; upon which I discontinued the ergot mixture, and introduced the perforator. I tried in vain to rupture the membranes by mere pressure of the instrument; I therefore pressed forward the stilette, and drew off the liquor amnii. To the instrument I have had a small screw added, to prevent the protrusion of the sharp point, until the instrument is fairly within the uterus. She suffered no pain nor inconvenience from the operation.

June 8th. I found her preparing her husband's dinner. She had but little pain, and the waters were dribbling away from her.

June 9th. She had slight pains.

June 10th, 10 A.M. She had had slight pains all night, and the os uteri was dilated to the size of a crown-piece. At 1 o'clock, P.M., my assistant was sent for. He found labour set in, with a breech presentation. After a severe labour, the child was still born at 3.30 P.M. The child was comparatively large; and the shoulder and head being long in passing, the funis was subjected to long continued and much pressure. The woman rapidly recovered, but the child's death was a disappointment to me.

In 1856, she again became pregnant. It was determined to adopt the same proceedings, and I desired her to come to me again at the termination of the seventh month, which she did.

I will not discuss the various opinions put forth respecting the viability of the fetus at different periods of its existence, or the prevailing opinion that it is more likely to live at seven than eight months; but reason and experience show that, the longer the fetus remains *in utero*, the more perfect must it become, and the better able to sustain an existence independent of its mother. Anxious, if possible, to preserve the life of the child, I consulted my friend Mr. Griffiths. He examined the woman most carefully, but could find no deformity; the pelvis was apparently well developed. We therefore resolved to allow her to go on to the end of the eighth month, by which period it was hoped that ossification of the cranial bones would not have advanced too far; and the delay also gave better hopes of a head presentation; for it is observed that fetuses expelled before the full term of utero-gestation are frequently preterm presentations.

On the morning of Saturday, May 31st, she began to take the ergot mixture, the same as before. By 9 o'clock the same evening, the os uteri was sufficiently dilated (she had suffered from pains throughout the day) to admit the finger. The perforator was introduced, the waters were drawn off, and the ergot was discontinued. She remained very well, and attended to her household duties until Wednesday morning about 11 o'clock, when regular pains came on; and on Thursday morning, at a quarter before 3, the child was born, being a head presentation. Both mother and child did well.

After the birth of the child, I had a good opportunity of thoroughly examining the pelvis; and I then discovered the obstacle to the passage of the child's head, which was the turning inward, and considerable elongation of the spinous process of the ischium. It was distinctly to be felt, of a pyramidal shape, and encroaching much upon the outlet of the pelvis.