

dark carbonaceous colour, and greatly diminished in size; bladder empty and contracted.

It is my opinion that, owing to the distended state of the lower part of the colon and rectum, life was preserved, and the fatal event protracted, from the strong mechanical occlusion of the morbid opening, by the indurated fæces, preventing thereby fæcal effusion into the abdominal cavity.

OPERATIONS ON THE LIPS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Through our much improved Journal, I would offer to the profession a suggestion or two for operations upon the lips, which, though not very important, seem likely to be acceptable, from their frequent applicability, the facilities they afford to the operator at the time, and satisfaction in the result.

In excisions, the hand of an assistant at each angle of the mouth, to compress the arteries, is often considerably in the way, and may be better employed. I have therefore, on the last fifteen or twenty occasions, applied, at each extremity of the lip to be operated upon, a strong and large pair of Dieffenbach's forceps, which have effectually controlled the hæmorrhage, and left the hands of the assistant at liberty for other purposes. I have even operated without other assistance than that of the forceps. Their concave margin is towards the ear, and after applying, it is well to give them a slight pinch, to increase the compressing force. Messrs. Weiss and Co. have made them for me, and know the size and strength required.

Another trifling suggestion is the adoption of thin steel pins, instead of the usual silver ones, cutting off the points with pliers, as in operations upon the saphena.

The only other innovation I have to recommend upon the operation, is one I have practised for many years, in imitation of the veterinary mode of producing compression and co-aptation after phlebotomy,—namely, the use of strips of lint, twisted about the pins, instead of thin ligatures. The lint should be of the firm kind, called "endless," and the strip about half an inch wide. Its value lies, of course, in the wider and more serviceable compression it gives; indeed, by two pins, with lint applied to each in a crossed form once, then two or three times tightly coiled round at the base, and tied, the whole incision is occupied, extended compression given, and the dressing completed. The lints being soaked in blood during their application, will even adhere, after careful removal of the pins, until cicatrization is perfect.

I remain, Sir,

Your obedient servant,

THOMAS PAGET.

Leicester, May 15, 1848.

CASES FROM PRIVATE PRACTICE.*

By JOHN RICHARD WARDELL, M.D., Edin.;

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

CASE VII.

FITS DURING LABOUR.

REMARKS.—In offering the following remarks upon the foregoing case, it may firstly be observed, that the nomenclature employed, must needs appear to obstetricians and systematic writers less precise and definite than could have been wished; but it unfortunately happens both for those who write and their readers, that the multifarious aspects which diseases assume, their complications and the many contingent circumstances by which their ostensible phenomena are modified, that it is often no easy matter, nay, frequently very difficult, or even impossible, to refer them to the defined classes of nosological arrangements. Sometimes it is true we meet with diseases in a simple and perfectly intelligible form, when we can with confidence speak explicitly as to their real nature, but as asserted, it is often otherwise, as in the illustration now presented to the reader, in which there were certain negative and positive facts, which in my own mind, rendered it doubtful whether the case could or could not be considered as one of puerperal convulsions,—that is according to the generally received notions of the term, unless we receive the subdivisions of certain authors who have made a classification of it during the puerperal state, some of which classes describe the affection as very different to others. It was under this incertitude that I have employed the appellation as above.

Such other cases of puerperal convulsions as have come under my notice, and were real puerperal convulsions of an alarming character, are in many respects diverse to the one described here. In the former the muscular agitation was much greater, there was tossing about of the head, biting of the tongue, foaming at the mouth, stertor, a full strong, labouring pulse, and heat of surface; in the latter, as we have seen, there was no foaming, a quiescent rigidity more than a convulsive action of the muscular system, no rattling during respiration, a cold surface, small slow and compressible pulse, with lachrymation, dilated pupils, etc., rendering the symptoms of a highly hysterical nature. "Dewees," says Ramsbotham in a foot-note in his work, "classes puerperal convulsions under three heads—epileptic, apoplectic, and hysterical Baudeloque arranges them under the titles of tetanus, epilepsy, and catalepsy. Merriman styles them dystocia epileptica; while Velpeau and Desormeau prefer the general term eclampsia." The first paroxysm was perhaps somewhat more of a convulsive character than those which followed, most probably owing to the