them to be placed on lasting record amongst those narratives from which statistical results of an unquestionable character may be deduced, yet, by combination and mutual revision, histories of this description would not be so difficult to produce as you may imagine.

In the meantime, every individual heartily engaged in such an undertaking would derive incalculable benefit from this application of his powers, and the advantage would be felt by himself and his patients throughout the whole of his medical career.

I have been induced to bring forward to the Physical Society the exposition of the method and advantages of the numerical system which I have just offered, from an earnest solicitude that the rising generation of medical men in this country may not be backward in contributing their quota towards the substantial advancement of medical science, and that the students of this hospital in particular may be first and foremost in thus vindicating the honour of the medical profession in England, and of the medical schools in this city. I have long been forcibly impressed not only by my own experience, but by what I have had frequent opportunity of observing to be the case with others, that there is no position so advantageous to the medical student as the post of clinical clerk. The number who can obtain this post is necessarily small and limited, but if you will act upon the hint which I have thrown out, all the gentlemen, however numerous, who may be following the medical practice of the hospital may participate in the advantages of that post. I would earnestly recommend them so to distribute themselves, that a certain number might be attached to the practice of each physician, precisely as the dressers are to the surgeons. By this arrangement a good collection of well authenticated cases might be made, and numerous important but unlooked for results would in all probability be brought into view.

TWIN PREGNANCY: RUPTURE OF UTERUS: RECOVERY.

By A. H. PATERSON, Esq:

On September 10th, 1853, at half-past five, P.M., I was called to see an Irish woman, E. Mullins, aged 35, living in a miserable room in this town. She had been in her fourth labour twenty hours. She previously had had bad times, and had once borne twins. Two children, I believe, had been born alive. After her last confinement, she had a severe attack of peritonitis, followed by abscess near the umbilicus. She had now reached the full time. The patient, on my arrival, looked fatigued, but not pinched or ghastly. The abdomen was very prominent and pendulent, the vagina cool, and the os uteri dilated. The brim of the pelvis did not appear contracted. The liquor amnii had escaped the night before. She had strong bearing down pains, the midwife assured me, till very shortly before my visit: she lay down, sat up, and occasionally walked about, though with difficulty. On making an examination, the head was discovered presenting naturally, but receded on being touched. There was very trifling pain, and no uterine contraction. I ordered two half-drachm doses of powdered ergot. This rather increased the pain, but was soon returned by vomiting, which had also previously occurred during the day. She now complained of much abdominal tenderness, particularly towards the right iliac fossa.

10 P.M. There was little change. I attempted to deliver with the forceps, but could not grasp the head, which receded before the blades, and did not allow of their passing sufficiently over it; so that, on making traction, they slipped. The motion of the child's head caused great pain, resembling cramp. I now repeated the ergot without effect.

Sept. 11th. 1 A.M. The patient felt easy; she took twenty drops of laudanum, and dozed for several hours. Between two and three, A.M., I left her.

8 A.M. She was still much the same, except that she looked ill and very pale. A small quantity (perhaps two or three ounces) of blood was shown me, which escaped after applying the forceps. I now gave chloroform, turned, and with some difficulty removed a fine full-grown dead infant. I introduced my hand, and found the placenta detached, and another infant and a large coil of intestine in the flaccid uterus. Mr. Broadbent, of this town, now joined me, and assisted in the turning and delivery of the second infant. On making an examination, he discovered two large rents extending across the anterior part of the body of the uterus, from the os towards the right side, and separated by a band of the muscular tissue. During the removal of the second child, I placed my hand on the abdomen, and felt the head pass through the rent into the uterus. The pulse had up to this time been tolerably full, and under a hundred. It now became feeble; and the woman was cold and faint. There was a very moderate discharge. The abdomen was carefully bandaged, and a drachm of laudanum given.

5 P.M. The extremities were warm; the pulse 130. She had no pain, and had not slept. The opiate was ordered to be repeated at bedtime. The uterus was well contracted. The bladder was acting naturally.

Sept. 12th. 9 A.M. The abdomen was much distended with flatus. The patient had slept most of the night. She had had a bad cough. The skin was warm and perspiring; there was occasional hiccough; the patient had not much pain; the abdominal tenderness was confined to the right side. She got out of bed in the course of the day, and stood up; and lost several ounces of blood both at that time and afterwards. The pulse was 140. I ordered the following:—

℞ Ætheris chlorici,
Tinct. opii, āā ℥xx.
Sumantur quartâ quâque horâ.

Sept. 13th. The pulse was 130. She had had a bad night. The abdomen was tympanitic, except in the right side, where it was dull, and felt hard. The bowels were open. The lochia were natural.

Sept. 14th. The pulse was 120; the bowels were relaxed; the tongue was white and moist; the spirits were good; and there was no hiccough or sickness. The mixture was omitted; and she was ordered to take a grain of opium every six hours.

Sept. 15th and 16th. She was better. I ordered her to have broth and port wine.

Oct. 5th. Since last report, the patient had continued very weak. She had suffered much from spasmodic cough, which gave her great pain in the abdomen; and had occasional diarrhœa. On the right side, just below the false ribs, was a large painful tumour, with deep-seated fluctuations. She had been half starved. I procured some more nourishing food, and ordered a poultice to the side.

Oct. 9th. A large tumour had, since the last report, formed midway between the umbilicus and pubes: it burst this day, and a large quantity of fœtid pus escaped. I ordered quinine.

Oct. 13th. I lanced the large abscess below the false ribs. Upwards of a pint of fœtid pus was expelled with violence. The cough and all other symptoms were quickly relieved.

My patient now rapidly recovered, suffering only from great irregularity in the bowels, and pain and flatulence after meals.

This woman was again delivered by me three weeks since. I with some difficulty turned a fine child, but could not get the head through the brim, the cervical vertebræ giving way. I, however, applied the forceps, and delivered. The woman has done well, except that she has again had a large abdominal abscess below the umbilicus.

Remarks. In the first labour, I ought doubtless to have delivered much earlier; but the symptoms for many hours did not appear to necessitate my interference; and it was not till after the escape of the blood that I suspected what had occurred. The rupture took place, I believe, shortly

before my first visit. The ergot was too quickly vomited to cause it. The moderate peritonitis following the delivery is partly, I think, accounted for by the previous inflammatory attack, which must have caused some intestinal adhesions. There was, however, a sufficient cavity in the abdomen to contain the head of the second twin. The abscess I lanced appeared to have traversed the under surface of the diaphragm. The treatment consisted entirely of opiates. In the last labour, I should have perforated the head, instead of applying the forceps with the body of the infant in the vagina; but I had not the proper instruments, and did not like to wait for them. The pelvis was natural, except that the sacrum was very prominent.

Altrincham, Cheshire, December 1st, 1854.

PERISCOPIC REVIEW.

MIDWIFERY AND DISEASES OF WOMEN.

REPORTS ON BRITISH AND FOREIGN MIDWIFERY.

SECOND REPORT.* BY JOHN ROSE CORMACK, M.D., F.R.S.E.

THE heavy demands which Association discussions and other non-scientific communications have made upon the pages of the JOURNAL, have caused the present Report to grow by keeping to an inconvenient length. It is to be hoped that in future the Periscopic Review may be allowed to appear at shorter intervals.

The subjects considered in the following Report are,—

I. UTERINE SOUNDS, INTRA-UTERINE PESSARIES, AND THE CONFLICT OF OPINIONS REGARDING THEM.
II. BEHAVIOUR OF THE PELVIC ARTICULATIONS IN THE MECHANISM OF PARTURITION..
III. PUERPERAL CONVULSIONS: EXPLANATION OF THE MORE COMMON OCCURRENCE OF RENO-TOXIC CONVULSIONS IN FIRST AND PLURAL PREGNANCIES.
IV. LONG CONTINUANCE OF LIFE IN NEW-BORN INFANTS WHO HAVE NOT BREATHED.

I. UTERINE SOUNDS, INTRA-UTERINE PESSARIES, AND THE CONFLICT OF OPINIONS REGARDING THEM.

Few subjects at the present moment demand more careful consideration by obstetric practitioners than the circumstances in which it is justifiable to use the Uterine Sound as a means of diagnosis, or the Stem-pessary in the treatment of displacements of the womb. No one can doubt that these instruments have been too often employed with a recklessness, which has led to dangerous and even fatal results. Metro-peritonitis and pelvic abscess have been induced, and abortions have been induced through the most culpable carelessness. It does not follow, however, because the instruments have been used improperly, that they ought to be utterly interdicted. The reader can form his own opinions from the ample data which are subjoined; my own opinion is, that the researches of Dr. Matthews Duncan, on "Displacements of the Uterus," in the *Edinburgh Medical and Surgical Journal* for April and July 1854 and the *Edinburgh Monthly Journal* for October 1854, and the debate in the French Academy of Medicine, are quite sufficient to inspire practitioners with salutary caution as to the introduction of sounds and pessaries into the uterus, whether for the purpose of diagnosis or of treatment.

DR. J. M. DUNCAN ON USE OF PERMANENT PESSARIES.

In a paper (in the *Edinburgh Monthly Journal* for October 1854,) on this question by Dr. MATTHEWS DUNCAN of Edinburgh, that gentleman insists strongly on the great difficulties in the way of accurately and justly appreciating the treatment of displacement by permanent pessaries.

The point of greatest weight, he says, to notice, is the difficulty of arriving logically at conclusions on this subject having even moderately good claims for acceptance. We have to contend with "the impossibility of commanding all the conditions of any experiment, or contrived observation, so as to leave out one after another of those conditions in each repetition of the observation, and have an *instantia crucis* as to the influence of any one of them on the result."

In applying the numerical, along with other methods of inquiry, to such therapeutic questions, "The probability is, that the efficacy of the measures under observation will be over-rated, because the desired result is the *positive* one of the recovery of patients (not *negative*, as in questions of etiology, having for their practical end the prevention of disease); we know that, in almost every case, various causes besides that under trial have contributed to that result; in acute cases, especially, the salutary provisions of nature for the decline of diseases, or, as we may very often more correctly express it, the essentially temporary nature of the diseased action itself; in chronic cases, more remarkably, the unobserved agency of other internal circumstances besides the remedy in question. Of the degree in which these causes have contributed to the fortunate event of any individual case, all candid and intelligent medical men will allow that it is very difficult to judge; and, without judging of them, we can have no certain inference as to the power of any remedy." The present question is, like many others in the field of therapeutics, one that can be finally decided only by the suffrage of an enlightened profession on one or other side. No amount of writing, debate, or statistics can solve this question, which must receive its final arbitrement from enlightened professional consciousness.

The chief difficulties to be kept in mind may be enumerated as follows:—

1. The well-known facility of all patients, and especially of females, inducing them to admit their feeling relief from treatment without good grounds. In the case before us, this amiable failing in females is aided by the novel character of the treatment, and the imposing aspect of the instruments.

2. The impossibility of deciding the gravity of the affection. The symptoms calling for relief in the cases considered are, painful feelings of various character and site. For the description of these feelings, and the estimation of their intensity, the physician is completely at the mercy of his patient, and is very liable to form misconceptions on the subject.

3. The impossibility of deciding what symptoms, in any case, are due to the simple displacement, and of separating these from what are caused by the engorgement or inflammation of the womb, by irritability of the womb, or of the neighbouring organs, or by other more obscure neuralgic conditions.

Under this head may be mentioned the confusion apt to arise in discussing this subject, from physicians looking at and describing cases from different "points of view". The case of a Lancashire lady, which was lately the occasion of a professional correspondence, may be taken to illustrate this point. The lady was apparently one of a class who have confidence in different doctors and practices by turns, and whose statements can therefore be of little scientific value. Her case was diagnosed in London by some eminent obstetricians, as one of fibrous tumour in the back wall of the uterus. In Edinburgh, it was diagnosed by a very eminent accoucheur, as retroversion. "If the case," says Dr. Duncan, "had come into my hands, I should possibly have thought it was neither a case of fibrous tumour nor of retroversion, but of enlargement of the uterus. All these statements may have been correct and consonant, although at first sight different. The lady *may* have had an engorged and retroverted uterus, with a fibrous tumour in the posterior wall, and different physicians *may* have seen reason to ascribe the symptoms complained of to one or other of these different unnatural conditions. It humbly appears to me that the great error in this case was the assertion of an exclusive diagnosis by one practitioner as against another. The retroversion could be diagnosed without any difficulty. The existence of a small fibrous tumour (and in such a case the supposed or real tumour must be very small) in the posterior wall of the uterus, if it do not cause deformity of that wall, cannot with certainty be contradicted, after the most careful examination during life; and great doubt will be cast over the case if the uterus is engorged and hypertrophied."

4. The impossibility of saying what part of the good or bad results observed after the treatment is to be attributed to the mechanical retention in the normal position, and what to other conditions of accident, regimen, or simultaneous and diversified treatment. The question even of death, as the result of this treatment, has been in some cases successfully perplexed by arguments too ingeniously based on this dilemma. These instruments are admitted on all sides to cause serious constitutional disturbance occasionally, and sometimes pelvic abscess. The latter affection is well known to be sometimes unavoidably

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