

but feeling "very queer," and complaining of his throat being sore and a difficulty in swallowing. His pupils continued dilated for several days, but when last I saw him he was quite recovered and very grateful.

ON A CASE OF PARTIAL PLACENTA PREVIA.

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About one A.M., Nov. 9th, 1867, I was summoned by the union midwife to M. M—, aged thirty-five, residing at King-court, one of the most wretched places in my district, on account of ante-partum flooding. The patient had arrived at full time with her sixth child. She had enjoyed good health in her pregnancy, with the exception of a pain in the left hip during the latter months. Her five previous labors had been natural and quick. In this last pregnancy her work had been harder than heretofore, she having to carry heavy weights up and down stairs. A little before midnight of Nov. 8th she was awakened by a sudden gush of fluid per vaginam, without the least pain. She had no sudden excitement or unusual exertion during the preceding day. Finding that the escaping fluid was blood, she sent for the midwife, who found her standing up and gasping, and still profusely flooding. She was placed on the bed, some brandy-and-water was administered, and an unsuccessful attempt was made to ascertain the presentation. On my arrival I found her in a state of collapse—pale, cold, feeble voice, and almost pulseless. Fluid and clotted blood was still pouring from her, and "she had flooded a pailful." The presentation was so high that I could not make it out, until I had the whole hand in the vagina. The os was dilated to the size of the mouth of a wineglass. It was impossible without great and excessive violence to have got my hand through the os. I plainly felt the edge of the placenta reaching to the level of the posterior lip of the os, and the posterior portion of the cervix was clearly thickened by the attachment of the spongy mass. In front of this latter I detected the fetal head covered with the membranes. There was not the least uterine pain. Finding it impracticable to introduce my hand, I passed two fingers through the os, and completely detached the placenta, as high as my fingers could reach, from its cervical attachment. Immediately I had effected this all hæmorrhage ceased. I then gave one scruple of powder of ergot in brandy and water, and covered the poor shivering thing with what wretched means were at hand. There being no food in the house save bread and tea, I had some of the latter made, and in about half an hour's time gave her therein another dose of ergot. No pain followed. The woman had, however, wonderfully rallied, had become warm, talkative, and acquired a fair pulse. Although the membranes somewhat protruded through the os, I now determined, as there seemed no necessity to hasten or force labor, to watch and see what Nature could or would do. As a matter of precaution, previously plugging the vagina, I left her in charge of the midwife, who had soon also to leave, being sent for to

another case. I saw the patient again at five A.M. There had been no hæmorrhage and no pain. She was doing well. To continue her brandy, tea and sopped bread. At nine A.M. she obtained the necessary medical comforts. At two P.M. matters were still the same. As she complained of inability to make water, I removed the plug, which was scarcely stained with sanguineous discharge. She received four visits from the midwife during the day. At eleven P.M. I found her complaining of pain in the lower belly. This evidently depended on distended bladder, and was at once relieved by catheterism. The os was now more dilated and softer, and the head was just entering the brim. There were still no pains. In an hour after my visit to the patient pains came on, which the midwife on her arrival found well established. Nature had ruptured the membranes, the head was in the cavity, and completely through the os. A still-born male child was naturally expelled without the least return of hæmorrhage either before or after its birth, at between two and three P.M. of the 10th. The bones of the child's head were separated, the whole body was discolored, and the cuticle desquamating. Unfortunately no notice was taken of the appearance of the placenta. The woman did perfectly well.

Remarks.—This case very forcibly illustrates the implicit reliance which may be put on the ability of Nature (when properly assisted) to terminate a case of placenta previa. The italicised portions of the above description sufficiently indicate the several physiological and therapeutical points so ably laid down and combated by Dr. Barnes, in his Lettsomian Lectures for 1857. I believe the case more than establishes his views, inasmuch as, having full command of the patient, I determinedly resisted the very great temptation of rupturing the membranes.—*London Lancet.*

FUNCTIONAL HEMIPLEGIA.

[This case resembles one which we noticed in the Montreal General Hospital, under the care of Dr. McCallum. Treatment is of little benefit in these cases.]—ED.

Dr. J. H. Kidder, Assistant Surgeon United States Navy, reports in the *American Journal of Medical Science* for January, 1868, two cases of functional hemiplegia:

CASE 1. *Progressive locomotor ataxia; partial insanity; left hemiplegia; death*—Wm. K., coal-heaver, aged 30, born in Ireland; admitted into the Naval Hospital, Philadelphia, September 12, 1866, as affected with "partial paralysis." This patient was wounded during the first attack on Fort Fisher, in December, 1864. He was at that time in the marine corps, serving on the U. S. S. Juniata. His statement is, that while engaged in loading the 100-pounder pivot gun of the Juniata, the piece exploded, the concussion rendering him unconscious, and one of the fragments of the gun fracturing the right tibia. He was finally discharged from the service; reshipped for duty at League Island, in November, 1866, and has performed light duty until within a few days past, when he