

sions libelled on were not used; but it was attempted to be shown that acupressure was not a fit mode of treatment in the circumstances, and should not have been persisted in. Dr. McLeod approved of his treatment in every respect. Dr. Campbell thought it was unjustifiable to use needles at the depth of the posterior tibial artery, and said that the proper mode would have been to tie up the artery with ligatures. He also thought it was wrong of pursuer to enter on the last operation without professional assistance, as the parties who held the artery by thumb pressure could not do it properly unless they had a knowledge of anatomy. From the evidence, as to the expression complained of being used, the Sheriff held that it had been substantially proved. He also held that it had not been proved that Dr. Caldwell had erred in any one particular, and his lordship therefore decreed £5 damages.—*Glasgow Herald*.

Midwifery and Diseases of Women and Children.

DELIVERY DURING SLEEP.

By ADOLPHUS SAMUELSON, M.D., Manchester.—In the evening of February 22nd, 1844, I was sent for to Zabelsdorf, a village near Zehdenick, in the Uckermark, where I then resided (some thirty miles from Berlin), to attend a case of labour. Hannah Rohde, the wife of a farm-labourer, about forty years old, of middle size, spare habit, and sallow complexion, having had eight children, of whom three were living, had passed easily through all her confinements; but, immediately after several of the births, especially after the eighth, she had for a short time been unconscious.

At about one a.m., on the above day, some blood was first observed to come from the vagina; however, it stopped again, when about noon a more copious flow set in, which now continued through the afternoon, and soon associated itself with unconsciousness. At 7.30 p.m.—the time of my arrival—I found the os uteri pretty well dilated, and the membranes fairly distended, but the head placed quite to the right, and still so high that the particulars of the presentation could not be verified. Towards the right, partly in front, and partly to the side of membranes, the placenta could be felt. The flooding had ceased. The woman did not recognize any one, and answered incoherently. The pulse, but little accelerated, and at first weak, became somewhat fuller soon after my arrival. The skin perspired moderately. During the afternoon, one single pain had been felt. From time to time the membranes grew a little more tense, but the woman made no complaint; she only appeared