

and underclothing of all sorts, I can always find a place for, and I ask this from ladies and gentlemen for ladies and gentlemen who have fallen on hard times.

#### PLACENTA PRÆVIA.

DR. G. E. FULLER (Leicester) writes: I was called to see a woman (pregnant 8 months) attacked with severe flooding. On my arrival I found the hæmorrhage had ceased, and on making an examination discovered a mass of clots filling up the vaginal canal, on the removal of which the edge of the placenta could be felt presenting through the os uteri. The thought occurred to me that it was a case of natural separation of placenta from Barnes's dangerous zone, with consequent cessation of hæmorrhage. On making a second vaginal examination ten minutes subsequently, I could feel a foot presenting. I decided to leave the case to Nature, watching narrowly the course of events, and had the satisfaction to find that the labour was completed without further mishap, the afterbirth following the child almost immediately. The woman made an excellent recovery. The child, which was dead, presented a typically rachitic appearance, and the placenta had undergone well-marked *ramollissement*.

#### NEALE'S "DIGEST."

H. M. D. writes: As a cheap issue of Dr. Neale's *Medical Digest* is advertised in your columns, which places the work within the reach of all, I wish to impress upon the minds of my busy medical brethren the great value of the work in everyday practice. To some it may appear chiefly as a book of reference; but in the majority of cases no recourse is needed to the works referred to; e.g., some time since a practitioner met with a case of hairpin in the urethra, which he skillfully cut out. But had he glanced at the *Digest*, a ready means of extracting it by the end of his thermometer case would have been suggested to him. In a case of mushroom poisoning which proved fatal, a reference to the *Digest* would have revealed the fact that atropine and pilocarpine are valuable antidotes. In cases of threatened abortion, among the host of remedies recommended, a peep at the *Digest* will indicate that viburnum surpasses all others.

#### HERPETIFORM ERUPTION IN TONSILLITIS.

MR. ARTHUR W. LOVERIDGE (Newport, Monmouthshire) writes: I was consulted on April 6th by Miss A. S., under treatment for pronounced anæmia. The fauces and both tonsils were acutely inflamed, the latter enlarged, and a small ulceration of the pharynx, midway between the two glands, accompanied by the usual febrile symptoms, temperature 103.5° F. I gave a mixture containing chlorate of potash and the liq. amm. acet., telling her to take to bed, and that I should see her next day. I did so, but found her sitting up, the throat trouble slightly relieved, the left tonsil less inflamed, the right much the same, if anything larger. But the point of interest in this otherwise ordinary attack is now to be noted.

On the right cheek, exactly in the centre, was a bright circumscribed erythematous patch the size of a halfpenny, and studded in the centre with numerous small vesicles (herpetic), which ultimately became pustular. My patient was somewhat alarmed, thinking it erysipelas; the patch did not increase in size at all. The right tonsil became very much larger, in fact, touching its fellow, which was much reduced, and the whole of the right of the roof of the mouth and neighbouring parts became oedematous, and the symptoms were so severe that I incised the gland in two places, but failed to come upon pus, though the incisions were deep.

The following day, however, December 12th, the sixth from the commencement, the abscess broke. Despite fomentations and steam inhalations, the suffering was most acute, necessitating a nightly opiate. During the whole period this curious patch continued, and, with the abatement of the symptoms, gradually got smaller, and the colour fading, there were no other marks or spots on any part of the body.

#### PROFESSOR STEPHENSON ON MIDWIFERY FORCEPS.

DR. ARCHIBALD D. MACDONALD (Liverpool) writes: Whether obstetric experience is best acquired north or south of the Tweed cannot be decided except by comparison of experience on both sides of it. But, although another Scotsman, I am inclined to take the side of the "well-known authority" quoted by Professor Stephenson in the *JOURNAL* of March 31st, with the addition that I think a good deal of unnecessary fuss is made over forceps cases on either side of the border.

And I observe that Professor Stephenson's experience of forceps—in the granite city, presumably—has not enabled him to detect and point out one of the radical defects of the long forceps in ordinary use. I mean the continuation of the first curve of the blades at the very point, which causes them, in plain words, to "dig into" and unnecessarily mark the fetal parts. The points of long forceps should tend to return to the straight; and this idea I carried into practice in the use of my indicating axis-traction forceps, figured and described in the *Lancet* of July 29th, 1882.

As to length, Barnes's is preferable to Simpson's only in a very few cases: I have had one case where Barnes's forceps locked at the vulva. As to the blades, I cannot agree with Dr. Stephenson; practically, I found the narrow fenestrum and broader steel to be preferable; we exert traction through the part grasped under the steel, and neither should we draw nor hold by the bulging of fetal skin through a wide fenestrum.

The pelvic curve is a much thrashed-out subject. Where should it lie when the blades are passed well over the fetal head? Below the blades. Practice with almost straight blades and the curve in the lower part of blade and upper part of shank supports this proposition.

Professor Stephenson's plan of axis-traction is wanting in precision. It seems to me that the parallelograms of forces involved do not give a constant resultant in the pelvic axis for the time being. If a simple plan be desired, it can be applied to any long forceps by dipping two pieces of tape in a disinfectant, such as iodized water, and in carbolic oil, then passing each through a fenestrum of Simpson's forceps, as I once did in a labour obstructed at the brim, and pulling the tapes with the left while managing the handles with the right hand.

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#### BOOKS, ETC. RECEIVED.

Report on the Mortality and Vital Statistics of the United States, as returned at the Tenth Census (June 1st, 1880). By John S. Billings, Surgeon U.S. Army. Part II. Washington Government Printing Office, 1888; also Plate and Diagrams accompanying Part II of Report on Mortality and Vital Statistics.

Sell's Dictionary of the World's Press, and Advertisers' Reference Book, 1888. By Henry Sell. London: Sell's Advertising Agency.

Memory and its Doctors. By Dr. E. Pick, K.F.T. London: Trübner and Co.

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