

described, and have generally observed the first symptom of returning life to be a tremulous motion of the respiratory organs; the child next makes a very feeble attempt to inspire, and the colour of the face changes. The inflation should then be made quicker; and, as the attempts to breathe increase, a little sal volatile or brandy, rubbed over the palm of the hand, and held over the mouth during the inflation of air, will materially assist the recovery, and has a better effect than pouring stimulants into the stomach. A few smart slaps on the glutei muscles will now generally complete the recovery.*

Bridgewater; June 1827.

Case of Laceration of the Perineum. By C. WILLIAMS, Surgeon to the Retreat, York.

EARLY in the evening of the 1st of first month, 1825, I was summoned to attend A. W—, æt. twenty-three, in her first labour. The pains were then strong, but soon decreased both in force and frequency. At ten o'clock I gave her a dose of laudanum, and left her. At three the following morning I was again called, when the os uteri was fully dilated, and the pains were strong and forcing; the head continued to advance slowly till nine o'clock, when it pressed firmly on the perineum at each pain, and, as far as I could judge, would have required a dozen more such to dilate the os externum sufficiently to have allowed the head to pass; when, as my fingers were applied to the vertex to prevent its too rapid advancement during a pain, which was not nearly so strong as many that had preceded it, the head suddenly escaped into my hand. I suspected what had taken place, and, after the expulsion of the placenta, I examined the parts, and found that the whole of the perineum and integuments were lacerated to the very centre of the anus, with the exception of the sphincter ani; the fibres of which were distinctly seen through the lacerated opening in the integuments. I informed the patient, as well as her friends, that the parts had been torn during the labour, and that it was necessary to secure them in contact by suture, which was readily agreed to. After washing the parts quite clean, I united the torn edges by three distinct sutures, over which a compress of lint merely was applied. The woman's thighs were kept together by means of a handkerchief tied round them above the knee; and I desired her to lie quite still on her side, and frequently to sponge the part with warm water, especially after any evacuation; and directed a small dose of castor-oil to be taken every morning.

On the fourth day, I examined the parts, and found them looking well. On the ninth, I removed two of the sutures; and, on the twelfth, the remaining one, when the union was complete. A

* In the COLLECTANEA of the preceding Number, the reader will find a case detailed, in which the life of a child who had taken a large dose of laudanum was saved, by keeping up artificial respiration.

slight ridge remained in the line of the rent, owing to the thinness of the integuments rendering it necessary to introduce the needle some distance from the edges of the wound. After the last suture was removed, the patient never felt any more uneasiness in the part.

York; 18th fifth Month, 1827.

Case of Puerperal Convulsions. By G. JONES, M.R.C.S.L.

Mrs. S—, æt. twenty-three, of a full plethoric habit, ruddy complexion, and frequently the subject of headache, was taken in labour with her first child on the morning of the 24th January. At four P.M., the os uteri not being dilated to more than the size of a half-crown piece, the membranes gave way, and the liquor amnii was evacuated. Severe labour-pains continued, with but little interruption, until seven o'clock, at which time the head was full in the pelvis, and resting upon the perineum, when she was seized with a convulsive paroxysm. The belly became rigidly extended; a frothy saliva, tinged with blood, (occasioned by biting her tongue,) issued from her mouth, accompanied with stertorous breathing. I immediately opened a vein in the arm, and allowed the blood to flow until a sensible impression was made upon the system. I then prepared to deliver my patient with the forceps, when the uterine action, which had been suspended for the space of half an hour, returned, and delivery was speedily effected by the natural efforts. The placenta came away in the usual manner, and without any particular discharge. After the lapse of a short time, she was attacked with a second fit, and I administered the following draught—

R. Tinct. Opii gtt. xxx.; Sp. Æther. Sulph. ʒj.; Mist. Camph. ʒjss.
M. fiat haustus.

She expressed herself relieved. The pulse was full, strong, and frequent, and her face much flushed. After directing the head and face to be kept constantly wetted with a cold cloth, I left her. Her husband called me up at two A.M. saying his wife had had seven fits since I saw her, and of greater violence. I tied up the arm, and bled her a second time, and dropped a full dose of croton-oil into her mouth. The convulsions increasing in violence and frequency after a short interval, I gave her the following powder—

R. Hydrarg. Subm. ʒss.; Acet. Morphicæ gr. ss. M. fiat pulvis.

This also was administered by dropping into the mouth, for between the paroxysms she lay in a comatose state, and quite unconscious of those about her, with a great disinclination to be roused. I now retired for the night, after having desired the cold applications to be continued to the head, and some Camphor mixture given as often as it could be taken; wishing to see the effect of the calomel and croton-oil upon the bowels, before any other active measures were resorted to.

25th.—This morning the nurse informs me that my patient has