where overstepped by the disease again and again, after it had reached the more civilized parts of Europe.* As, for instance, in the case of Debrenzyn, in Hungary, which suffered more than any other town in the country, although guarded by a triple cordon.†

The greatest efforts were made to keep the cholera out of the Russian capital, by means of quarantine; but, as usual, these having signally failed, a strong double cordon of troops were still maintained around Larcozels and Peterhoff, to which the court and nobility, with their attendants, in all 10,000 persons, retired, and resided in seclusion (among them, I am sorry to say, were two English physicians.) In the beginning of October, the restrictions were withdrawn; and it was accurately ascertained that not a single instance of the disease had occurred within the enclosure, though it raged in all quarters around in the close vicinity of the lines.‡

"Kristofsky, situated in the middle of the populous islands of Petersburg and which communicates with them by ten magnificent bridges, and with the town by a thousand barges, which bring every day, and especially Sundays, very many people, who go to walk in the beautiful island, we say, has been completely preserved from cholera; there has not been a single patient in the three villages which it contains. During the cholera, most of the French players retired to Kristofsky, and not a single patient was found among them; while out of the small number of their companions who remained in town, many either died from the disease, or were seized with its most violent form."§

"On the St. Lawrence, immediately opposite to Montreal, and within a very short distance of the city, is a small island called St. Helena. Immediately upon the breaking out of cholera at Montreal, the authorities removed the military to "St. Helena." The people from the island went every morning to the city to make their bazaar, and mixed with the inhabitants of the infected city; but, notwithstanding this daily constant communication, there was never one case of cholera in the island during the whole time."‖

Colonel Tulloch states that, "Cases of cholera were first noticed in Quebec on the 8th of June, 1832, among a party of emigrants who landed there on their way to Montreal, in consequence of the steamboat in which they had embarked being overcrowded. On the following day a person belonging to the same party, but who had proceeded by vessel to Montreal, was attacked shortly after his arrival there, and within a few days the disease became general in the town."¶ Dr. S. Jackson, however, the consulting Medical Officer of Philadelphia, distinctly affirms that, although the emigrants were at first supposed to have transmitted the epidemic across the Atlantic, "a more close investigation into the facts connected with the commencement of the disease in these cities, served to destroy this supposition. It could not be traced to importation."

The Brig *Amelia* left New York, when cholera prevailed, on the 19th of October, 1832, with one hundred and odd passengers on board; from stress of weather they were confined below. After being at sea six days, cholera broke out among them. On the 31st of October the vessel was wrecked on Folly Island. Up to this period twenty-four persons had died of cholera, and several remained sick.

A boat's crew of wreckers was sent from Charlestown to save a part of the cargo, and immediately after returning to the city one of them was seized with cholera and died. The patient resided in a most filthy part of the town, and was visited by "hundreds of curious people," but the cholera did not spread in Charlestown. The remainder of the wreckers were sent back to Folly Island, and during the passage two of them fell sick with cholera and died; they are described as of exceedingly intemperate and dissolute habits. The crew of the vessel had from the very first been placed under strict quarantine on the island. Of four negroes, the only persons left on the island by the proprietor, three died, one a child and two adults. Of the wreckers eight died; of the guard employed to perform the duty of a cordon sanitaire, and who were stationed about 120 yards from the sick, nine were reported severely ill, and one died. The three physicians in constant attendance escaped, but a nurse employed on the first wrecker, who died, fell a victim to the disease a week afterwards.*

The first case of cholera observed in the village of Moor-Monkton, six miles from York, occurred on the 28th December, 1832. The disease did not exist at the time in the neighbourhood, or in any place within 30 miles. John Barnes, a labourer, had been suffering for two days from diarrhœa and cramp, when on the 28th December he was taken ill with all the symptoms of cholera, and died the next day. Barnes' wife and two other persons, who visited the sick man, were seized with cholera, but recovered. The son of the deceased man arrived. He had been apprentice to his uncle, a shoemaker, in Leeds; his aunt had died of cholera fifteen days before, and her effects were sent to J. Barnes without having been washed. The trunk containing the things had been opened by J. Barnes in the evening, and the next day he fell ill. This case is cited by the Cholera Commissioner of Constantinople in proof of the transmissibility of cholera by articles tainted with cholera, or soiled by their dejections.†

(*To be continued.*)

* Edinburgh Medical Journal, No. 37, p. 199.
† Liverpool Medical Gazette, Vol. I, p. 277.
‡ Official Reports on Cholera by Drs. Russel and Barry, p. 58, London, 1832. Idem, p. 203.
§ Observations Sur le Cholera Morbus. Par l'Ambassade de France in Russia. Paris, October, 1831.
‖ Report of the Committee on the Mauritius Cholera, 1856, p. 156.
¶ Report on the Sickness and Mortality amongst the troops in British America, p. 306.

DIFFICULT CASES IN MIDWIFERY, OCCURRING AMONG NATIVE WOMEN.

By T. Murray, M.D.,
Civil Surgeon, Ajmere.

"The positive advantage we obtain from embryotomy is the safety of a large proportion of the mothers, who, in addition to the children, must have perished, had no aid been afforded. The children, of course, are all lost."—*Churchill.*

The following cases from my note-book may help to disprove the idea, very generally prevalent, that native women are less subject to the accidents and chances attendant on child-bearing than women in European countries.

I have found that flooding after delivery, retained placenta, and puerperal fever, are by no means uncommon among native women; and I am informed that, in villages and hamlets far away in the interior of the country, women often die *undelivered*. Obstetric medicine is certainly at a very low ebb among the natives in this part of India.

UNNATURAL LABOUR; MAL-POSITION AND MAL-PRESENTATION OF THE CHILD; EVISCERATION.

CASE I.

P., Brahmunee, aged 40; fourth labour.

This woman was the wife of a respectable Brahmin in this city, and had been in labour for about twenty-six hours before

* The American Journal of Medical Science, Vol. XIV., p. 378, 1834.
† Proceedings of the Sanitary Conference at Constantinople, Calcutta, 1868, p. 93.

I saw her. I was called to see her about 7 o'clock on the morning of the 6th February, 1861. The substance of the report made to me by my Native Doctor was, that there was a wrong presentation, and that several midwives had been with her during the night, and had been using great force in trying to pull the child away by one of its arms; not succeeding, they, one by one, left her, and the patient was now in a very perilous condition. The liquor amnii had escaped shortly before midnight. On my arrival at the patient's house soon after 7 o'clock, I found her screaming and writhing in great agony. I found the left arm protruding from the vulva nearly as far as the axilla, and the umbilical cord compressed against the pubic arch. The protruded arm was icy cold and much swollen and livid. I relieved the cord from pressure, but there was no pulsation in it, neither could any pulsation be felt over the fœtal heart. This satisfied me that the child was dead

The patient continued in great agony, the pains were strong, and she was using violent expulsive efforts, throwing herself about and exhausting her strength to no purpose. The vessels of her head and neck were greatly swollen and congested, the perspiration rolled in great beads from her forehead, and ever and anon her body was bent double; the muscles were fixed and rigid, and the hands tightly clenched, as though the patient was in a paroxysm of tetanic convulsions. I administered a soothing draught at once, and soon after placed the patient partially under the influence of chloroform. I next tried to turn the child, but found this was impossible. I sat down and watched the case for a few minutes; but, notwithstanding the throes of the patient, the fœtus remained firmly wedged—not the slightest movement forward was perceptible. After two ineffectual attempts at turning, I determimed to eviscerate.

Operation.—The woman lying on her back, her hips resting on the edge of the bed, and an assistant steadying each knee, I introduced the perforator with great care, guided by the fingers of the left hand, and, having felt the fœtal scapula, passed the instrument into the thorax through one of the intercostal spaces. Having made a free opening, I brought away the contents of the thorax. I next inserted the crotchet in the same way that I had introduced the perforator, carefully guarding the soft parts of the mother. In a few moments the body of the child collapsed, and, the pains coming on strong, I was able to extract it without much difficulty.

I now removed the placenta, and, dashing cold water over the abdomen, soon obtained a good contraction of the uterus.

So overjoyed was the patient at the relief she experienced, that it was with difficulty she could be kept quiet in her anxiety to express her gratitude.

Within three weeks she was up and about her household duties.

CASE II.

F., Mussulmanee, aged 31, the wife of a Mahomedan theekadar; sixth labour.

I was called to see this woman about 9 a.m. on the 9th July, 1865. The case resembled the foregoing in almost every particular. The patient was about 30 hours in labour. It was a transverse presentation. Several midwives had been called in, and had tried hard to bring away the child by pulling violently at its arm, which was greatly swollen, with the skin peeled off in many places. I found it necessary to eviscerate as in the foregoing case. The mother made a rapid recovery, and was about her work again on the twentieth day.

Dr. Rigby has given a graphic picture of cases of the above kind when unassisted. I quote from Churchill:

"After the membranes have burst and discharged more *liquor amnii* than in general when the head or nates presents, the uterus contracts tighter around the child, and the shoulder is gradually pressed deeper in the pelvis, while the pains increase considerably in violence, from the child being unable, from its faulty position, to yield to the expulsive efforts of nature. Drained of its liquor amnii, the uterus remains in its state of contraction even during the intervals of the pains; the consequence of this general and continued pressure is, that the child is destroyed from the circulation in the placenta being interrupted, the mother becomes exhausted, and inflammation, or rupture of the uterus and vagina, are the almost unavoidable results."

Churchill says, "If the uterine action be very intense, *turning* may be impossible without risk of rupturing the uterus."

And, again, "Should *version* be impracticable, we must open the chest of the child, and eviscerate; after which it may be extracted by the crotchet."

Spontaneous evolution, according to the testimony of Dr. Douglas, does not occur above once in ten thousand labours.

POWERLESS AND OBSTRUCTED LABOUR; CRANIOTOMY.

CASE I.

S., Hindnee, aged 40; ninth labour.

I was called to see this woman about 10 o'clock on the night of the 15th November, 1862. She had been in labour from dawn of the previous day (about 29 hours). I found her much exhausted, with a quick intermitting pulse, and a countenance expressive of fear and anxiety. The child's head was greatly swollen and enlarged—hydrocephalic in fact; and delivery by forceps being impracticable, I performed the operation of craniotomy in the usual manner. The mother was quite well on the twelfth day.

CASE II.

M., Mussulmanee, Lakhara, age 41; eighth labour.

I was called to see this woman on the afternoon of the 26th February, 1867. She had been in labour two days. I found her very weak and exhausted; pulse quick and feeble; pains had ceased for about two hours. She was moving her head from side to side, moaning and praying for help. On examination, I found the child's head enormously enlarged (the child was dead), and, as it was not a case for forceps, I at once had recourse to craniotomy. Everything went on favourably for the first four days, when puerperal fever set in, and the patient died on the ninth day. I think, if she had had assistance at an earlier period of her labour, the case might have terminated differently. One curious feature in this case was, that the woman had been labouring under paralysis of the lower extremities for three years.

In contrast to the foregoing cases, I may add the following, showing the advantage of seeing the patient at an early period of labour:—

About noon on the 20th May, 1867, I received a hurriedly written note requesting me to see Mrs.——, who was in labour. I had just returned from one of our Municipal Committees, and was about to sit down to breakfast, when the note was handed to me. As the horse had not been taken out of the buggy, I was with the patient in a few minutes. She had that morning come in, a distance of fifteen miles, for change of air, having been suffering for some time past from a low form of intermittent fever. She looked pale and weak, and said she had been a good deal fatigued by the journey. She arrived here at about 7 o'clock, and between 8 and 9 was seized with labour pains. This was her third pregnancy, but she was *now* only in, or about, the seventh month. The pains were strong and characteristic of true labour pains. On examination, I detected a transverse presentation, and lost no time in *turning*, converting a shoulder presentation into a *footling*. The child was still-born, and appeared to be a seven months' child. It looked as if it had been dead some hours. The mother, notwithstanding her previous illness, made a very good recovery.