

no suture could be felt, upon which I carried my finger posteriorly, and attempted to push up the head from the promontory of the sacrum, which, after making considerable efforts, I succeeded in doing. I could just then discover the lamdoidal suture and the posterior fontanel, through which I attempted to thrust the perforator; but in this I was foiled, owing to the sloping direction in which only I could pass the instrument, the tendency of which, when pressed upon, being to pass over the fontanel rather than into it. I then again introduced the blunt bistoury, and with the middle finger of my left hand pressed it into the fontanel, by which means I made an opening, into which I passed the blunt hook, with which I drew the fontanel forwards and into the axis of the pelvis, when I was enabled to introduce through it the perforator, with which I rapidly broke up the brain, and dilated the aperture, through which I introduced and applied the embryotomy forceps, including in its grasp the right parietal bone and scalp covering it. I then drew down, first gently but firmly, and then with more force; but although the head descended a little, I soon found that I could not move it to any extent. Accordingly I very much increased the force, when I brought away the whole parietal bone and scalp covering it, included in the forceps. I then again introduced the forceps, and included the left parietal bone, which, after a short time, came away also with its covering scalp. By this time the uterine efforts had become again roused, and on introducing the forceps a third time, and enclosing the occipital bone, I drew down with very great force, and succeeded after some time in bringing away the mutilated head, by laying hold of which with both hands, and using great efforts, I soon after delivered the shoulders and body. The uterus very soon contracted on the placenta, which I extracted with the least effort. No hæmorrhage followed. The woman never had afterwards a bad symptom.

I thus particularly notice this case, because in a long and very extensive public practice of operative midwifery, extending over a period of more than twenty years, I never saw but one such, and that was fatal in the result. It was conducted by Dr. Walshman, who (although urgently pressed by me) refused to use the embryotomy forceps after perforating the skull, preferring the use of the crotchet—the worst of all instruments—with which (from its repeatedly having slipped off the part of the skull to which it had been affixed) he literally tore the vagina into strips, as well as made a rent in the cervix and os uteri; nor did he succeed in the delivery of the woman, the child having passed through the rent in the uterus into the abdomen, where we found it after death.

Clapham-road, August, 1853.

LONG UMBILICAL CORD.

By F. C. GRAY, M.D., Sheerness.

Mrs. —, was taken in labour at one A.M. with her first child, and the case, though troublesome, did not present anything extraordinary till the birth of the child, which took place at eight o'clock the same evening. The infant was in a state of asphyxia, from which it was with some difficulty resuscitated, the cord having been twisted nine times round the neck. This I distinctly observed, and the volutions as I unwound them. I apprehend this to be very unusual, inasmuch as my midwifery cases exceed 200 annually, and, though I frequently have found two or three turns of the umbilicus round the neck, I never met with anything like it before; and, what appears still more singular, there was almost a total absence of the liquor amnii, not half an ounce having escaped.

Sept. 1853.

Foreign Department.

Impending Death from the Inhalation of Chloroform; Recovery by the direct Insufflation from Mouth to Mouth, according to M. Ricord's Method.

M. BOINET has just published, in the *Bulletin de Thérapeutique*, the case of a lady, 30 years of age, who inhaled chloroform to escape the pain of having the forceps applied. She was short and ill-proportioned, and it had been a question whether the natural term of gestation should be waited for, or whether premature labour should be induced. The former course was adopted, but the head became locked at the outlet of the pelvis. Before the forceps were used, a cambric handkerchief, upon which about two

drachms of chloroform had been poured, was held at a short distance from the patient's nose. She was soon quite insensible, without experiencing any excitement; and as the operation was being prolonged, M. Boinet desired the husband to place the handkerchief again to the patient's mouth, as she was beginning to move about, and to utter faint cries. The traction was now renewed, and the child extracted; but the husband, being engrossed by the operation and the perilous situation of his wife, left the handkerchief upon her face, though he had been recommended to take it off immediately the patient was again insensible. Just as the child was being withdrawn, the assistant, who was watching the pulse, stated that it had stopped. The cord was quickly cut, the child removed, and the windows thrown wide open. The heart had ceased to beat, the most complete relaxation of the frame existed, the pallor was extreme; in fact, all the characteristics of death had made their appearance. For five minutes cold water, ammonia, slapping, &c., were used with the greatest solicitude, but in vain, and the patient was declared dead. M. Boinet thought, however, that he should not give up the case until he had tried the mouth to mouth insufflation. This mode of filling the lungs with air remained at first ineffectual, as the cheeks flapped back immediately the blowing ceased; bellows were also tried, but to no better purpose. And now, finally, as M. Boinet states, a few more direct insufflations were attempted; more to avoid the imputation of leaving the patient too soon, than from any hope of recovering her. These were then continued with great energy, while the assistant pressed the lower part of the thorax, to excite the diaphragm to action. At last the patient made an inspiration, which the author compares to the last gasp of a dying person; and he continued the insufflations without much hope of observing a second inspiration, as the pulse and heart were quite still. But in a few seconds a second breathing effort took place, and the patient gradually recovered, exactly as happens with those who wake from their narcotic sleep without having experienced any arrest of circulation. When the patient had quite recovered, the placenta was taken away, and she made a very good recovery. The question now arises whether this was a mere swoon, which would have been recovered from without any efforts at insufflation.

A Bean extracted from the Bladder by the Lithotrite.

M. MAISONNEUVE, surgeon to the Hôpital Cochin, in Paris, has just removed a large bean from the bladder of a man, 27 years of age, who had wilfully introduced this foreign body into his urethra. The bean, which, on the introduction of the lithotrite, was felt floating on the urine, was luckily caught, and withdrawn without crushing. The urethra must have been considerably stretched by the passage of the lithotrite partially open, and holding a foreign body more than half an inch long. It is, of course, advantageous that the bean should have been extracted whole; but in supposing that the surgeon had crushed it, the fragments would probably have been passed, as well as a portion of the bean, which was evacuated the day after the operation.

Reviews and Notices of Books.

On Scarletina in her Majesty's Ships Agamemnon and Odin in 1853. 8vo, pp. 22. For her Majesty's Stationery Office. London: Eyre and Spottiswoode.

THIS is an official report by Sir John Richardson, Inspector of Naval Hospitals, of the epidemic of scarlatina which prevailed so extensively towards the close of the last winter among the crews of the screw-steamers of war, *Agamemnon* and *Odin*. The record of this disease contains much matter of interest, the fever resembling in many points—though on a small scale—some of those epidemics with which the nations of Europe have at different times been visited. Thus, comparing small things with great, it may not inaptly be likened to the sweating sickness which so fearfully clouded the joy of England after the battle of Bosworth Field, on the 22nd of August, 1485, and which again breaking out in the years 1506, 1517, 1528, and 1551, was characterized by its rigors, fever, great prostration, oppression at the stomach, headache, with lethargic stupor, and the fetid perspiration with which the bodies of its victims were suffused. In the cause of the two pestilences, also, there seems to have been something in