and carbolic acid, do not retain their antiseptic powers, but allow the secretions of the wound to collect within their fibres and there to putrefy, they cause detached marks of a black or reddish brown colour on the oiled silk protective which cannot be washed off; and when such marks are to be seen, all the sutures should be removed immediately.

6. The sixth and last cause of failure is, being needlessly alarmed at certain complications which often arise; these being regarded as the harbingers of evil, the system is followed out less exactly, as if the case were hopeless, or it is forthwith discarded altogether.

The most common of these complications is the sudden appearance of redness in the skin near to the wound, which seems to forebode the advent of erysipelas; yet this rarely goes beyond the condition of severe erythema, and it is generally most easily subdued by using freely the oiled silk protective already referred to. This seems to moderate the irritation which the carbolic acid had occasioned, and the skin quickly recovers its healthy state. Even, likewise, where the pulse has become very rapid, the temperature very high, and some constitutional disturbance has been set up, these symptoms will eventually subside, and not advance to any very serious degree if the conditions of antisepticity be again secured.

The summing up of the whole matter is this: "*when you ask for Glenfield starch, see that you get it*"; and when you propose to conduct a wound or an abscess to a successful and speedy issue by the antiseptic method, if you seek for antisepticity, "*see that you really have it*"; from the very first moment in which you adopt the treatment to the last, see that you watch with scrupulous and suspicious care every possible inlet for sources of fallacy and failure, before you condemn or reject a system upon which judgment should not be held until it has been rigidly and fairly tried in all its details.

ON A DIGITAL IMPRESSION PRODUCED BY THE ACCOUCHEUR IN THE CRANIUM OF A FŒTUS DURING BIRTH: ITS HISTORY AND RESULTS.*

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I NARRATE the following case, only partly on account of its own interest and importance, having for a chief object to use it in order to make some remarks on a point in obstetrics which, I am convinced, does not receive due attention and consideration. It is well known that, in reporting results of medicinal or operative treatment or interference, a very common, if not the regular, mode of narrating the most favourable for the child is by such phrases as "Born alive", or "Born alive and survived". Such phrases give neither a complete statement, nor do they indicate what were the ultimate results of the treatment or interference. Conditions and results are omitted which are of the gravest importance—of an importance only less than that of life itself.

Many individual observations and the researches of Dr. Arthur Mitchell have shown that difficult labour, and especially operative interference, is occasionally the cause of insanity in various forms. Injuries of the physical frame of the child during labour may lead to permanent corporeal disabilities, as is well known; but it should not be forgotten that the soft and rapidly growing head of the child may be the subject of injury producing irremediable and awful results, even when the child is born alive and apparently in good health, without visible injury, and even although it may for many months appear to be in every way a proper child. The delicate brain may sustain irreparable damage even from the compression and shearing it undergoes, in what would be called a common moderately severe labour which terminates spontaneously. Paralysis, epilepsy, imbecility, insanity, may thus be produced; and there can be no doubt that more definite physical injury by instruments is still more likely to have such baneful consequences.

It may, indeed, be difficult in many cases to bring these ulterior results in surviving children home to their real cause; but the subject is still novel, and very much may be expected from continued careful investigation of the matter.

It is plain that all these results to which we have referred subtract from the reputed success of operations and interferences; and that, in

future, they cannot with propriety be neglected in forming judgments as to the value of them—inquiries in which the present race of obstetricians are warmly interested and actively engaged.

In the case to be narrated, the injury was inflicted by the finger of the accoucheur producing artificial rotation of the head in a case of narrow pelvic outlet, which the head was affronting in a slightly unfavourable position. The injury was a persistent digital impression on a parietal bone, such as the index finger would produce on the flat surface of a mass of dough into which its terminal phalanx was pushed to the depth of about half the finger's thickness. The result was slight, short, but very frequently repeated epileptiform seizures, which lasted for some time after the digital impression had become cured or disappeared, and which at last were gradually modified, becoming less and less, till now they are gone, being replaced by slightly awkward movements somewhat choreic in appearance.*

Mrs. C., married late in life, had her first child in England, in 1871. It presented the breech, and, after much time had been spent and much difficulty experienced, was extracted dead. The perineum was extensively torn, the sphincter being completely divided. In her second pregnancy, she came to Edinburgh, and was confined under my care. The propriety of inducing premature labour was urged upon me, but I decided not to interfere with the course of the pregnancy. At the proper time, labour came on, and advanced naturally and quickly till the head was arrested at the outlet of the bony pelvis. The vertex presented in the second position at the outlet, lying nearly transversely. The pains were powerful, and for about two hours did not move the head in the least from its position. Owing to the absence of perineal obstruction, the head was easily felt, and its condition examined. It was jammed in its position. Manipulation of it was easily effected; and I proceeded, in the absence of pains, to rectify its position by pressure on the left parietal bone in front of the parietal protuberance. The bone was felt to yield under the pressure, which had, however, some beneficial effect—the head rotating slightly, so as to bring the occiput more directly under the arch of the pubes. Repeated examination showed me at the time that a digital impression was produced and persisted; but for three days I took no further notice of it, not expecting any notable evil to arise from it. The child was born alive soon after the attempts at rectification, and did well. It is now alive, plump and happy.

On the third day after the child's birth, the monthly nurse attracted my attention to twitchings of the face and superior extremities. She had then noticed them for the first time; and for about three weeks they grew gradually worse, occurring frequently during night and day, but not greatly interfering with efficient sucking, and little with sleep. The nurse alleges that the spasms at first affected the right side only. After three weeks or thereabout, the twitchings were not so severe, but they continued distinctly till the child was six weeks old; they then gradually disappeared, and now the child, being 4½ months old, has only some occasional awkward movements of the upper limbs, as already said. Bromide of potassium was given irregularly, four grains being generally administered during the day. The irregularities in its administration led to the mother and nurse observing a coincidence of lessened severity and frequency of the fits and the regular use of the medicine, as well as the reverse.

At the end of a fortnight after birth, the impression had distinctly flattened out; and it rapidly became less and less marked till about six weeks after birth, when its previous site could no longer be made out.

SHORT NOTES OF A CASE OF IMPERFORATE HYMEN:

IN WHICH UPWARDS OF ONE HUNDRED OUNCES OF RETAINED MENSTRUAL FLUID WERE EVACUATED.†

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MARIA S., aged 20, single, was admitted into St. Mary's Hospital on April 30th, 1873. She stated that the abdomen had been gradually enlarging for some years without much discomfort, until the last few months. There had been no hæmorrhages. The abdominal cavity was occupied by a tumour which sprang from the pelvis, fluctuated freely, was dull on percussion, and extended centrally above the umbilicus, and laterally into the flanks. She voided her urine on her hands and knees with great difficulty. She suffered from constant

* The child is now perfectly well.

† Read before the Obstetric Medicine Section at the Annual Meeting of the British Medical Association in London, August 1873.

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