A NEW CEPHALOTRIBE.

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THE following are the chief peculiarities of the cephalotribe I show you.

1. It is longer than those in use, being fifteen inches, of which the blades are ten, and the handles five; therefore, it is better adapted for operations at or above the pelvic brim. Each blade and handle is measured from the lock respectively.

2. In breadth of blade and pelvic curve, this cephalotribe is similar to Barnes's long forceps, an instrument I have used upwards of 600 times in 4,000 deliveries. I have, therefore, modelled my cephalotribe on the lines of a forceps whose efficiency I have fully proved. Further, as I believe axis-traction depends more on the accoucheur than on his tool, I discard all useless encumbrances, such as traction-rods, with the accompanying belly-band or waist-belt.

3. The cephalotribe possesses, also, a very moderate cephalic curve. This facilitates introduction, and, combined with the pelvic curve, renders slipping less likely when the head occupies a very anterior position above the pubes. Here, straight cephalotribes fail.

4. This cephalotribe is much less formidable and more efficient than those of Hicks and Kidd, etc., and can be applied in the same manner and with as great facility as the ordinary obstetric forceps. The services of an assistant are optional.

5. When the screw is applied to its utmost limit, the space occupied by the blades is one inch and a half.

6. The shoulders, in addition to affording greater tractile power, facilitate rotation. They should be of a piece with the handles, and not "dove-tailed" therein.

7. The fenestræ yield the following advantages. *a.* They add to the lightness of the cephalotribe. *b.* As compression goes on, the head bulges through (almost to a level with the outer surfaces of the blades), and enables the instrument to hold with much greater tenacity. *c.* For the same reason, expansion is obviated, to a great extent, in one direction, while compression is going on in another.

8. The grooves prevent slipping, also; but these might, perhaps, be dispensed with if the instrument were only used as a cephalotribe; but in some cases of extreme pelvic distortion, and more especially in those cases where malpresentation of the fetal head coexists with maternal deformity (e.g., the face, with approximation of the tubera ischia) the instrument has proved vastly superior to the craniotomy-instruments hitherto in use, and has, in the opinion of the leading accoucheurs of the north of Ireland, superseded them entirely. The free borders of the grooves look towards the lock, and not towards the apices of the blades, which might be inferred from the woodcut. The grooves are, in my opinion, indispensable to the efficiency of the instrument as a combined cephalotribe and craniotomy-forceps.

9. The weight of the cephalotribe is about 2½ pounds. The ponderosity of the instrument is considerably augmented by the somewhat heavy, but withal neat, handles. However, obstetrically speaking, I am a believer in weight; indeed, I cherish the conviction that the maternity-physician, to be an efficient one, should overbalance 12 stones, while the occupant of the "master's chair" should counterpoise, at least, sixteen.

10. The practical utility of this cephalotribe is best proved by the fact that it has been successfully used, during the past seven years, in upwards of thirty instances, some, of course, being repetitions on the same patient; but the record of one case will illustrate all. [Here follow the particulars of a case I narrated to the meeting of the North

of Ireland Branch of the British Medical Association, January 17th, 1879. On that occasion, I not only showed my cephalotribe, but I exhibited its fetal victim.]

The child weighed, at time of birth, 8½ pounds, and was extracted from a woman on whom the operation of craniotomy had been twice performed by Professor Dill and others. On the last occasion, the exostosis on sacral promontory had progressed to such an extent as to preclude the application of Barnes's long forceps in any diameter. My cephalotribe was applied by Professor Dill and myself, and delivery was accomplished with ease and safety in almost as many minutes as the previous confinements occupied hours. Recourse was not had to the perforator or other instrument.

Let me now show the utility of this cephalotribe as a craniotomy forceps. After more than five years' rest, during which the pelvic deformity had much increased, this interesting patient again became pregnant, and in the fulness of time sought our professional services. The facts are briefly as follow.

On the forenoon of Monday, March 24th, of the present year, I was hastily summoned to the parturient couch of this distorted female; and on vaginal examination I detected the right hand presenting through a somewhat rigid os, of the size of half-a-crown. Anticipating Professor Dill's arrival, I introduced into the rectum a suppository containing half a grain of muriate of morphia and one grain of extract of belladonna. This medicament soothed the patient, and softened her os uteri. About an hour after the introduction of the suppository, Dr. Dill arrived, examined the patient, and found the right hand in the vagina and the os tolerably well dilated and dilatable. We determined on immediate action; and, the patient having been chloroformed by Mr. Dill, I proceeded to deliver by podalic version. At first I grasped both feet, but on coming to the obstruction I had to relinquish one—the right—but I succeeded in retaining the left in custody until it cleared the vulva. Traction was now made on the liberated limb; and, after the employment of much force, the breech appeared, soon followed by the rest of the body, including the arms. At this stage Mr. Dill and I conjointly manipulated the body so as to release the after-coming head, but our efforts were unavailing. The last act of the tragedy consisted in reduction of the head by the perforator, and its extraction by means of the cephalotribe, as you here observe. The administration of chloroform and the accomplishment of delivery only occupied fifteen minutes. The patient made a rapid and complete recovery, resuming her domestic duties within a week after the operation.²

PTOMAINES.

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IN 1880, the Italian Government appointed a Commission to investigate the alkaloidal bodies discovered by the late Professor Selmi in 1872, and to which he applied the term ptomaines, a nomenclature now pretty generally adopted. This Commission included Professor Selmi himself, and Professors Cannizzaro, Guareschi, Moriggia, Mosso, Paterno, Spica, and Toscani. A few papers have already appeared from the hands of individual members of the Commission, including one from Selmi, who in 1880 described (*Bull. delle Scienze Mediche Bologna*, 1880, pp. 35, 81) the physical properties of the hydrochloride of a basic body resembling conine. Its physiological effects, however, were similar to those of curare, a result confirmed by Th. Husemann (*Arch. der Pharm.*, vol. xiv, p. 327; xvi, pp. 169, 187; xvii, p. 327; xix, pp. 187, 415; xx, p. 270). In 1881, Armand Gautier (*Moniteur Sci.*, tome xi, pp. 572, 732) showed the basic character of the ptomaines by their power to neutralise acids, and by the formation of crystallisable chloroplatinates, like those furnished by the alkali-metals, ammonia, and alkaloids, generally. In the same year, this observer, in conjunction with Etard (*Compt. Rend.*, tome xciv, pp. 1298, 1857), showed that putrefaction begins with the evolution of nitrogen, that various schizomycetous organisms then develop, which attack the albuminoid bodies, with evolution the hydrides of sulphur and phosphorus; whilst leucines, leucinines, skatol, indol, carbylamines and ptomaines are formed. By fractional extraction of putrid liquids with ether, they obtained two bases, having the composition expressed by the formulæ $C_8H_{11}N$, and $C_8H_{12}N$, respectively.

Nencki (*Journ. der Prakt. Chemie*, Band xxvii, p. 47) claims to have separated the ptomaines from the products of the decomposition of gelatin by pancreatic tissue; and from one analysis of the chloroplatinate of a base he deduced the formulæ $C_8H_{11}N$.

² The makers of the instrument are Messrs. Maw, Sons, and Thompson, London, and it may also be obtained through Mr. J. J. Goskar, Apothecaries' Hall, Belfast.

¹ Read before the Ulster Medical Society.