ficiently explains their construction, only pointing out that the compressing power is obtained by the cross joint, as in the little bull-dog forceps of Liston; and, if more power be desired than the simple bow gives, any amount of pressure may be obtained by giving it a second or third turn, making the turns larger, but this I apprehend will not often be required. To make security doubly sure: if any one feels any doubt as to all fear of hæmorrhage being removed by giving the forceps one or two turns after seizing the vessels and bringing them out of the wound, he will continue torsion with pressure.

As I have heard fears expressed lest the long legs of the forceps should give way, and allow the open vessel to escape and hæmorrhage to occur—a fear, however, in which, if the forceps are properly constructed and applied, I do not participate—I have had another form of forceps made. These are shewn in fig. 6. They are fine forceps, with long straight

Fig. 6.—Forceps with compressing clip: 1, a moveable clip, having a slot which slides upon 2, a projection of the rivet, which unites the two blades; 3, a roughened button upon the top of the clip; and 4, a fixed one upon the opposite side of the forceps, by which these can be more easily held, and the clip pushed down towards the points of the forceps.

blades, on the upper part of which is a sliding clip, which is to be pressed down so soon as the vessel is seized by the points. By this arrangement, any amount of pressure may be applied, and slipping is impossible. The clip in those shewn in the figure is kept steady by a slot, which slides upon a projecting part of the rivet which unites the two blades; but I think this slot may be done away with, and the clip made simply to slide upon the two blades, by which arrangement there would be less chance of the forceps becoming fixed in the wound by the coagulated blood.

OCCLUSION OF THE OS UTERI.*

By EDWARD WILLIAMS, M.D., Wrexham.

MRS. J., aged 42, married on November 19th, 1865; a healthy woman; menstruated regularly from the age of 14 to the beginning of January, 1866. On the 23rd of August, 1866, I was first consulted. She was then labouring under extensive anasarca swelling of the abdomen and lower extremities, which had continued for six weeks, commencing with the feet, then implicating the legs and thighs, and lastly involving the parietes of the abdomen, which was considerably enlarged; this circumstance, combined with the suppression of the catamenia, led naturally to the suspicion that pregnancy existed; but that was rendered improbable by the small and flabby condition of the breasts, and the absence of the discoloured areola, as well as the freedom from the usual symptoms attendant upon pregnancy. The heart and lungs were healthy; the bowels constipated, the urine scanty, and loaded with albumen, and she had considerable pain in the loins. Failing to make any impression on the swelling with hydragogue cathartics, I prescribed the following mixture:—

R. Infus. digitalis ℥xij; potassæ nitratis gr. 80; potassæ acetatis gr. 144. Misce. Sumat ℥i bis terve die.

The bowels were regulated with twenty-five grains of compound jalap powder taken occasionally; and counter-irritation was applied over the region of the kidneys with a poultice of linseed meal and mustard. These remedies relieved the back, increased the secretion of urine, and diminished the swelling to such a degree, that a distinct uterine tumour became manifest, and the pulsation of the foetal heart was very indistinctly audible, but no placental bruit could be made out through the thick walls of the abdomen, and she was not conscious of having ever quickened. All medicines were discontinued.

Sept. 21st. The urine being so loaded with albumen, that, on boiling, it became almost solid, I prescribed the sixtieth of a grain of digitaline, with fifteen drops of tincture of perchloride of iron in some water every four hours; and the effect was almost magical. The albumen diminished rapidly, and ultimately disappeared from the urine altogether. The medicine was discontinued, upon which the albumen reappeared in a few days, to be again controlled by resuming the remedy. The foetal circulation was not audible, and up to this period no os uteri could be felt. The breasts were still small, and there was no areolar discoloration.

Oct. 21st. The patient had severe pains in the back and stomach at intervals.

Oct. 22nd. The pains continued, and even increased. No os uteri

could be felt, but in the place of it a soft globular tumour with a smooth surface. A dose of opium was given, which relieved the pain for some hours.

Oct. 23rd. The intermitting pains returned, having all the characters of labour pains, but there was no vaginal discharge. The smooth globular tumour occupied the situation of the os and cervix uteri, without any indentation to indicate the situation or presence of the os. Feeling assured that the uterus was impatient of the presence of its contents, and making vain and fruitless efforts at their expulsion, I again introduced the speculum, and, carefully observing the effect of the expulsion efforts upon the round tumour that filled the upper part of the vagina, I resolved on making an opening where I imagined the os should be, and where the membrane appeared to bulge a little; when immediately a dark-coloured bloody discharge escaped, in quantity about an ounce, but no liquor amnii. I cautiously enlarged the opening with a bistoury, and introduced my finger. I found the parts very dilatable; and, on further pressing the examination, the parts appeared to tear and give way to gentle pressure, when I discovered a foetal foot and then another, both of which I secured and brought down; the body was delivered without difficulty, but the head, being hydrocephalic, took some time to pass. The placenta, which was evidently detached, immediately followed, having the appearance of a condensed, flattened, bloodless cake, of a yellowish white colour, as if it had been macerated in salt and water. The uterus contracted firmly. There was not any discharge either at the time or subsequently, and the only liquid that escaped did so on making the first puncture. The foetus was probably from seven to eight months old, and had been dead some time, as the body was discoloured from putrefaction, and the cuticle peeling off in many parts. The bloodless condition of the placenta, and the absence of even one drop of sanguineous discharge after the birth of the foetus and placenta, would, I venture to suggest, lead to the conclusion that the placenta had been separated from the uterus for some time (hence the death of the foetus), and that the uterine vessels had become thoroughly sealed, and thus all discharge effectually prevented. For three or four days after the labour there were some abdominal pains, with fever; these soon subsided, and her recovery was rapid and satisfactory, but without any secretion of milk.

Nov. 16th. I made an examination with the speculum, and found the os and cervix uteri congested, and irritable looking; and the os cruciform in shape; some albumen was still present in the urine.

Dec. 19th. I again examined the parts, and found the os puckered and contracted to the size of a crow-quill, but otherwise healthy; the patient herself being quite well.

CASE OF COMPLICATED TWIN-LABOUR.*

By EDWARD W. THURSTON, L.R.C.P.Lond., M.R.C.S. Eng.

MRS. S. A., primipara, aged 27, consulted me in the sixth month of her pregnancy for œdema of the lower extremities. This was relieved for the time; but, at the commencement of the seventh month, became very excessive, accompanied with considerable dyspnoea; and, towards the end of the month, the œdema and dyspnoea had increased so much, that I was debating with myself the advisability of inducing premature labour, when, on January 24th, at 8 P.M., I was sent for and found her in labour. The os uteri, on examination, was found soft and dilatable; the pains were short and quick, and of a spasmodic character. The presentation at first was rather obscure. As apparently so much was to be felt, I was certain of a breech; but I thought I felt something behind it resembling a vertex; but it was high up and difficult to ascertain exactly in this early stage. The pains continued; the membranes ruptured; and, on examining afterwards, the breech was found well down. The os uteri dilated rapidly; no other presentation could then be detected. After a short time, the right leg, followed by the remainder of the lower part of the body, was born, and then our troubles commenced. The pains throughout had been very feeble, but at this point ceased altogether. Fearing that the child would be soon sacrificed if delivery was not effected, I administered a good dose of ergot, but with no effect, and then applied a certain amount of traction; but no advance took place. I was then afraid, considering the ease with which the body of the child had been born, that there must be some mechanical obstruction; and, upon introducing my hand, I discovered a second head occupying the hollow of the sacrum. It was also just possible to introduce the finger into the mouth of the one that was partly born, the head of which was above the pubes.

* Read at the intermediate meeting of the North Wales Branch of the British Medical Association, at Wrexham, March 1867.

* Read before the South-Eastern Branch of the British Medical Association, at Canterbury, May 1867.