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.

Before attempting anything, I sought my partner's advice and assistance. He confirmed the diagnosis. By this time, the first child was dead; so our chief endeavour was, if possible, to secure the live birth of the second. Attempts were made to push the head up, but without the least effect. The patient being in an extremely weak state, from her previous two months' suffering, combined with a feeble constitution, a speedy delivery was above all things indicated. This, we decided, was only to be accomplished by removing the obstruction; so craniotomy upon the second child was determined upon; this I did, and then, notwithstanding I completely emptied the contents of the skull, it required considerable force to extract the first child. Up to this time, there had been little or no uterine action; but almost directly the first child was born, the second followed; the placenta was shortly afterwards removed. The uterus contracted well; the patient rallied; there was very little hæmorrhage; and she was left for the night on the whole feeling quite comfortable.

The next morning, all appeared well, with the exception of her having passed a sleepless night; pulse 80; no pain. At 11 P.M., however, I was sent for suddenly, and found her suffering from urgent dyspnoea, with distressing pain in the region of the heart. I administered a full dose of opium combined with ammonia, and placed a blister at the seat of pain, ordering the opiate to be repeated every four hours till relief was obtained. The next morning the dyspnoea was better, but still she had no sleep; and, in the evening, after having given opium during the day without the least composing effect, I determined upon trying the subcutaneous injection of morphia, and injected one-third of a grain. This had the effect of producing five hours' sleep; but it did not arrest the tendency to syncope, which again returned the following evening. It was then so severe, and of such long duration, and the sensation of approaching dissolution was so acute, that I was watching for her last breath. Death appearing imminent, I abstained from inflicting any apparently useless pain, and omitted the injection. To our great surprise, next morning, our patient was still alive, but had had no sleep. Stimulants, combined with eggs and milk and ammonia and digitalis, had been given at intervals from the first; these were continued during the day, and at nine P.M., after a good dose of brandy and water swallowed *guttatim*, I injected into the lumbar region half a grain of morphia in solution. The patient was asleep in ten minutes; and, with the exception of waking at intervals during the night for a few minutes (when, by my direction, a little brandy was always administered), eleven hours of almost uninterrupted sleep were obtained.

The same treatment was adopted every night for a fortnight with the same result; and the patient has gradually recovered, and on February 17th she came downstairs. The dyspnoea returned each night for more than a week; but the attack became gradually less acute.

The sequel of this interesting case tells me that, if the shock to the system at the time of delivery had been increased in any way, however small, she must have died. As it was, the heart's action was as nearly arrested as possible. The only way in which delivery could have been effected differently, would have been by severing the neck of the first child, and passing the head up into the abdomen. This was discussed at the time; but, considering that the children were barely viable, that the mother was in such a feeble condition that if it had been unsuccessful it would further have complicated an already sufficiently complicated case, besides the shock to mother and friends by the infant being beheaded, I think that the plan that was adopted was the only feasible one in the case before us.

One naturally asks, How came the second head in the position in which it was at last? My answer—which after all is only surmise—is, that the pelvis was a very roomy one; and that, I think, the chin of the first child in its descent must have hooked the occiput of the second, and so drawn it into the trap from which there was no withdrawal. Of one thing I am certain—that at the time when the breech and abdomen were passing through the pelvis the second head was not there.

One word about the subcutaneous use of morphia. I can confidently recommend it in many cases as a local remedy for the relief of local pain. In insomnia, as in this case, it is sometimes of great value, suiting often when the internal administration of an opiate not only does not produce sleep, but often increases the sleeplessness. It is also not followed by the annoying symptoms, as headache, etc., which are apt to follow the internal administration. In one case in which I used it, there was excruciating pain over the spermatic nerve, with diseased testicle, which I afterwards removed. I have also used it for the same description of pain from distention arising from a femoral aneurism. In both these cases, the relief was almost instantaneous, and was followed by refreshing sleep. Another case was one of corneo-iritis, with great supraorbital pain at night, quite preventing sleep; the relief in this case, which had been a long and anxious one, was most decided; and I date the patient's recovery from the use of this remedy.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ST. GEORGE'S HOSPITAL.

CASE OF STONE IN THE BLADDER: LITHOTOMY BY A NEW OPERATION.

(Under the care of Mr. HENRY LEE.)

MR. HENRY LEE recently performed and described a new operation, or rather a modification of the lateral operation for lithotomy. The patient was a boy three years of age, who had at one time had retention of urine, and afterwards passed his urine very frequently, and always with pain. The first time he was sounded, Mr. Lee felt a stone; but subsequently he and other surgeons had sounded without being able to detect anything in the bladder. A week ago, under chloroform, a calculus was again felt; and, as the symptoms continued unabated, the operation was determined upon.

After an ordinary grooved staff had been introduced, the operation performed consisted of a straight incision in the median line, extending a distance of a little more than the posterior half of the perineum between the scrotum and anus, stopping a couple of lines in front of the opening of the bowel. From this point, the incision through the skin was continued outward and backward so as to embrace about one-fourth of the circumference of the bowel, at the angle formed by these two portions of the incision. The scalpel was then introduced in the median line, with its back towards the rectum. It was then passed forward into the groove of the staff, guided by the finger in the rectum. As soon as it had entered the membranous portion of the urethra, it was withdrawn, and a curved bistoury with a projecting probe-point introduced. The probe-point was then made to slide along the groove into the bladder, the edge of the knife being held to the operator's right side, as in Buchanan's operation. The heel of the knife was then made to describe a portion of a circle corresponding to the external incision; while the point, while being withdrawn, was moved little from the median plane. Mr. Lee mentioned that in this way all the advantages of a free external incision were obtained, with a very small opening into the bladder. The plan had, moreover, the advantage of ensuring that the point of the knife had entered the bladder. It was, he thought, an operation the simplest in conception, the easiest in execution, and the least liable to be followed by any untoward accident, of all the modifications of the lateral operations for lithotomy. The groove in the staff was reached with great certainty, being felt by the finger in the rectum. The rectum was secured from danger by the edge of the bistoury being directed laterally. But the greatest advantage, especially in operating upon children, he considered to be the certainty of the incision extending into the prostate gland. It was well known that accidents had occasionally occurred from the prostate not being incised. When this had happened, the finger introduced had sometimes pushed the prostate before it; and in this way the prostate had been detached from the membranous portion of the urethra, and pressed towards or into the bladder, so that a cavity was formed without the bladder having been opened.

In the present instance, a very small stone came away at once between the blades of the forceps, together with some very small fragments which had apparently lodged in the urethra. The stone was so small, that it was doubted at first whether it was sufficiently large to give the sensation experienced when the sound had been used. The cavity of the bladder was, however, carefully explored, and nothing further detected. The symptoms had all subsided on the fifth day after the operation.

KING'S COLLEGE HOSPITAL.

OPERATION DAY, OCTOBER 5TH, 1867.

The following operations were performed on Saturday by Mr. Henry Smith, Assistant-Surgeon to the hospital.

OPERATIONS FOR HÆMORRHOIDS IN TWO FEMALES.—In these cases Mr. Smith adopted the method usually followed by him—an old Dublin operation, but considerably modified by Mr. Smith. The part to be removed is seized with a clamp, the under surface of which, *i.e.*, that next the anus, is covered with ivory, and the instrument is prevented from slipping by a screw. The hæmorrhoid, grasped by the clamp, is then cut away, and the actual cautery energetically applied to the wound, the ivory preventing the conduction of the heat, and thus saving injury to the parts behind. The screw is then gradually loosened in case of