USE OF BARNES'S DILATORS IN INDUCTION OF PREMATURE LABOUR.

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IN the summer of last year, I was consulted by Mrs. S., a healthy young woman aged about twenty-five, pregnant for the third time. I had attended her in the two previous labours, and had effected the delivery in both instances by turning (head-presentations), accomplishing it with the greatest possible difficulty, on account of narrow pelvic brim, from projecting promontory of sacrum. The children were dead. I advised the induction of premature labour, and appointed a day in the second week of November for the purpose. I had in other cases brought this about either by rupturing the membranes, or by the ergot plan, as advocated by the late Dr. Rigby in the *Library of Medicine*. I chose the latter. The treatment commenced with a warm bath on the evening of November 17th.

The report on the evening of November 12th was, that she had been sick from the ergot; but no uterine action was induced. She was ordered to go on with the ergot. Mr. Holt, my assistant, visited her the next day (the 13th). I visited her at 8 P.M. On examination, I found the vagina cool and moist, the cervix uteri obliterated, and the os low down and well within reach, open to the extent of readily admitting the first joint of the index finger of the left hand, with which I made a little dilating movement for a few minutes, and then introduced No. 3 (smallest size) Barnes's dilator; it glided in off my finger, without any trouble whatever. This was filled, and left in for about an hour and a half, at the end of which time the next size was introduced as readily. This was gradually filled, according to the sense of distension expressed by the patient, and observed by the finger round the margin of the os. I allowed this to remain in about an hour, towards the end of which time, pains, not over strong, but regular and of a somewhat expulsive character, began. On removal and examination, the membranes were found presenting (tense during pain), and the os about the size of the top of an egg-cup. Hoping that the uterine action (for which there had been great inaptitude all along) would now go on vigorously, and wishing, for the child's sake, to keep the membranes intact to the latest moment, I waited. The action, however, quickly subsided; and I then introduced No. 3, the largest-sized dilator. This was gradually filled, and allowed to remain about half an hour. The patient complained a good deal of distension. There were no pains; in fact, there seemed just that suspension of the process of labour often observed under natural conditions. I ordered nourishment to be given at intervals, and that I should be sent for in case of pains setting in. This was at 8 A.M. on the 14th. Her condition remained the same throughout the day; when, after a few pains, she was delivered of a fine child at 7.45 P.M., not living. She made a quick recovery, without hindrance, being down stairs at the week's end.

The case appears to me to offer points of some practical value as to the mode of inducing premature labour by the mixed plan of ergot and Barnes's dilators. I had not much experience of these, or should, I think, in the present case, have ruptured the membranes immediately on the withdrawal of dilator No. 2. No. 3 seemed to paralyse the uterus for a time by over-distension.

With regard to the best mode of bringing on labour, that does not appear to me to be necessarily the best which is the quickest. That mode most recommends itself to me by which the uterus, with its contents, can be best brought into a condition simulating natural labour before local interference is resorted to, in order that, when this is done, it may not only be more facile, but quicker as to results at a period when time, to the life of the offspring more especially, is of the greatest importance. Then, as to freedom from danger, there are well-authenticated cases of death from the douche plan; and the introduction of a catheter or foreign body into the cavity of the uterus, without any preliminary, does not commend itself on the score of inducing action in that organ in anything like a natural manner. The relaxing effect of the warm bath, the sympathetic irritation induced by purgative action and abdominal friction, followed in due course by secale, pushed more or less, according to individual proclivity to its specific action, undoubtedly bring about that descent of the abdominal tumour, that shortened neck and patulous os, together with the moistened and ready state of parts so beautifully arranged by Nature as the first stage of natural labour. Arrived at this point, it appears to me that, by the aid of Barnes's dilators, we have it in our power to complete the labour quickly and safely for both mother and child; and, as the talented inventor could no doubt corroborate, it makes a good deal of difference in the facility of using these, whether the os is so high up as only just to be felt with the extreme end of the finger, or so low down as to be well within reach.

REPORTS

OF MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

MIDDLESEX HOSPITAL.

TRAUMATIC PNEUMOTHORAX AND GENERAL EMPHYSEMA FOLLOWING FRACTURED RIBS: RUPTURED SPLEEN: DEATH.
WITH CLINICAL REMARKS.

(Under the care of Mr. DE MORGAN.)

FOR the notes of this very interesting case we have to thank Mr. Thos. Flower, late Senior House-Surgeon.

J. T., aged 69, was brought to the Middlesex Hospital on the evening of Nov. 4th, 1867, having been immediately before run over by a cab. He exhibited slight collapse; his face was cold, and covered with perspiration. His expression was anxious. Pulse 88. Respirations 36, painfully laboured, and seeming to occupy the patient's whole attention. There was slight orthopnoea. His voice was feeble, and he spoke almost in a whisper. He complained of some pain in his right side. On exposing the chest, which was somewhat barrel-shaped, a peculiar and rather circumscribed tumour, of about the size of an ostrich's egg, was observed suddenly appearing at each expiration and disappearing in a similar manner during inspiration. It was soft, and felt like an almost perfectly distended and recent bladder, and occupied the infraclavicular and upper mammary regions on the right side. It disappeared entirely on applying slight pressure, to reappear when this was omitted. The region was slightly contused and tender. In this neighbourhood, and indeed over the entire chest in front, crepitation was easily detected under the skin. It extended also in the axillary and infra-axillary regions of the right side. The percussion-resonance was tympanitic over about the outermost and lowest two-thirds of the right chest in front; the remaining third presented nothing unusual in this respect. But, over the tympanic region, very distant, or no respiratory murmur at all, was heard; whereas elsewhere bronchial respiration was present. The respiration was rather loud on the left side. There were no moist sounds anywhere heard, and no expectoration. A pad and bandage were immediately applied over the position of the tumour, and gave considerable relief. He was put to bed, a hot bottle ordered to the feet, and four ounces of brandy. He remained more comfortable for a few hours afterwards, but he did not sleep during the night.

In the morning, his skin was hot, and he complained of pain over the injured side, especially on coughing; the emphysema had become more general over the trunk; the respiration increased to 40; and the orthopnoea was more marked. He had brought up a few sputa tinged with blood. During the day, his pulse became more rapid, and the other symptoms more urgent. He was ordered to have five grains of compound soap pill three times a day, if necessary.

On the following day (Nov. 6th), the emphysema had extended over the entire trunk, arms, and the lower extremities as far as the knees. The face was also partially affected. Pulse 120; respirations 40. There were now some distant breathing heard at the right base, and sibilant

ribles over the right apex and whole of the left lung. We made the accompanying rough sketch, which gives an idea of the extraordinary appearance presented by the patient.

On Nov. 7th, there was a further increase of the emphysema, which