

this part was then removed by craniotomy forceps. Then the wire was reapplied in the longitudinal direction of the head, seizing under the jaw and ear, and another section made through the base of the skull. This was commonly enough. The remains of the head were then seized by Dr. Barnes's craniotomy forceps, and easily drawn through the pelvis. Then there was the body, often opposing great difficulty. This he overcame by perforating the chest, by hooking the crotchet in the axilla of one arm to draw it down within reach of the embryotomy scissors to cut off; then the chest walls were cut up by the embryotomy scissors and drawn through the pelvis, either cutting off the other arm previously or not. The operation had this great advantage over the old crotchet and craniotomy forceps operations—that it involved little or no pressure or contusion, or dragging upon the uterus or other soft parts. The wire buried itself immediately in the head, and no bulky instruments or manœuvres bruising the soft parts were necessary. In answers to Dr. Tyler Smith, Dr. Barnes said he had not yet performed the operation on the living subject.—*Med. Times and Gaz.*, June 19, 1869.

56. *Prolapsus of the Uterus containing a Child between the seventh and eighth months of the Second Pregnancy.*—Mr. WM. ALLISON records (*Brit. Med. Journal*, June 5, 1869) the following very remarkable case of this:—

"On March 23d, in attending upon a woman, I found the uterus, containing a child, in the bed, just as if the child had been born. After sponging off any trifles of lint, etc., from the uterus, the entire mass was carefully returned into the abdomen of the mother. On March 24th, a pessary was introduced, and each day, for three days, one of a different kind; but as all were intolerable, the woman was desired to lie or sit until labour came on. On May 2d, after a lingering labour, the child was born and is now living—a healthy man in Sheffield. In 1844, a second son was born; both he and the mother are now living in East Retford."

57. *Blighted Twin.*—Dr. CAIRNS exhibited to the Obstetrical Society of Edinburgh, June 9, 1869, a beautiful specimen of a blighted twin which had been removed from a patient immediately before the birth of a living child at full term. The blighted foetus had been arrested in its development, moulded into the form of the uterine wall, and retained, but owing to the membranes being entire it had not become putrid.—*Ed. Med. Journal*, Aug. 1869.

58. *Asphyxia of New-born Children.*—Dr. LÖWENHARDT prefaces that a number of examinations of dead children, in which fruitless attempts at resuscitation had been made, taught him that what prevented the access of air was the accumulation of mucus, blood, and other fluids in the larynx and air-tubes, the result of premature efforts to respire. He further calls attention to a sure sign of life; it is the existence of pulsation in the foetal part of the umbilical cord, which may be discovered when every other sign of life is gone. To feel this pulsation in the umbilical vessels the insertion of the cord must be seized between finger and thumb rather deeply, and in such a manner that the volar surface of the hand lies gently on the child's belly over the region of the liver. In no case, says Löwenhardt, in which this beat was not felt has the child recovered. He then describes his apparatus. It consists of a pump and a fine India-rubber tube ten inches long, with catheter openings at the end. This tube is inserted by the aid of a fine stilet into the trachea in the following way: An assistant with thumb and finger presses the neck above the larynx, closing the œsophagus, whilst the operator depresses the tongue with his forefinger, and slips in the tube. This tube is then attached to the aspirating-pump, which is used to draw out the obstructing fluids; then air is gently introduced.—*Syd. Soc. Bienn. Retrospect*. 1869, from *Monatschr. f. Geburtsh.*

59. *Diarrhœas of Children.*—Dr. MÜLLER discusses minutely (*Journ. f. Kinderk.*, 1868) the varieties of diarrhœa in children. First in the class of acute diarrhœa is the saburral diarrhœa of sucklings, the result generally of error of diet. He adds nothing but conjecture in explanation of the singular