The subject of cerebral tumors might well have been more fully considered.

Spinal concussion was perhaps omitted as being a surgical subject, or was thought to have been sufficiently noticed under the morbid states to which it gives rise. Yet as it is frequently a subject of vexatious litigation, and the cause of symptoms appearing long after the injury, which come under the care of a physician, and as it has a symptomatology in many respects peculiar to itself, and not referable as yet to any pathological condition, it might not be amiss to devote a chapter to the subject.

The affection, known among the French as tetanie, is not even alluded to, nor the paralysis which may follow poisoning by arsenic, and which, though less common than lead paralysis, is yet as important for the sufferer.

The subject of syphilitic nervous lesions might be treated more fully with advantage, especially as the treatment seems not to be fully understood by many practitioners, and yet many such cases can be fully relieved.

The form of chorea named by the Germans "chorea major," is mixed up with the description of common chorea, yet we have seen cases which might be included under that name where there was definite lesion of the spinal cord.

The subject of "disease of peripheral nerves" is treated very briefly.

We have mentioned these omissions, not with any idea of detracting from the merit of the work, but thinking them to be subjects which deserve notice, and the fact that there are so few omissions shows that the author has performed his task faithfully.

A few, very few errors have crept into the text, chiefly typographical. In a few places the meaning is obscured by not clearly stating to which of two conditions the statement refers, e. g.; on page 390, "Congestion is distinguished from inflammation of the cord by the facts that in it the jerkings of the limbs are slight," &c. There might be some doubt as to whether "it" referred to congestion or inflammation. So, too, the second paragraph on page 420 might be improved. These are, however, of minor importance.

We cordially recommend the book to any one who desires a knowledge of the nervous system, and of the latest views in regard to its pathology, and believe it will be found to well repay reading.

S. G. W.

Practical Midwifery and Obstetrics, including Anæsthetics. By JOHN TANNER, M.D., M.R.C.P., &c. Philadelphia: J. B. Lippincott & Co. 1871. Pp. 237.

THE little work of Dr. Tanner contains a portion of the material usually found in text-books on midwifery, truthfully told and well arranged, and, so far as it goes, it appears to be a work of value; one of its objects is stated to be to enable the student "to go to the bedside of the lying-in for the first time with perfect confidence in himself, and without the fear of being considered an amateur either by nurse or patient." The experience of every physician will recall to him the time, when, although he had labored through the weighty tomes of Ramsbotham, Churchill, Gooch, Cazeaux or Murphy, he felt as he stood by his first lying-in bed as if he were most *thoroughly* an amateur—he knew it himself, and he had a painful consciousness that every one else knew it, as it is almost certain they did. We have always felt that the study of midwifery, of all the branches of medicine, could not advantageously be abbreviated, and have felt much more reliance on the sometimes labored, but always safe descriptions of Ramsbotham than the briefer works of other authors. If brevity is the soul of obstetric wit, commend us to Gooch, who always has, in some corner, the information one needs at a critical moment, rather than to one who treats anteversion of the gravid uterus in sixteen lines, and craniotomy, placenta prævia and similar important subjects in nearly the same space.

However, the little work of Dr. Tanner has its good points. It is a handy book, if one is accustomed to carry such in his pocket as an obstetric reminder, and contains, in small shape, a great many facts gleaned from more imposing volumes.

Selected Papers.

THE OBSTETRIC FORCEPS—A POSSIBLE RESORT IN AN EXTREME CASE.

By HOREA MILLER, M.D., Bellevue, Nebraska.

I DERIVED a lesson, which to me was interesting, and may be so to others, from the features of a case of parturition which occurred in my practice in October, 1869, and which I will very briefly note as follows:—

Mrs. T., a German woman of 20 or 22 years of age, had been relieved in a previous labor by resort to embryotomy, and

was then assured by her attendant that she could never bear a living child, and that probably, if ever again pregnant, she would lose her own life. She was a short, thick, dwarf of a woman, waddling in her gait, and healthy, except as to form. I found her with occasional, though inefficient pains; and the same character of pains, without change, continued for over two days, or from the morning of the 16th to midnight of the 18th. There being no evidences of progress, I then took her in hand. I readily ascertained that the anomalies of her labor were the result of a deformity of the pelvis. Great malformation existed. The lower vertebra of the loins and the sacrum were carried deeply forward and inward, constituting a sharp and seriously obstructive promontory, and there was also a considerable lateral curvature of the spine about the lower loins, and further, the pubes in relation to each other formed a sharply acute angle, and at the time were somewhat flattened, fore and aft, bringing their symphysis well up to the sacral angle before described, leaving a space between them and the latter barely sufficient to admit the width of my three fingers to the middle joint, and this space not right off the cape, but rather beneath or running downward and forward from the promontory. This measurement was qualified, however, somewhat, by there being slightly more room in the right fossa than in the left, but inasmuch as no sufficient space was afforded on either side for the child to pass, this inequality of lateral space was neutralized and lost to us. It was also ascertained that although the os had been fully dilated by the long-continued action of the womb, the fœtus had not yet engaged in the pelvic strait, and probably could not, without the uterine efforts being efficiently aided—that it rested free and loose upon the brim, and being approached by manual touch retired beyond reach.

The case being now tolerably well comprehended, the question of remedial measures was next in order. It strongly suggested itself to me, whether it might not be possible to *extract the child in this case with forceps*, with greater safety to the mother, than by the more desperate measure of reducing the fœtal head and bringing through the rough, jagged, and possibly spiculated mass—as by the aid of an anæsthetic we could take time and give the plan every advantage. But could this instrument be used? Would it be possible to apply it? By the liberal use of ergot and spices, bringing about the maximum of uterine en-

forcement, and aiding the object by external support by the hand, could not the shifting fœtal head be so far fixed as to enable me to apply the instruments? I resolved to make the attempt.

Dr. S. D. Mercer, of Omaha, came down to aid me, and—our views seemed to coincide—while I took in hand the chloroform, he took the operation in charge. With difficulty, and after considerable time spent in unsuccessful attempts, he at length secured the head, and by changing the axis of traction to conform to the progress of descent, or to lessen the resistance presented by the walls of the strait, as sound judgment and skill required, he succeeded, almost entirely by *sheer dynamic force*, in dragging the child through the irregular, angular and limited strait above described. The reader may conceive what the amount of force required must have been. But in estimating it he must not overlook the effect of time and adaptation, all important elements in the problem. That the child was not destroyed by compression, or organic derangement of the brain, or strain on the cervical spine, is among the mysteries of this case. It was of course apparently dead, but as symptoms of life remained, persistent and long-continued efforts at resuscitation brought it around, and it is to-day alive and vigorous.

From the necessary rough treatment of the parts involved, there was good reason to apprehend *post-partum* trouble to the mother, but by assiduous attention, I fortunately succeeded in averting every tendency to inflammation, fever, and destructive sloughing, and on the 26th or 27th discontinued regular attendance, Mrs. T. then doing well.

Such was the history of the case. Reflections in connection therewith suggest themselves:

1. Is not the *possible* range of the forceps wider than any standard *rule* prescribes? We have in the case of Mrs. T., a state and condition, without any doubt precisely similar to that obtaining in her former labor. In *this* case the forceps answered the end; in *that*, by the rule, *embryotomy* was held to be necessary. To be safe guides to practice, such rules must of course be very flexible, else they would lead us into error.

2. A just conception of the special facts of a given case must be a safer rule than that of the question of inches or certain concomitants.

3. Are aphorisms and manuals to be tolerated as a *law of practice* with the physician who has been taught his profession,

and who has had proper clinical training, or large experience? No two cases are, or can be, precisely alike, hence directions for one cannot be applicable to another, if (though *apparently* similar cases, yet) by reason of the state of the vital force or some operating cause or influencing circumstance, it be essentially unlike it. Though we recognize the proposition that natural labor is a physiological process, the question forces itself upon us, "What is natural labor?" Every *irregularity* is just so much toward rendering it a pathological condition, or one requiring treatment, otherwise, *unnatural labor* (dystocia). This is to be met by appropriate remedies, like all other diseased conditions, and involving the proper conception of the *condition* to be treated. How then can inflexible *aphorisms* and *rules* apply? The doctor may have no better guide for his professional treatment of the case, but God save the poor patient. Experience, scientific deduction, and skill might possibly find a safer plan, setting altogether aside such *manuals* and their *procrustean rules*.—*Medical Archives*.

ON THE PHILOSOPHICAL TREATMENT OF CHOREA.

MR. JOHN G. FRENCH, F.R.C.S., Surgeon to the Infirmary of St. James's, Westminster, writes to the *Times* and *Gazette* (London):

A knowledge of the expedients which nature actually adopts to sustain life in cholera, under the influence of its mortal poison, indicates to my mind, the path which should be pursued; and I am convinced, by long experience, that action upon this knowledge leads to the best results in treatment. These expedients may be thus enumerated: 1. Diminution of the heart's action. 2. Diminution of the aëration of the blood. 3. Elimination of the poison. 4. Alteration of the constituents of the blood. 5. Cramps. 6. Veno-contractility. 7. Instinctive sensibility. 8. Diminution of the temperature of the surface.

It is true that these symptoms display a dangerous deviation from a state of health, a result to be expected from the presence of a virulent morbid poison; but to hope that any interference with these symptoms would ameliorate the patient's condition, is really, from my point of view, as absurd as to expect that a patient with broken legs should be able to take his usual exercise before the reparation of the injury has been

accomplished, although the absurdity is far less obvious.

If, in the accident of broken bones, we deem it necessary to secure such advantages to the patient as easy position, repose and symmetry of the injured limb, with careful regulation of the diet, it must surely be equally necessary to place the cholera patient under similar advantages; but in order to do so, the physiological condition of this patient must be fully comprehended, and it may be thus explained. The blood then contains a mortal poison urgently threatening life. Relief and safety depend on a freedom from this poison. The method by which this freedom is accomplished may well fill the mind with admiration and the certain conviction that such a masterpiece of contrivance is to be found in the operations of nature alone; while in the exercise of human ingenuity we too frequently find nothing but blunder. I offer here only a rude sketch of the plan, as a more subtle scrutiny would occupy too much space.

The effect of the poison is, first, to diminish the heart's action, which is necessarily associated with diminution of the aëration of the blood; congestion results, and this is relieved by secretion, which again affords both an escape for the poison as well as for such constituents of the blood as might occasion embolism in this abnormal condition of the circulation. The cramps possibly result from the law which assigns increased muscular irritability to diminished respiration, thus affording assistance to a feeble circulation by *vis a tergo*.

Veno-contractility is a term used by Dr. Marshall Hall to express a property which the left ventricle of the heart acquires in hybernation—namely, that of contracting under the stimulus of venous blood—although under ordinary conditions arterial blood alone will excite it to this action. It is possible that veno-contractility in cholera may afford an explanation of that phenomenon, so incomprehensible and even shocking to the mind of Magendie, refusing, as he declared, all that he had taught respecting asphyxia, a condition which he and others have erroneously assumed to exist in cholera.

Of the instinctive sensibility, by which inordinate draughts of cold water are so urgently desired, it may be said the advantage is now generally appreciated; and of the diminution of the temperature of the surface it may also be said that it is a vital phenomenon necessarily associated with the condition of the circulation. It is to be hoped that the reflection that heat more