the tuber ischii about two inches higher. As he would not allow the limb to be straightened, no measurements as to relative length could be made. When fully under the influence of chloroform, however, it was ascertained that the left limb was an inch and a half shorter than the other. Mr. Hutchinson accomplished the reduction with the greatest ease. Taking hold of the knee with one hand, and of the hip with the other, he everted the limb, and gently lifted the head of the bone into its place. It slipped into the acetabulum with a very decided snap, and perfect symmetry, with good motion in all normal directions, were at once restored.

The dislocation was either very low down on the dorsum, or into the ischiatic notch, in all probability the latter.

CHARING-CROSS HOSPITAL.

CASE OF DECAPITATION OF THE HUMERUS IN A CHILD TWENTY MONTHS OLD.

(Under the care of Mr. BARWELL.)

R. M.—, aged sixteen months, became an out-patient on 26th March, 1862, with a swelling in the right axilla, just behind the edge of the pectoral muscle. The child was a very little creature, though the mother was a fine, well-grown woman, but her temper violent. It appears that about two months previously the child, who was learning to walk, was allowed to hang upon one arm, and to twist round, and that afterwards, the arm seeming painful, she was brought to the hospital; and although no special injury was detected, there were signs of some mischief. The arm was bound to the side, and rest enforced. The mother returned once or twice; but, the arm getting better, she left off attending. However, in a few weeks, the pain returning, the child left off using the arm, cried when it was touched or moved, and a swelling appeared in the axilla, as above described. The child was now brought as an ordinary out-patient. Mr. Barwell could detect no crepitus or other sign of bony injury; but diagnosed a suppurative inflammation of the shoulder-joint. He ordered the arm to be bound to the side, with a pad under the elbow, of sufficient thickness to prevent any pressure in the axilla; a tonic was prescribed. The swelling in the armpit, however, suppurated, and was opened on April 23rd. The shoulder continued very painful, and another swelling near the posterior boundary of the axilla about the 6th May soon gave evidence of its containing matter. During this time the child was losing health very fast, and caught the whooping-cough. On examining the arm on the 19th May, a crepitus in the joint was discovered on rotation, and a probe passed deep into the sinus touched dead bone. Mr. Barwell offered to admit the mother into the hospital with the child, and explained that an operation for the removal of dead bone would be necessary; but reasons were given for postponing the operation. At the end of June the discharge had much increased, and the swelling was considerably larger. The child's health was so much depressed that she hardly slept at night, and ate scarcely anything. The operation was therefore more urgently pressed. Accordingly the child with its mother were taken into the children's ward, and, having obtained the acquiescence of his colleagues, Mr. Barwell intended to remove as much of the shoulder-joint as was diseased.

June 18th.—The child being fully under the influence of chloroform, the point of a scalpel was passed deeply under the acromion, on the outside of the joint, and the incision thence continued downwards about two inches. This first cut opened the joint at the top, and matter flowed. The lower part of the incision was deepened so as to lay open the whole capsule. A few fibres of the deltoid, anterior to the line of incision, were separated from the acromion, giving better space for the subsequent manœuvres. The arm was then rotated outwards, the subscapularis divided, the bicipital groove opened, and the tendon turned inwards. The arm was then rotated inwards, and the supra- and infra-spinatus divided. The operator now passed his finger into the capsule, and finding a roughened end of bone, got the point of the finger beyond it; then taking the elbow in the other hand, he easily guided the end of the bone out of the wound. This proved to be merely the necrosed end of the diaphysis, and as much as appeared necessary was nipped off with the bone-nippers. On returning his finger into the wound, Mr. Barwell found the epiphysis lying loose, and removed it. One or two necrosed fragments were also taken away; but the gle-

noid process being healthy, no part of it was cut away. The wound was closed, except a portion at the middle. The arm was secured by means of a splint for the purpose, at about an angle of sixty degrees with the side, and the child placed in bed. Rather more than half an ounce of blood was lost, by oozing from the deltoid muscle.

19th.—The child had slept rather better than of late. The shoulder was a little more swollen; but the wound looked quite healthy.

July 2nd.—Up to this time the wound had been quite dry; but some discharge is now established. She is now to have a teaspoonful of steel wine thrice a day, a couple of ounces of sherry in the day, and whatever wholesome food she can be persuaded to take.

5th.—The two openings in the axilla (relics of the old abscess) had skinned over; there was a tendency to collection of pus in the cavity of the late joint. A probe was pressed into the posterior of the two old wounds to allow the flow of matter; moreover, a pad was placed behind, and another in front of the joint, pressure being kept up by india-rubber bands placed over them.

12th.—The child's health has much improved; there is still some discharge from the wound, but she is desirous of using the hand, and tries to slip it out of the bandages; she is not allowed to do this, but a little passive movement is employed every two or three days.

16th.—The arm was placed in a simple sling inside the clothes; the wound had healed, all but a small part in the centre, and she was made an out-patient.

Aug. 23rd.—The child now employs the hand pretty freely, and would use it more were she allowed to do so; but there is still a sinus open, and a little piece of dead bone must apparently come away, otherwise all the wounds have healed; the movements of the shoulder are good, and its strength considerable; the health is very much better.

This case is probably the youngest instance of excision of any joint, and certainly of the shoulder. The excisions of this joint usually do well, but the improvement in health and the rapidity with which the child became desirous of using the hand are remarkable. The piece of dead bone which causes the sinus to remain open seems to be a little loose fragment on the anterior edge of the cut surface.

From the symptoms and history of the case, Mr. Barwell believed that at the time when the child was suspended by one arm and allowed to swing round, the epiphysis was broken off. As long as the cartilage which had joined this portion with the diaphysis remained, no crepitus could be produced; but when this became absorbed, the two rough surfaces being brought into contact, that symptom manifested itself.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 2ND, 1862.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

ON TURNING IN CASES OF DISPROPORTION.

BY ALFRED H. M'CLINTOCK, M.D.,

LATE MASTER OF THE DUBLIN LYING-IN HOSPITAL.

THIS paper embodied the results of seventeen cases which came under the care of Dr. M'Clintock in the wards of the Dublin Lying-in Hospital. In each of them turning had been performed, at various periods after the commencement of labour, on account of disproportion between the head and pelvis. In none of these cases was there any considerable deformity of the pelvis, though the obstetric histories of the women clearly showed that there must have been some slight narrowing of the superior strait. More or less difficulty was experienced in every instance in bringing down the head into the pelvis, and twice craniotomy had to be resorted to. On one occasion the parietal bone (that next the sacrum) was fractured in pulling the head through the brim of the pelvis. With one exception, all the patients were deeply chloroformed before the operation of version was undertaken. Nine of the children—viz., four boys and five girls—survived birth, though all were alive when the operation was commenced. Of the eight children dead born, five were boys and three girls. The heart continued to pulsate for several minutes after birth in some of the children recorded as "dead born," Dr. M'Clintock

not considering a child as saved by an obstetric operation, nor recording it amongst the "live births," unless respiration be fully established. All the women recovered satisfactorily but one, who died of puerperal fever, of which some cases had occurred at the time in the hospital.

In reviewing these cases, Dr. M'Clintock expressed his opinion that the operation was not so favourable for the child as some of its advocates had supposed, and that it was only when the amount of pelvic narrowing was very slight that we could reckon with any degree of certainty upon saving the fetus. He would not, therefore, recommend the operation in preference to the induction of premature labour in cases where an option was left us, and a decided contraction of the pelvis was known to exist. At the same time that it was a valuable resource in cases of this class which may have reached the full period of pregnancy, he proved by the fact, that of eighteen boys born to the above patients, and delivered by other modes than turning, only two were alive at birth; whereas four out of the nine delivered by turning survived their births.

Looking to the interests of the mother, the author of the paper considered that the operation of turning in the particular class of cases under notice had stronger claims; for not only did it abridge the labour process, which in itself was no small advantage, but it averted the possible contingencies of craniotomy, high forceps operation, or even of rupture of the uterus. Its great mechanical advantage, Dr. M'Clintock thought, was due, not to the position of the head nor its greater compressibility when coming through the pelvis with the base foremost, but to the unlimited amount of force which we can bring to the aid of the uterus by traction on the body of the child.

Dr. BARNES expressed his thanks to Dr. M'Clintock for having brought this important practical question before the Society, the more especially as his paper was based on so broad a foundation of facts. Dr. Barnes hoped that as one who had some personal experience of the operation, he might without impropriety respond to the invitation of the President. He observed that the revival of the application of turning to certain cases of disproportion constituted one of the greatest merits rendered by Professor Simpson to obstetric practice. He felt he was justified in calling it a revival, for he thought there was abundant evidence that the great accoucheurs who practised one and two hundred years ago were accustomed to trust to this operation much more freely than was now done. To this course Dr. Barnes said they were almost compelled by the want of those instruments with which in our day we were enabled to encounter cases of disproportion. Having no forceps, and but inefficient instruments of any kind, they were forced to trust to their unarmed hands. With their hands they extricated themselves and their patients from many difficulties, in which we resorted to the perforator or other instrumental aid. He entertained a strong conviction that we should return to a more sedulous cultivation of the hands as an obstetric instrument, and that material improvement in obstetric practice would result. The extension of the operation of turning as a substitute for more hazardous operations, and as a means of extricating patients from a variety of dangers, was especially to be desired. The particular application of turning to cases of disproportion was one of which he had formed a favourable opinion. At first, after Dr. Simpson's proposition to revive it, he distrusted its utility. He tried it by the favourite test of statistics. But he had since learned that we possessed no such statistics as would serve for the determination of any great question in obstetric practice. He had put the question fairly to the test of experience. He might state the general result of his observations as follows:—Disproportions might be divided into three degrees: First, there were slight disproportions giving rise to protracted labour, which admitted of being relieved by the long forceps; but the forceps must be not only long, but double-curved, well-made, and capable of being worked by the two hands. There was then a second degree, or class of cases, lying between the class capable of relief by the forceps, and the third degree, or class, in which craniotomy was necessary. This second or intermediate degree it was that properly admitted of treatment by turning. Beyond the third degree might be added a fourth, in which the Cæsarean section was the resource. It was thus seen that the operation of turning stood between the patient and craniotomy, promising to avert the necessity, in some cases, of resorting to that repulsive operation. It did not appear that the disproportion in most of Dr. M'Clintock's cases was great. It seemed probable that in some of them the long forceps might have been successful. Where there was only slight pelvic contraction, he (Dr. Barnes) thought it right to try the forceps first, and failing in this

manner, to proceed to turning. It was true that the practice was necessarily experimental. Dr. M'Clintock had fairly said that we could not determine beforehand the size of the child's head. We could not, therefore, tell beforehand what the degree of obstruction would be. But if the child were born dead after turning, we had at least the satisfaction of reflecting that the child was not sacrificed of necessity by the mode of operating, as was the case in perforation. If it perished, it was because it had to pass through a pelvis whose condition was incompatible with the birth of a living child. He did not assent to the opinion of Dr. M'Clintock, that the head did not come through the pelvic brim more easily when drawn through base first, than in the ordinary mode of entry by the crown. He thought the passage much facilitated. It might seem strange, but he had seen reason to believe, that in these cases of disproportion the child had a somewhat better chance of being born alive than after turning under ordinary conditions. The common cause of disproportion was slight projection of the promontory of the sacrum; on either side a marked hollow was preserved, in one or other of which the cord would lie protected. A very valuable application of the practice was found in the completion of delivery after perforation. In cases where much difficulty had been experienced in extracting the head by the crotchet and craniotomy-forceps he had, on several occasions, delivered with ease in a few minutes by turning. Much labour to the practitioner, exhaustion and distress to the patient, were thus saved. He would make one more remark; it was, that although great force had occasionally been necessary in extracting, he had never seen the smallest injury result to the mother. The patients had recovered as speedily and as well as after ordinary labours. Dr. Barnes concluded by again expressing his sense of the high value of Dr. M'Clintock's communication.

Dr. KIDD thought that no comparison could be drawn between the statistics of former times and the present, because the influence of chloroform must be taken into account.

Dr. BRAXTON HICKS considered that the cases brought forward by Dr. M'Clintock could scarcely be fairly quoted as examples of the value of turning over the use of the long forceps in either delivering the child or in saving its life. Those cases only could be admitted as absolute proof on that point in which the forceps had been applied, and had failed to bring the head through, but where turning had been subsequently resorted to with success. Dr. Hicks instanced a case which occurred to him recently, in which the long forceps failed to bring the head through the brim, but where, by version, the child was delivered after some detention, its heart pulsating for an hour and a half after, inflation of the lungs being continued till it ceased. In this case the forceps failed. Turning gave the child a chance, to say the least, of life, which the only other treatment left—namely, perforation—could not.

Dr. GRAYLY HEWITT had an observation to make with reference to the difficulty the author of the paper had alluded to of effecting the transit of the body of the fetus, after turning, where only one foot had been brought down. He believed that the difficulty in question was not confined to cases in which the head had originally presented, as the author seemed to infer was supposed to be the case; and that, on the contrary, the same difficulty was found in other cases—in transverse presentations, e. g. He had met with a case which bore out this view of the matter. It had been a sort of maxim that the bringing of one foot down was sufficient. He thought that the erroneousness of this teaching should be pointed out, and the necessity of bringing down both feet, in cases of turning, inculcated. In common with other speakers, he begged to express his thanks to the author for the very valuable contribution he had made to obstetric science in the paper now read to the Society.

Dr. M'CLINTOCK replied at some length to the observations of the various speakers, and the meeting then adjourned.

Reviews and Notices of Books.

The Spas of Europe. By JULIUS ALTHAUS, M.D., M.R.C.P.L. pp. 494. London: Trübner.

ALTHOUGH our literature is well supplied with accounts, chemical, medical, and topographical, of different springs, it is very deficient in systematic exposition of the entire subject of mineral waters. A bird's-eye view of the whole matter was wanted, and we are bound to admit, in justice to Dr. Althaus,