

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 fœtus 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 heat 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. Retrosp.* 1869, from *Monatschr. f. Geburtsk.*

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 sahurral diarrhœa of sucklings, the result generally of error of diet. He adds nothing but conjecture in explanation of the singular

change of colour of the dejections from yellow to green after been exposed to the air. As to the choice of food, the selection of a nurse, he remarks that the microscope fails to distinguish milk that may be rendered poisonous by mental emotions. As a practical rule, he thinks it important to select milk the fat globules of which are as uniform as possible in size, avoiding milk containing very large globules intermixed with others of various sizes. After much experience he concludes that pure cow's milk, sweetened with milk-sugar, used directly after milking, is the best substitute for human milk. He insists that the cows should be fed on hay only. The milk should not be watered or boiled. To preserve it from decomposition, it is necessary to prevent its exposure to air, not only to avoid oxygen, but also the sporules of fungi. It should be tested by litmus-paper, and, if found ever so slightly acid, rejected. He calls attention to a *brochure* by Folger—the artificial nourishment of infants with milk free from fungi (Münster, 1867) who describes an apparatus which secures the milk from access of air, not only during its flow from the cow's udder, but also during the sucking of it from the bottle by the child. As to medicinal treatment, Müller speaks well of calomel in small doses for the first day or two. He then describes successively—2. The saburral diarrhœa of older children. 4. The catarrhal acute diarrhœa, including the summer epidemic, the diarrhœa of dentition, and the sporadic infantile cholera. On the subject of the last Müller discusses the various opinions held concerning its pathology. The gelatinous softening of the mucous membrane of the intestinal canal occasionally found he does not regard as essential; he admits that it may be the result of post-mortem digestion, and says that, from a clinical point of view, a pathological softening of the stomach can only be inferred when, after an extremely short illness, and after the most decided and violent stomach symptoms, death has followed. But such cases are extremely rare, and in most cases where softening has been found after death no symptoms had led us to suspect such a condition during life. In treatment Müller has found nitrate of silver, one-eighth grain to one twenty-fourth grain, with sugar and gum, given four times daily, the most effectual remedy. As soon as symptoms of collapse begin, marked by paleness and a falling temperature, Müller has seen, in many cases, veratrum followed by recovery.

*The Chronic Diarrhœas.*—The common seat affected is the large intestine. They must be regarded as *chronic catarrh*, especially of the mucous membrane of the large intestine. Müller carefully discusses the treatment. In the form known as *lienteria*, in which there is such a condition of the intestinal canal that the food, quickly after ingestion, is expelled only superficially digested, Müller says *nux vomica* may be regarded as a specific, whilst opium is quite useless. In the common form he recognizes the value of nitrate of silver. He submits three conditions as indicating the use of this remedy: 1. Croupous deposits in the mouth and fauces, such as frequently complicate chronic intestinal catarrh. 2. A peculiar redness and smoothness of the tongue. 3. Irrepressible thirst.

60. *Seatangle Tent.*—Dr. J. BRAXTON HICKS considers that of all the materials used for dilating the cervix uteri, there are none so cleanly, efficient, and convenient as those made from the *Laminaria digitata*.

"This material," he says, "can be made into tents of various forms and sizes, but as the dried stem of the alga usually employed does not exceed half an inch in diameter,<sup>1</sup> tents required of a larger size must be made by fastening together a sufficient number. They may be grouped in three, five, seven, etc. But perhaps it will be found most convenient for the very large size to combine groups of three in one large bundle; they may be tied together by twine at the base, but at their apex it will be best to employ a small elastic band. These can be obtained ready made up.

Some are made in two halves pegged together. Some are made tubular to permit the introduction of a stilet, which, passing two inches beyond the end

<sup>1</sup> As other larger varieties of the algæ will hereafter probably be found equally useful with the *Laminaria digitata*, it is desirable that investigations be made in this direction.