

apparently sufficient room to admit of delivery without it. One-half of the cases in which craniotomy was resorted to had also ended fatally. In several of these cases perforation was only employed because the child was dead, although there was sufficient room for the passage of the head; so that the results of this treatment were also most unfavourable for the same reason as when the case was left to nature. Dr. Playfair concluded by briefly reviewing the history of the other methods of treatment employed, such as turning and the Cæsarean section.—*Lancet*, May 26, 1867.

38. *Cephalotripsy*.—Dr. KIDD, in a communication read before the Dublin Obstetrical Society (Jan. 12, 1867), recommended the adoption of the cephalotribe in all cases of embryotomy in preference to crotchets, hooks, and craniotomy forceps, for the following reasons:—

1st. By its use the base of the skull, the thorax, or pelvis may be completely broken up and reduced to the smallest possible dimensions without injury to the mother.

2d. It holds the part to which it is applied so firmly that it can be rotated if necessary and extracted with ease and safety.

3d. It causes no spiculæ, as the crotchet does, to tear the soft parts of the mother.

4th. It does not, like the crotchet, endanger the mother or the hands of the operator by slipping or perforating the part to which it is applied.

5th. It reduces, for the foregoing reasons, the dangers of embryotomy to a minimum, and allows of its performance in cases where it would not otherwise be possible.—*Dublin Quarterly Journ. Med. Sci.*, Feb. 1867.

39. *Protracted Gestation*.—Dr. C. JOYNT, of Bombay, records an interesting case of this in a lady 30 years of age, who had been pregnant six times, two of them ending in miscarriage. She often suffered from excessive menstruation with neuralgia of the ovaries, and was also the subject of frequent hysterio-epileptic fits.

The data upon which Dr. J. fixes the minimum duration of the pregnancy are:—

(a). The date of last menstruation, 28th December, 1863, to 2d January, 1864.

(b). The occurrence of characteristic morning sickness in January.

(c). The perception of the foetal movements on the 28th of March, and their persistence.

(d). The threatened miscarriage in May, after the completion of the calculated fourth month of pregnancy, corresponding to the period at which she actually miscarried on two former occasions.

(e). The existence of a well-marked utero-placental murmur, with abdominal enlargement in August; and

(f). The occurrence of spurious labour pains in the beginning of October (marking, as I interpret them, the termination of the normal duration of gestation), when the cervix uteri was found obliterated. Any one of these signs taken by itself might be open to objection; but, in the aggregate, they afford evidence as strong as is ever likely to be adduced in proof of protracted gestation. Besides these, however, my case furnishes another fact of importance in fixing the date of conception. My patient was, at the time I speak of, separated from her husband in order that she might be under my immediate care, being only visited by him occasionally. He was absent from the 26th of December to the 6th or 7th of January, when he returned and remained with her till the 10th. Before he again visited her the characteristic morning sickness had satisfied me that pregnancy had already commenced. This definitely fixes the 10th of January as the latest date on which conception could have taken place; so that the minimum duration of pregnancy must have been 317 days, or about six weeks more than the average.—*Dublin Quarterly Journ. of Med. Science*, Nov. 1866.