

No. 3.

Cases of Operative Midwifery. By W. C. COLLES, M.D.,
Assistant Surgeon.

Presented October 1855.

CASE 1.*—TRANSVERSE PRESENTATION.

Female twenty-four hours in labour before admission. The arm had been removed. Os rigid and unyielding. Turning and Evisceration attempted. Putrefaction set up. Delivery accomplished eight hours after admission. Death followed from exhaustion fourteen hours after removal of Fœtus, or twenty-four hours after admission.

A female, aged 20, admitted into the Jámsetjee Jejeebhoy Hospital on 19th April 1852, at 8 A. M., having been in labour upwards of twenty-six hours. The arm presented, and it had been broken off about its upper third. There were no pains for many hours. Pulse frequent and small. Abdomen somewhat tender. Has had two easy labours before. Pelvis of good capacity. On examination the external parts are highly swollen, excessively painful to the touch, and of increased temperature. The bladder and bowels are relieved by catheter and enema. The patient is brought under the influence of chloroform. The os uteri is found about the size of a dollar, rigid and unyielding. The presenting part cannot accurately be made out whether it be the right or left shoulder; but from observing some portions of the ribs coming away, and taking notice of their direction, it is inferred that it is the left shoulder at the brim of the pelvis, and that the child is in the first posterior dorsal position. Turning is attempted at 10 A. M., and continued till 12 noon. It is found, however, quite impossible to get the hand past the entrance of the uterus; the knuckles are hindered by the rigid os. The uterus appears firmly contracted around the child. Several attempts are made to turn, but without success. Evisceration is commenced. It is found, however, that the instruments fail in obtaining a sufficient entrance to enable the contents of the chest to be broken up. Evidence of putrefaction having already commenced is present in the highly offensive effluvia, as well as in the occasional passage of gas. It is therefore proposed, as the female is exhausted, that the means be for the present discontinued, and occasional stimulants of ammonia, wine and sago, &c. given. The pulse is feeble and frequent, and breathing rather hurried.

4 P. M.—The patient is in the same state as respects the symptoms generally. Chloroform is given and an examination made, when it is found that the os had undergone some dilatation and can now be made to yield. The presenting part (the arm) had passed through. A finger now passed into the chest permitted of the

* These cases are given in the order of their occurrence; but between April 1852 and November 1855 the notes of several are mislaid.

escape of a large quantity of putrefactive gas; and the sides readily collapsed. A little traction was made in order to enable some more room to be gained to pass round to seize the feet, when it became apparent from the great mobility of the foetus that nothing more was required than further traction to effect delivery. This was cautiously done; first one foot and then the other grasped, and the body afterwards. Putrefaction had, however, occurred to such a degree, that the head remained behind. There was some considerable discharge of highly offensive sanious matter, and the child's body much discoloured. It was found to be the left arm which had been removed in the manner before mentioned.

The hand was again introduced into the uterus, and a finger passed into the foramen magnum of the skull, the bones of which were very yielding and it readily was brought away, the scalp being separated from the bones from putrefaction. The patient now had a dose of ergot of rye given to her, and externally friction was employed to aid the uterus in contraction. After a quarter of an hour the placenta was removed: it was adherent to the fundus of the uterus. No hæmorrhage followed. The uterus contracted favourably. A compress and bandage applied. Camphor mixture and ammonia were given at short intervals.

8 P. M.—Feverishness and exhaustion still continued. There was no bleeding nor any untoward symptom. Wine was given as required. She continued to sink, and died at 4 A. M., having previously had some symptoms of tetanus.

CASE 2.—PROLAPSE OF THE CORD. ARM PRESENTATION. SMALL PELVIS. TURNING. RECOVERY.

A Mussulman female, aged 14, admitted into the Obstetric Institution at 7 P. M. on 13th November 1853. Reported to have been in labour since last evening. It is not known when the liquor amnii escaped. Has had no pains since 9 A. M. Woman short in stature; of good muscle. Her second pregnancy; the first miscarried at eight months. She is now at full time. Is cheerful, but dreads interference. Skin very hot; pulse 150; abdomen more prominent on the right side; irregular shape of uterine tumour. At one spot it is thought the foetal heart's sounds can be heard, but indistinct. On a slight examination it is seen that the umbilical cord is lying between the labia externa, exposed and quite pulseless. The parts are tender, but not unusually hot or swollen, but very sensitive and very small. She is chloroformed, and the examination proceeded with. It is found that the cord is encircled by the os uteri, and that with some difficulty one finger can be passed in; the state of the pelvis is bad; the promontory of the sacrum easily reached; it is inclined forwards; the sacrum shallow; the symphysis pubis not far distant, about three inches from the sacrum. By insertion of one or two fingers the os yields sufficiently to detect an arm, which with great ease escapes; it is made out to be the left hand, swollen and black. Such being the state of affairs, delivery by turning is decided on; and the operator changing the right for the left hand, two or three fingers are introduced along the side of the protruded arm, and the neck of the uterus is attempted to be dilated, (the uterus being steadied on the outside by an assistant). This is kept up for some time, but the os and funis do not permit of more than the four fingers to pass up to the knuckles. There are no contractions, and no pain experienced by the operation. Gradually some progress is made, and the legs are

searched for. Upon the right side with much difficulty a knee is seized, brought down, and the child turned. It is found to be the left leg; the toes are directed towards the sacrum. The breech, however, is hitched up above the pelvis, and with no little trouble extracted. There is a difficulty found with the passage of the shoulders, and subsequently the child's neck is firmly constricted by the os. At length the head only remains, and it being brought into the best position, steady traction at intervals is made in the direction of the inlet. No result follows, until the uterus is partially excited to action, and until a noise is heard resembling that produced by separation of the vertebral bones. It is feared that the head will remain, but a little more traction brings it down, with the bones very much overlapping each other from side to side. After an hour there was no return of pains, and no symptom of the placenta being thrown off; it was removed. There was no bleeding after it. An anodyne was given.

She recovered from the shock of the operation and went on favourably during the four days she remained in the hospital, and she left on the 17th November 1853.

CASE 3.—ARREST OF THE HEAD IN A FIRST LABOUR. FORCEPS USED.
CHILD STILL-BORN. FEMALE RECOVERED IN TWELVE DAYS.

A Parsee female, aged 18, admitted at 8 A. M. on 22nd November 1853, said to have been in labour for the last four or five days with her first child, and in the condition she is now in for the last twenty-four hours. The bowels have not been moved for five days; no urine has passed. She is a well-made young woman. The skin is hot; pulse quick and excited; and she wanders and is restless. The external organs are swollen, hot, and red, particularly the vulva. There is no fœtus. The urine is removed by a flexible male catheter, but it is found impossible to pass up an enema.

She is chloroformed, and an examination made. On passing the fingers round the head of the child, a large quantity of meconium comes away. The head is found in the first position; the ear can be easily felt on the right side, and the hand passed round the head; the scalp is elongated; the bones overlap each other, and are flattened. The head moves in the pelvis. The scalp is firm, and not œdematous. It is decided to use the forceps; the common straight ones are selected. The pubic blade, or the uppermost one, is introduced first, and this is done carefully and made to apply itself to the foetal head. The sacral blade is passed with more difficulty than the first, and it did not pass up so high, but it seems to lie well, and its lock is straight; they however do not close, but very nearly so, and sufficient to permit a slight extraction to be made. By degrees, however, and varying the position a little, they become locked, and extraction is made first downwards, then from side to side, and afterwards upwards, so that the handles come up over the abdomen. The head now follows, and the forceps are removed. The perineum is not unduly stretched; the head passes out well. After a little interval traction is made, and the shoulders are made to pass with their long diameter corresponding with the long diameter of the pelvis; following it the remainder of the child escapes. There is seen to be considerable bleeding, and after the umbilical cord is divided and child separated, cold water is applied to the external genitals. The woman is still under chloroform. The bleeding continues to some extent; the uterus does not

act ; and the placenta is still retained. The hand is introduced into the vagina ; the cord traced ; the uterus is found encircling it, but easily dilatable ; the insertion traced and traction made ; but decomposition had occurred so far that the cord easily ruptured ; the placenta is however seized and brought away ; a gush of blood ensues ; a rapid stream of red blood along with sanious putrid meconium. Cold cloths are applied ; water from a height is poured on ; this is continued for some time, whilst all the time the uterus is firmly grasped and rolled about by an assistant. The uterus presently is found contracted, and the blood only to ooze ; but it requires firm pressure and constant attendance. There is some bleeding two hours after. The woman has received a severe shock ; she is pale, has vomited, and is restless. Thirty drops of tinct. opii given, and spirit. ammon. as required.

4 P. M.—Going on favourably ; inclined to sleep ; and the tincture of opium was repeated.

23rd.—Urine drawn off by catheter, which was required for the three following days. There was little or no uterine tenderness, and no unfavourable symptom. She left the hospital quite well, on the 6th December 1853.

CASE 4.—ARM PRESENTATION. TURNING. RECOVERY. EIGHT DAYS IN HOSPITAL.

A Mussulman female, aged 25, admitted at half-past 1 P. M. on 16th December 1853. A small-sized woman ; said to have been in labour and assisted by her friends, with the arm protruded since noon yesterday. Uterine pains are now present, and the left arm is seen protruded from the vagina, dark, discoloured, with a little of the cuticle abraded. Chloroform is given after the bladder had been emptied of urine. The left hand and arm of the operator are introduced, and with some little difficulty the former enters the uterus. The promontory of the sacrum is very near. After some time a knee is reached, and then the leg brought down (the left) ; this is secured and presently the other follows. The cord is seen doubled round the body, and, as the child is dead, the cord is tied and divided. The breech follows ; then the arms ; but there is the unusual difficulty with the head, it is hitched at the brim. After some time, however, it is brought away rather suddenly, and then there follows a great gush of blood. Cold is applied and pressure, the placenta is removed, and steady pressure kept up for some time before the bandage is applied.

4½ P. M.—Little or no oozing of blood ; uterus contracted, pretty large still. Is just recovering from the effect of the chloroform.

Rx Tinct. opii ℥ xl. ; mist. camph. ℥ ii. ; now. If required spirit. ammon. draught afterwards.

Attend to the recurrence of bleeding during the night,

The bandage is just applied, and she has had the anodyne draught.

5½ P. M.—Is quiet ; no bleeding,

7 P. M.—Has been sleeping after the draught ; no hæmorrhage ; skin of natural temperature ; pulse better developed.

To have some conjee after she wakes up.

She went on favourably, and was discharged on the 24th December 1853.

CASE 5.—RETROVERSION OF THE UTERUS.

A Muratha female, aged 20, admitted at half-past 7 A. M. on 21st December 1853. States that she is between three and four months pregnant, and that for the last four days there has been no motion of the bowels and no urine passed. Is in great pain; bearing down, tossing about, and fractious. Purgative enema to be administered immediately. Seen at 9 A. M. Abdomen greatly distended beyond umbilicus; globular tense painful tumour. A vaginal examination discovers the os up above the symphysis pubis; the lower lip alone felt; the fundus is in the hollow of the sacrum. A silver female catheter is introduced into the bladder, and between three and four pints of urine withdrawn with immediate relief; the os is found to be lower down, but the uterus does not return to its natural position.

3 P. M.—Urine drawn off, and without much difficulty the uterus is restored to its natural position.

Urine to be drawn off at 8 P. M. and early to-morrow morning.

22nd.—The catheter was used at 7 o'clock P. M. and she has passed her urine voluntarily since; would seem to be free from complaint; bowels not moved.

R *Ol. ricini* ʒ vi.; *aqua cinnamomi* ʒ iss.; now.

23rd.—Urine passed freely; bowels free; makes no complaint.

Vespere.—The uterus is now quite in its right place, and she is clamorous to be discharged.

CASE 6.—ARM PRESENTATION. RECOVERY. FEMALE ELDERLY.

A Parsee female, aged 43, admitted at 8 A. M. on December 26th, 1853. Third pregnancy. Stated to be in labour since yesterday morning, and since last evening about 10 P. M. pains have ceased; soon after the liquor amni had escaped. It is seen that the funis presents, and with it an elbow. The cord is replaced once or twice without success. The parts are cool and moist; no pains; the cord pulsates. At 11 o'clock it was decided to turn; this was with some difficulty effected under chloroform, owing to the contraction of the uterus coming on powerfully before the shoulders were brought down. The head offered a good deal of obstruction, but after some time it escaped. The child was still-born. The uterus contracted and pressure kept up. The placenta was removed by the hand.

12½ A. M.—Is quiet; no bleeding; skin and pulse good.

R *Tinct. opii* ʒ xl.; *aqua* ʒ iss.; now.

This woman had a tardy but favourable recovery, and left the hospital on 5th January 1854.

CASE 7.—CRANIOTOMY AFTER FEMALE HAD BEEN FIVE DAYS IN LABOUR. DEATH FORTY-EIGHT HOURS AFTER THE OPERATION.

A Mussulman female, aged 25, admitted at 4 P. M. 12th June* 1854. Said to have been in labour at her full time, for the last five days. Has been much handled in the bazaar. Seen at half-past 6 o'clock. Is a full-made woman, and this is reported to be her first child. There is no constitutional suffering; skin cool; pulse about ninety, and of good volume; cheerful. There are no uterine

* Between this date and that last given the notes of several cases are also mislaid.

pains, and they have ceased for twelve hours. At the os externum the hairy scalp of the child can be seen, and on examination the head is found down in the pelvis, the bones loose, and overlapping. A very offensive smell with thick discharge are noticed. The urinary bladder is immensely distended; the rectum empty. She is chloroformed, and then attempts made to introduce the catheter. It passes somewhere, but not into the bladder. At 8 P. M. the perforator is used; the brain broken up; the bones collapsing so as to admit the hand in the pelvis. Extraction made with the blunt hook, and after some little difficulty the head is brought down, but with the face towards the pelvis; the shoulders are obstructed. With great difficulty the hook reaches and brings down the left arm, and then the right; afterwards the body is slowly extracted. The uterus contracts very well; the placenta did not come away for twenty minutes, and it was then removed. No hæmorrhage.

11 P. M.—The effect of the chloroform has passed off, but she has heat of skin and quick pulse; several stools have passed.

R. Tinct. opii ℥ xl.; now.

13th.—Has had some sleep; is now cool; tongue dry and brown; desirous of food; no urine has passed; the parts are hot, swollen, and offensive; bowels open several times; pulse 85.

Catheter passed and 4 to 6 oz. of urine drawn off.

Sago conjee. R Mist. diaphoretic ℥ iss. ʒ q. q. h. sumendus.

Vesperi.—No heat of skin, but thirst; pulse 120 and feeble; is drowsy; tongue dry; lochia free; some abdominal tenderness; the lower part of the vagina and labia becoming sloughy-looking.

Foment the abdomen. Syringe the vagina frequently. Catheter. Continue mist, diaphoretic.

2 A. M. 14th December.—Died.

REMARKS.—This woman was going on well, it is reported, until about 12 o'clock midnight, when she became restless, wandering, excited; and at 2 A. M. suddenly fell back and died.

No *post-mortem* examination permitted.

CASE 8.—CRANIOTOMY. RECOVERY.

A Parsee female, aged 30, admitted September 27th, 1854. Is reported to have been in labour since yesterday morning. Liquor amnii escaped at 5 P. M. Second child; previous one with difficulty; dead. At 11 P. M. ergot of rye was given by a private practitioner; no effect produced. Brought to hospital at half-past 7 A. M.; seen at half-past 8 o'clock. Natural presentation. No labour-pains of any sort. Female anxious; skin hot; pulse 120, pretty good; no evacuation of urine or feces; parts much swollen, hot, and tender from handling. Catheter attempted; after some difficulty flexible silver male passed. Urine drawn off, latter part bloody. As there was every reason to suppose by the absence of the foetal heart's sounds, by the state of the scalp (flabby and œdematous), by the smell, and by the general symptoms, that the child was undoubtedly dead, and as the parts were in a highly irritable state, craniotomy was determined upon. The head was opened and the brain evacuated, but the head did not pass the brim of the pelvis without very con-

siderable trouble and using considerable extractive force. By perseverance it was overcome. The cord was round the neck, which was liberated, the shoulders expelled, and then the body of the child (female) followed. The placenta was removed, and the uterus contracted well and firmly.

4 P. M.—Is reported to have slept since the operation; urine passed; and the bowels were opened; no hæmorrhage; considerable heat of skin; thirst; pulse 120. R Tinct. opii. ℥ xxx.; Sp. ether. nit. ʒ ss.; Mist. camph. ʒ iss. M. ft. haust. h.s.s.
28th.—Doing well in all respects. She continued in hospital till 5th October 1854, when she was discharged quite well.

CASE 9.—DISTORTED PELVIS. CRANIOTOMY. SLOUGHING OF THE VAGINA. FOLLOWED BY VESICO-VAGINAL FISTULA.

A Hindoo Bania woman, age 25, admitted at 6 P. M. 8th October 1854. Has been in labour, it is stated, for three or four days. Liquor amnii escaped yesterday. Has had one child ten years ago, none since; but suffered from rheumatism. Is a small but not badly made woman. There is found, on passing the hand into the vagina, a contracted pelvis, the two rami of the pelvis and ischium nearly approach with scarcely one finger's breadth intervening; the lower part of the outlet is capacious; the os uteri is about the size of a dollar but dilatable; anterior lip pressed upon. The promontory of the sacrum is very near to the symphysis pubis, not more than one inch and one third of an inch. There are no foetal sounds heard; the uterine action is at times great; the bowels have not been moved for four or five days. Urine drawn off and enema given, but no benefit results.

In consultation it was resolved to perforate the head up above the pelvis, to evacuate its contents, and to deliver by manual extraction. This was commenced at 11 o'clock, the woman being under chloroform, and it was attended with very great difficulty. Small pieces of bone came away; the blunt hook and crotchet used; at length the base of the skull passed, and on extracting the shoulders the head separated. The arms were brought down with a blunt hook and the breech after. No hæmorrhage followed; the uterus contracted well; and after a short time the placenta was removed. Female child. The woman's pulse fell after the operation; ℥ xl. tinct. opii were given, and she was put to bed.

9th.—Has had some sleep; few after-pains; not much injury to the parts; urine passed; bowels freely open; no fever.

Vespere.—Skin and pulse natural; no pain complained of; lochia free.

10th.—Fever set in, and sloughing of the vagina has apparently commenced. On the 11th the patient was removed by her friends, as they were apprehensive of her dying in the hospital.

At the beginning of December she presented herself at the Female Dispensary, having a vesico-vaginal fistula; but after a few days she ceased to attend.

CASE 10.—ARM PRESENTATION. TURNING. RECOVERY.

A Muratha female, age 30, admitted at 1 P. M. 10th October 1854. Reported to have been in labour since yesterday. Liquor amnii came away at an early period. This is her second child; the former delivered by the feet. There is seen protruding from the external parts an arm, livid, discoloured, and cold; along with it

also the umbilical cord is seen. There is no pulsation in the cord, and no foetal sounds heard. The pelvis is small, and the woman not very well made. The uterine action great; skin and pulse good. She is chloroformed, and with some difficulty, owing to the violent contractions of the uterus; the hand is made to pass up above the brim of the pelvis and through the uterine os and cervix (which are pretty yielding) to the interior of the uterus, where the right knee is seized, and brought down. The child turned readily; and after the breech was born, the funis was cut, the shoulders and head did not offer much obstruction. It was brought out in the natural position or with the face towards the sacrum. The placenta was removed about five minutes after, and there was no bleeding. Chloroform not gone off.

To have Tinct. opii ℥ xl. in mist. camphor. ʒ iss. at bed-time if after-pains severe.

She was discharged at her own request, on the 18th October 1854, quite well.

CASE 11.—ARM PRESENTATION. TURNING. IMMEDIATE HÆMORRHAGE ARRESTED, BUT SECONDARY HÆMORRHAGE FATAL, FORTY HOURS AFTER THE FIRST.

A Mussulman woman, age 27, admitted at half-past 6 A. M. 25th October 1854. Has been in labour since 6 P. M. yesterday. An arm is seen protruding from the vagina, cold and discoloured; it is the left arm. The woman is suffering much pain; is very violent. She is put under chloroform, and turning is performed. The uterus is thrown into action every now and then, but there is no great difficulty in introducing the hand into the uterus. A knee is readily seized, and brought down; the uterus still acts violently, and the different parts of the child pass out without any, but slight, traction. The head with the face directed to the pelvis offers some obstruction, but it is brought into the second position and removed. Following upon this there is a large discharge of blood, the vagina is filled, and it issues in a florid stream. Pressure is made externally and the hand introduced. The whole anterior portion of the uterus, the os, and cervix are dilated, soft, and the attachment of the placenta is felt. It is rather to the left side and anterior, and without difficulty it is removed entire.

A greater hæmorrhage than before now sets in, and cold water is dashed upon the external parts and the abdomen, and cold water injected into the uterus. The hand had been for some time within the uterus, but no contraction was brought about, except at the fundus; the bleeding continued. The electro-galvanic apparatus is now put into use, and a dose of ethereal tincture of ergot given. The uterus presently however contracts, although it has a disposition to dilate. The woman becomes faint and the pulse falls. There is bleeding going on. However, by the continuance of the shocks, the cold, the pressure, and the ergot, it is gradually brought under. She is now brought up in bed and steady pressure is kept on the uterus; stimulants are given, and brandy and ammonia from time to time. About an hour after the pulse is of pretty good development but hæmorrhagic in character. Cold drinks given.

4 P. M.—No return of bleeding; is quiet, and pulse improving; catheter introduced and 8 oz. of urine withdrawn; after-pains coming on.

R Tinct. opii ℥ xxx. ; mist. camph. ʒ iss. Now, and to be repeated at 8 P. M. if required.

She continued well during the next and following day, but, upon the morning of the 28th, secondary hæmorrhage came on, under which she sank.

CASE 12.—ARM PRESENTATION. TURNING COULD NOT BE ACCOMPLISHED. EVISCEARATION RESORTED TO. FEMALE RECOVERED.

A Hindoo female, age 25, admitted 23rd December 1854. A small-sized woman. Reported to be in labour for three days, but since yesterday morning the arm has been down. She has had two abortions, then a natural labour, and the last was an arm case, but not being at the full period of pregnancy the child was expelled doubled up. The abdomen is not very large, and not at all unequal. Urine has passed and bowels often moved; the tongue is white and coated; pulse good; no fever; no foetal heart's sounds; labour-pains have been more or less active all day. She was admitted at 10 A. M., but not examined till 1 P. M. The left arm protrudes from the vagina (second anterior dorsal position), swollen, cold and discoloured but firm. After catheter used she is chloroformed, and the left hand of the operator is passed up along the protruded arm to enter the uterus. It is found the pelvis is contracted in its antero-posterior diameter, and that the shoulder of the child firmly wedges the brim. The uterus is thrown into action, but during its quiescence various attempts are made to reach a leg or foot. A knee only is felt, but, owing to the operator's hand becoming paralysed after half an hour's introduction, the operation is desisted from, and tinct. opii ℥ L. given, which was vomited after two hours. Turning is again tried in the same manner, but with no success, except that a foot is brought down a small way.

These attempts are continued for two hours more, when the perforator is introduced into the chest and the contents broken up, and another and similar dose of laudanum given. Between 7 and 9 she had sleep; but at 10 P. M. there were distinct rigors and very small pulse. Again chloroform is given. There was but little alteration of the parts; uterus now and then contracting greatly; foot down, but shoulder locked in the pelvis. A slip of tape is passed round the foot and attempts are made to elevate the shoulder, and at the same time traction is made upon the foot. It however separates at the joints. The contents of the chest are now more freely got rid of, and a blunt hook with very great difficulty passed round the spinal column. After a time another hook is passed around the hip, and by great exertion the breech is brought down. The uterus after this was allowed quietly to empty itself and there was no difficulty with the shoulders or with the head. The child was a small one, male, and not putrid. The placenta after being allowed to be in the uterus for about ten minutes was withdrawn. There was no bleeding, and the woman was left asleep and the pulse improved. Conjee and wine as required.

This woman made a slow recovery, and left the hospital on the 4th January 1855.

CASE 13.—FORCEPS CASE. RECOVERY.

A Parsee female, age 32, admitted at 6½ P. M. 31st January 1855. Reported to have been in labour for more than 26 hours. Has had three children. She has taken several doses of ergot given her by a private practitioner. No pains. Head low

in the pelvis, but parts not hot, nor tender, nor painful. Urine drawn off; bowels not relieved. She is low and faint; pulse weak and quick. The short forceps (without her being chloroformed) are after several trials at last applied, and the head of a female child is brought down. The head is seen to be elongated and irregular in shape; the body is then expelled slowly, and the cord tied. Fœtus dead. The placenta is allowed to remain for some fifteen or twenty minutes, when being found in the vagina it is extracted without difficulty, and perfectly entire. There is no bleeding; uterus contracts; but the woman is restless, tosses about, and is unconscious; pulse very small and weak; she is becoming cold and collapsed.

R Tinct. opii ℥ x.; spirit. ammon. arom. ʒ i.; arrack ʒ ii. Now, and every hour if required. Conjee.

8 A. M.—She required no more stimulants, but took conjee at times. She is now rallying and has slept comfortably; no heat of skin; pulse small and frequent; complains of some tenderness of the abdomen over the uterus, but it is not increased upon pressure; lochia free; urine has passed naturally.

R Mist. diaph. ℥ i. ʒ 4 q. q. hora sumendus.

Vespere.—Considerable heat of skin; pulse 120 and thrilling; has been sleeping all day; very little uterine tenderness; lochia free; urine passes; no action of bowels.

Ol. ricini ʒ vi.; aqua cinnamomi ʒ iv.; M. ft. haust. mane sumendus.

She continued slowly to improve and was under treatment till 19th February, when she was discharged.

CASE 14.—ARM PRESENTATION. TURNING. DEATH REPORTED TO HAVE OCCURRED TWO DAYS AFTER.

A Portuguese female, age 35, admitted at 8 A. M. 11th March 1855. The fifth labour; woman much exhausted, pale, and almost pulseless. Said to have had labour-pains yesterday and arm came down at midnight. The right arm protrudes as far as the shoulder but not decomposed. Urine drawn off. Abdomen very irregular in shape. At 9 A. M. she is chloroformed and attempts made to turn. There is little action of the uterus, but she is very faint and low. The other arm is brought down, and then, after some time, search is made for the feet. Turning is done slowly, and a male full-grown child is expelled. The placenta follows after some time, and there is no bleeding. The uterus contracts well; the placenta is somewhat offensive; and the cuticle of the child peels off.

Stimulants occasionally. R Tinct. opii ℥ xxx.; Mist. camph. ʒ iss.

About an hour afterwards there were several lumps of coagulated blood passed and the clothes frequently changed. The draught with opium was rejected, and it was repeated.

4 P. M.—Going on well; no recurrence of bleeding; reaction has come on; skin hot; has had no sleep; pulse 100 and better developed; thirst; no pain over uterine region, and after-pains very slight; no urine passed; bowels not open.

Repeat tinct. opii ℥ xxx. at bed-time. Catheter to be used if required.

On the following day she was not so well, and her friends becoming alarmed, removed her at midnight. It was reported that she died the next day.