

that miscarriage would follow. She went on to the full period of gestation, only suffering from leucorrhœa, but being obliged to lie a great deal until the last month. At the time of the labour I expected to find a shrivelled twin, but there was nothing more than is usual; the waters were very scanty and the child feeble and undeveloped, the bones of the skull being imperfectly ossified; the birth took place on June 14th. I have no doubt that the fluid in this case came from the amniotic sac in which the one child was lying, that this fluid was never properly re-secreted, and that as a result the child was imperfectly developed; it had the appearance of about a seven months' child, but is now living and thriving. The placenta was rather smaller than usual.

In both these cases forceps were required; in the first for closure of the uterus on child, the head of the latter being much elongated backwards by pressure and no progress being made; in the second case for slight pelvic deformity. I found the advantage, especially in the first case, of employing traction between the pains only, as recently recommended by a writer in the *Lancet* as especially applicable in premature cases.

A CASE OF CEPHALOTRIPSY.

By W. V. JAKINS, L.R.C.P., L.M. Ed., Fell. Obst. Soc., Lond.

In the beginning of 1881, I attended a farmer's wife, aged 41, in her seventh confinement. Her first occurred eleven years before, in the country; she had two doctors; with great difficulty she was delivered of a dead child, and was a long time before she was able to get about again; and so for her second confinement. She came here for her third and fourth; chloroform was used; two doctors attended, with the same difficulty and the same results. In her fifth the same medical men determined to bring on premature labour at the seventh month; she "took draughts all day," and at 7 p.m. chloroform was given and continued till 7 the next morning, when she was again delivered of a dead child; flooding at once set in; another medical man was called to assist; it gradually ceased, and she slowly recovered.

With this history I was asked to take the case alone; I saw her at 20 minutes past 10 a.m. As usual her pains were very light; there had been a slight "show," and the os was open to the size of a shilling, and very high in the pelvis. I saw her again at

ten minutes past 9 p.m. ; the pains had not altered, the os had enlarged to the size of half-a-crown, was soft and dilatable, yet still high up ; I therefore determined to deliver. A friend was sent for to give chloroform, which was commenced at 10 p.m. from a handkerchief. As the pelvis was unusually deep, with an antero-posterior diameter of only three inches, the head presenting and the child alive, I commenced to turn ; one foot was brought down, then the other, and so for the arms, but with great difficulty ; the head was made to engage in its shortest diameter, but it would not pass the brim ; craniotomy was then resorted to, yet Davis' forceps failed to move it ; Braxton Hicks' cephalotribe of full length was then applied, and although not long enough to reach beyond the squamous part of the temporal bones, with it the skull was well crushed ; again craniotomy forceps failed, as did the blunt hook ; the sharp hook, however, was sufficient, and with great difficulty she was delivered at a quarter past 10 o'clock of a child. Slight hæmorrhage commenced, for which I gave ergot and applied a uterine compress with success. Three ounces of chloroform were used. In the event of pain, twenty drops of chlorodyne were ordered to be given every half hour if necessary. In three quarters of an hour she was well enough to be left. At half-past 8 the next morning she was doing well ; at half-past 3 p.m., as she had not passed water, I drew off three-quarters of a pint of dark grumous urine ; she slept a little during the day and night, and before my visit the following morning had passed her urine without difficulty. Her diet to commence with was milk and water equal parts, gradually increased to pure milk, and then farinaceous foods, soups and meat. She recovered without a bad symptom, and I left her on the ninth day. Without doubt the practice of bringing on premature labour at the seventh month in her fifth pregnancy was good treatment, which I should have followed had I been called in earlier, in spite of its ill success. This I explained to her, so that should she again become pregnant she might have a chance of bearing a living child. In spite of the severe treatment she went through on this occasion she insisted that it was the "best time" she ever had. I omitted to state that her sixth confinement differed in no sense from the previous ones, save that she was attended in the country by the doctor who was with her in her first, assisted by a medical man of this city ; chloroform was used, and she nearly died subsequently of peritonitis.

Ballarat, July 1st, 1882.