

anasarca has become rapidly general and considerable. On the 5th, having complained of blindness, she was seized with eclampsia, and remained more or less comatose. Dr. Tidy bled her to ten ounces. The effect of this bleeding was very satisfactory. There were no fits after eight A.M. of the 6th, but she lay comatose, though not always profoundly so. The bowels were freely relieved by a purge. I saw her at half-past five P.M. of the 6th. She was semi-comatose; did not answer questions; the pupils could not be observed, owing to the strength with which she clenched the eyelids when touched; pulse 100; tosses about; face, neck, and hands much swollen; face cyanosed. Urine had been freely passed in bed. Blood drawn yesterday shows a large, loose, red clot, not buffed. The os uteri was not at all open, but admitted tip of finger on pressure; it was reached with difficulty. The persistent coma, which had already lasted more than twenty-four hours without signs of remitting, determined us to deliver. The membranes were punctured with a knitting-needle; a little liquor amnii escaped; the head presented. The patient was left for two hours, to allow the uterus to contract and prepare for expansion of the cervix. At eight P.M. we met again. A pint of urine was drawn off. The os was but slightly open; there was no indication of labour, and the patient's general condition was not more promising. I applied a caoutchouc dilator, distending it with water, in the first place, to the vagina, so as to remove all obstructive rigidity in this part of the parturient canal. The vagina was quickly expanded, giving more freedom for further manipulation, and slightly opening the os externum uteri. I then applied a dilator mounted on a flexible metallic stem inside the cavity of the cervix; by gradual distension during thirty minutes a considerable expansion had been gained; three fingers could be introduced, and feeble labour-action was excited. She was given thirty minutes more to allow this action to work. At nine P.M. the os uteri was a little more dilated; but the pains were so feeble that there seemed no certainty of delivery being effected spontaneously for many hours. I therefore sought to deliver by bimanual version; but owing to the great length of the cervix and of the uterus proper, which was a rigid cylinder, the absence of liquor amnii, and the tonic contraction of the uterus, I did not succeed readily. A loop of cord came down before the head; it was pulseless. The head was perforated at once, and forty minutes were spent in careful extraction by the crotchet, the bones affording but slender hold. The uterus contracted well, and cast the placenta. Chloroform was administered during the operation for the purpose of securing the quiescence of the patient.

On the 13th November I learned that consciousness quickly returned after the delivery; the anasarca soon disappeared, and the patient did well.

The urine drawn by catheter was acid, turbid, loaded with albumen, specific gravity 1024; it contained 1.66 grains of urea in 100 grains. After standing forty-eight hours it yielded abundant crystals of uric acid, and numerous sporules and strings of sugar fungus.

Commentary. — The interest of this case consists in the rapidity, certainty, and safety with which labour was induced and completed. Under the ordinary methods, delivery could not have been counted upon in less than twelve hours, if even so soon. Coma would have persisted, eclampsia would almost certainly have returned, and death would probably have supervened whilst delivery was being expected. By the method adopted, in two hours, security was attained for the mother, relief from anxiety by the friends, and for the medical attendants there was the pleasing consciousness of having triumphed over a formidable disease. I know of no obstetric operation more certain or more successful. It is a saving operation in some of the most appalling and imminent emergencies in midwifery. It obviates the loss of time, where the loss of minutes is the loss of life.

Finsbury-square, December, 1861.

ILLUSTRATIONS OF CLINICAL MIDWIFERY.

By ROBERT BARNES, M.D., F.R.C.P.,

PHYSICIAN TO THE ROYAL MATERNITY CHARITY,
ASSISTANT OBSTETRIC PHYSICIAN TO THE LONDON HOSPITAL.

CASE.—*Albuminuria at seventh month of pregnancy; convulsions; labour induced by dilatation; delivery completed in two hours; recovery.*

The following case exhibits in a striking manner the remarkable power of bringing gestation to a close which we possess in the operation of dilating the cervix uteri by means of fluid pressure :—

6th November, 1861.—My assistance was requested by Dr. Tidy, of Hackney, in the treatment of a case of convulsions. The patient was a young woman, the wife of a butcher, and had, till her present illness, enjoyed good health. She married in March, and was believed by her friends to be in the seventh month of her first pregnancy. Some weeks ago slight swelling, impeding the free use of her hands, was observed; but there was nothing distressing until the 3rd instant. Since this date