

should be enlarged; and that if an artery in the mesentery, or in any other place which can be got at, should be found bleeding, a very fine silk ligature should be placed, if possible, on each side of its divided extremities, and cut off close to the knot, the external wound being afterwards accurately closed. This is a point of practice to which future attention is directed.

When a musket ball penetrates the cavity of the belly, it may pass across in any direction without injuring the intestines or solid viscera. It usually does injure one or the other, and it has been known to lodge without doing much mischief. The symptoms are generally indicated by the parts injured, although in all the general depression and anxiety are remarkable; their continuance marks the extent if not the nature of the mischief.—*Lancet*, April 20, 1853, p. 399.

ARTIFICIAL DILATATION OF THE OS UTERI.

By Dr. T. E. Rawson.

[Although Dr. Rawson is no advocate for meddling interference in cases of labor, he gives the following example of the value of artificial dilatation of the os uteri:]

A few years ago, I was sent for on the Tuesday morning to attend Mrs. B., living about six miles from my home. She was a rather stout person, of dark complexion, had been married about twelve months, and was *fifty years of age*. She had, moreover, lost one leg, and this was her *first child*. On my arrival, I was making an examination, I found the pelvis well formed and roomy, but the os uteri was *rigid and firmly closed*. Her pains, which were strong, recurred about every seven or ten minutes. After staying several hours, without observing any relaxation of the os uteri, I left her, but was summoned to her again the same night. I found matters precisely in the same state, but she had become impatient and dispirited. I bled her in the arm in a full stream to syncope, hoping by this means to induce relaxation of the os uteri, but without effect. Her bowels were relieved by castor oil, and the next morning I gave her a full dose of opium and left her. In the evening of Wednesday I visited her again. The pains had not diminished in force or frequency, but the os uteri had not as yet given way in the least. She had, however, become much more hopeful and cheerful, as I had before assured her there was no danger, and that it was a mere question of time and patience. She had had short intervals of sleep between the pains, and her appetite had much improved. I now gave her repeated doses of tartarized antimony, keeping up a constant nausea, but still without any relaxing effect on the os uteri. On the Thursday morning I had her placed in a warm bath, but to no purpose. I therefore ordered her to continue the nauseating doses of antimony, and again left her till the evening. I then found her still in the same general condition, hopeful, and without any symptoms of exhaustion. The pains were still strong and regular; no change in the os uteri.

What was to be done? I resolved on trying the effect of artificial dilatation. After some time, and with considerable difficulty, I succeeded in introducing the point of the index finger through the os uteri, then two fingers, and subsequently all the fingers and thumb conically disposed. By patient perseverance I gradually dilated the os uteri to the size of a crown piece; I then left her for the night, and on Friday morning, found the membranes and head slightly protruding through the os. I then ruptured the membranes and gradually increased the dilatation, slipping the os uteri back to the broadest part of the head. No further progress was made during Friday, though the pains continued unabated in force and frequency. During Saturday, I gave her frequently repeated doses of ergot of rye, which had some effect in increasing the expulsive efforts of the uterus, but by Sunday the head of the fetus had only reached the brim of the pelvis. After some