

## PERISCOPIC DEPARTMENT

## MIDWIFERY.

## A DYNAMOMETRICAL ADAPTATION TO THE FORCEPS.

By Dr. KRISTELLER. (*Monatsschr. f. Geburtsk.*)

Dr. Kristeller has submitted to the Berlin Obstetrical Society a contrivance by means of which the exact degree of extractile force employed in using the forceps may be measured. He observes, that the obstetrice, in seeking to describe the extent of the obstacle to delivery, is compelled to draw upon his imagination, and to use vague terms, as "easy, feeble, moderate, difficult, &c." For these expressions his instrument enables us to substitute the figures of a scale. His instrument is somewhat complicated, and not easy to describe without the help of drawings. The dynamometrical apparatus is adapted to the handles. Each handle consists of two parts, one moveable, and the other fixed. The fixed part is a strong steel-plate, which forms the continuation of the fenestra. The moveable part is a half-cylinder of brass, which is so adapted by its plane surface to the steel-plate that it can ride freely up and down, but in no other direction. Above, the brass half-cylinder is closed by a projection forming a notch in which the fingers of the operator are hooked for power of traction; below, the cylinder ends in the ordinary dilation for the hand to rest upon. Within the half cylinder lies a strong steel spiral spring, which presses above against the prominences which support the operator's fingers, and to which the chief part of the extractile force is applied, and below is fixed immovably to a projection from the steel-plate. When the operator pulls with his right hand upon the upper prominence, and with his left upon the shafts of the handles, he draws the moveable half-cylinders down, compressing the spiral springs, the elasticity of which serves to measure the strength employed. This is indicated by a graduated index adapted to the handle below the lock.

Dr. Kristeller enters with some minuteness into the applications and uses of this instrument. He especially insists upon the advantage it offers as a measure of the hindrance to delivery, enabling us to determine the time when the forceps must be abandoned for the cephalotripter.—*Brit. & For. Med. Chir. Review.*

## A SUCCESSFUL CASE OF TRANSFUSION.

By Professor MARTIN.

Professor Martin has related to the Berlin Obstetrical Society a successful case of transfusion. A primipara aged twenty suffered a fright in her eighth month; symptoms of inflammation the uterus followed; pains set in with considerable external bleeding, but marked anæmia, with prostration. The os uteri being rigid and undilated, plunging was resorted to. Next morning, a pointing swelling appeared in the scrobiculum, of the pulse could hardly be felt, syncope was frequent, the temperature falling, and death seemed imminent.

The median vein of the right arm was exposed by an incision of the skin four or five inches long, a flat trocar was used to perforate the vein, and six to seven ounces of freshly-drawn blood was injected through a warmed glass syringe. The patient complained of no pain, but immediately showed a blush on the cheeks. The plug now removed, the os was found dilated; the fœtus (dead) was extracted by forceps. The uterus being compressed, the placenta was expelled with more than two pounds of black clot. The maternal surface of the placenta showed a compressed part occupying two-thirds, around which the cotyledons rose in a border like a wall. There was some