what similar operations which have been introduced into surgery, I had convinced myself that, in our case, nephrotomy was not only justified but even indicated. Consequently, I preformed extra-peritoneal nephrotomy in presence of a great number of medical practitioners and students, after having stated the reasons which, in my opinion, urged me to perform the operation. The patient stood the operation pretty well, and, after six weeks, was so far advanced towards recovery that she could leave her bed. The ligatures of the pedicle did not show any sign of detachment, so I did not try to remove them forcibly, because there was increased suppuration and pain whenever strong traction was made. After six months the ligatures came away with comparatively slight traction. Two days afterwards, the sinus in which they were embedded was closed, and thus the whole wound was cicatrized.

After the ovario-hysterotomy there remained a contraction of the muscles of the calf of the right leg, which took a long time to cure. The patient, whose health, as may well be imagined, had been seriously impaired in consequence of all the operations which she had undergone within three years, is now in a most satisfactory state of health. She is engaged all day in needlework, and sometimes takes long walks in the environs of Heidleberg. The reason that she has not been long ago discharged is, that we wish to have her as long as possible under observation, and because we knew that she must, on going home, return to very reduced circumstances.

These are the chief points of our operation, which hitherto has not been attempted in man. In a pamphlet on the case, which will be published in a couple of months, I shall enlarge on the admissibility of nephrotomy in my case; then I shall give the history of the case, and describe the operation, and shall discuss the bearing of my case on the operative treatment of some diseases of the kidney; concluding with observations at the bedside, and the relation of the experiments on animals, which I have deemed necessary for the decision of some physiological and pathological questions no less interesting than important.—*Edin. Med. Jour.*

Increase of the Physical Power of the Uterus, by the Application of Physical Force to the Fundus Uteri.

By J. H. GRANT, M. D.

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The mode of practice I now lay before the profession, has for its object the direct increase of the power of the uterus by the application of physical force to the fundus uteri, in the form of pressure to or upon that part during the pains.

I shall now adduce reasoning and an array of facts to prove that this mode of practice is the most natural, convenient, and effective now known to the profession; requiring not the use of ergot, forceps, or turning, except in cases of mal-position of the fœtus, and will banish craniotomy from obstetric practice, except in cases where it is impossible for the head to pass without mutilation.* *

No. 2. Mrs. J——n has had several children. Her labors have been extremely hard—the last she had was the severest of all. She was in labor two days, and had several attacks of eclampsia, though she never had anything of the kind before in her life, nor was she in the slightest degree predisposed to such attacks. She was scarcely able to leave her bed at the end of four months, and then could not attend to her ordinary domestic duties. She became pregnant again, and it was her opinion, as well as that of her husband and friends, that she could not survive such another time.

Under the circumstances, I was requested to attend her. The time having arrived, I was summoned to her: when I arrived, she had been in labor about twenty-four hours. She described her feelings as dreadfully distressing, and premonitory symptoms of eclampsia had made their appearance. The os uteri fully dilated; the presentation correct (vertex); no advancement of the fœtus. The membranes did not protrude in the slightest degree. I administered ergot, but fearing it might increase the distress in the head and accelerate the eclampsia, I requested her sister, a stout, strong woman, accustomed to farm labor, to spread out her hands over the fundus uteri, and to press firmly but moderately, gradually increasing by my direction, I myself frequently pressing on the same part with considerable force. In a short time the pains began to increase; the membranes protruded, and I ruptured them. The head symptoms, which were very severe and distressing, now diminished, but the labor progressed very slowly. Finding the labor did not progress to my satisfaction, I directed her husband, who is a very strong man, to place his hands over the woman's, and directed them to press down with all their might. The child now began to advance, and not many pains were required to effect its expulsion. During the process I frequently asked the woman if such pressure gave her any pain or inconvenience, and she invariably replied it did not.

I have also, in similar cases, put the same interrogatories, and have in general received negative answers. The woman was able next morning to sit upon a chair until her bed was adjusted, and in one week was able to be up and about, and declared