

neum. In the American Journal of the Medical Sciences, January, 1871, p. 77, we used the following language: "Delivery by the forceps, even in skilful hands, will often produce laceration; for the head is liable to be brought down too quickly upon the unprepared soft parts, and it becomes a very nice point indeed to determine the exact moment when delivery may be ended with impunity. The most cautious physician is liable to be caught, as it were, 'on the centre.' He sees the perineum stretched out to the thinness, and the fourchette almost cracking under the strain. In doubt whether the moment has arrived to raise the forceps handles and turn out the head, or to depress them and thus restrain its advance, he wavers, and in a twinkling the fibres part. On the other hand, the impatient physician is tempted to turn out the head before the parts are sufficiently dilated. Finally, what is still more frequent, *hinc mihi lachrymæ*, at the last moment the physician's courage fails him, and he depresses the forceps handles just as the head has begun to emerge; a course equally fatal to the integrity of the perineum." More than two years has elapsed since the above was written, but this enlarged experience has served to confirm us in the opinion that, other things being equal, as soon as the perineum is well distended, the forceps should, as a rule, be removed, unless the withdrawal of the blades requires a force which might hasten the delivery.

This opinion is, we are glad to find, entertained by Prof. Olshausen, who gives the same advice that we have given, and for the same reason (*Sammlung Klinischer Vorträge von Volkmann* No. 44, 1872). Dr. T. Addis Emmett also contends that a bad laceration of the perineum "is the result generally of instrumental delivery;" whilst as early as the middle of the last century, Abraham Titsingh, of Amsterdam—*acris homo et litigiosus*, as Haller calls him—pointed out this tendency of the forceps to injure the perineum. As an additional warning, we may mention the fact that, not very long ago, a well known accoucheur was dismissed from his attendance upon an imperial family, because such an injury had happened to one of its members, whom he delivered with the forceps.

#### LIME-BATHS IN MEMBRANOUS CROUP.

In the *Chicago Medical Examiner* of August 15, Dr. John Bartlett commends the following method of using lime-baths in membranous croup:

"Having formed a small enclosure by covering a clothes-horse with sheets, or by taking advantage of the favorable relation of a door to the corner of a room, so as with bed-clothes to close in a suitable space, the preparations proceed as follows: To one side of the tent, on a piece of old carpet, is placed a small tub; in it is put a common wooden bucket, one-quarter filled with boiling water; at hand is a supply of unslacked lime, and a kettle of boiling water. The nurse and child, or the child alone, if of such age as to remain without an attendant, take position towards the middle of the enclosure, the face of the patient being turned from the tub; by

raising the sheet, several pieces of lime, as large as the fist, are placed in the bucket; after a few minutes the evolution of the vapor begins. The physician, through that fold of sheeting forming the door of the tent, frequently takes a view of the steam within, estimating its density by the sight, taste, and smell. It is impossible to indicate the proper degree of this density. I should say it should be somewhat less than that of the cloud of steam escaping from the exhaust-pipe of a steam-engine. The smell and the taste of lime should not be too pronounced. The nurse should be instructed to give notice if the steam or heat oppress her, so as to produce a feeling of faintness, sense of suffocation, or irritation of the air-passages. Should the vapor be deemed too dense, its intensity may be diminished by opening the flap of the enclosure, or, if need be, by withdrawing the bucket. The pulse of the patient should be noticed from time to time, in view of the possibility of exhaustion supervening, an event said to have occurred in the practice of some physicians. More lime and hot water may be placed in the bucket as required. The tub is intended to receive any overflow from the bucket, which in prolonged cases, will require to be emptied."

He further says, "The *modus operandi* of the agent is uncertain; of course, the simplest theory is that it dissolves the false membrane. Some, as Drs. Meigs and Pepper, refer all benefit from its use to the heated steam evolved. Dr. J. L. Smith suggests that the lime-bath may be an improvement on the steam-bath in this, that in the latter, on account of the necessity of keeping the room closed, the air soon becomes charged with exhausted carbonic acid, whereas in the former the expired acid is speedily destroyed by the vaporized lime. May it be possible correctly to extend this idea of Dr. Smith's? Thus the dyspnoea is in great part a result of the inability of the respiratory organs to relieve the blood of its carbonic acid. By using air, as in the lime-bath, charged with a chemical having a remarkable affinity for this acid, may it not be that the pulmonary interchange of gases is advantageously supplemented?"

"I have knowledge of four cases of membranous croup treated by lime; of these, two were speedily relieved. In a third, recovery ensued, though the lime-baths were abandoned for the potash treatment, when the child, though very near death, was thought to be a little better. In the fourth case, the disease had existed one week before medical treatment was sought; an indifferent article of lime was inefficiently used for a time; death resulted. In the last two cases, relief was afforded by the baths; and although they were finally abandoned in one case, and imperfectly used and neglected in the other, there was, in both instances, reason to question the curative power of the agent. In none of these cases was the lime used to the exclusion of other remedies. So far as observed, however, improvement was in no wise referable to the medication.

"This mode of treatment is useful in those cases in which the attendant is uncertain of his diagnosis; in which, while he believes he has to do with a case