

arm of a second child presenting; whereupon I re-introduced my hand into the uterus, seized the feet, effected version, and delivered the second child as the first. This child was born apparently as lifeless as the first, and it was resuscitated in the same manner.

After having disposed of the children, which were large and healthy, I applied cold and pressure to the abdomen, over the region of the uterus, and in a few minutes the placenta was expelled, the uterus contracted firmly, and the mother kept perfectly quiet. I applied a large compress and bandage, and in an hour she was quite rational and conversed coherently. She made a good and speedy recovery.

The above case is extremely interesting because of its infrequency, and the great mortality of convulsions complicating the labour, which especially affects the children. The proportion of deaths upon the maternal side is estimated at about one in four; on the foetal side it is still greater. The case is also interesting in point of its peculiar complications, namely: the convulsions—the two shoulder presentations, demanding version—all occurring in one accouchement.

Stratford, County Perth, 18th February, 1860.

REVIEWS, &c.

ART. XIV.—*Amputations and Artificial Limbs.* By William Robert Grossmith. London: Longman & Co.

Artificial Limbs. Their construction and Application. By Henry Heather Bigg. London: John Churchill.

Localized Movements. By Henry Heather Bigg. London: J. Churchill.

In the great anxiety evinced in the present day to follow any new method of amputating, or any new operation which claims a place in Conservative Surgery, we fear the future comfort of the patient is sometimes forgotten and the future use of the limb not taken sufficiently into consideration. It must be evident that an operation which would be well suited to a person whose avocation is of a sedentary nature, may not be adapted for one whose daily bread must be earned on the railroad or on the farm, and whose means do not admit of his procuring those handsome and useful substitutes for the limb removed by the surgeon, and even if put in possession of one by the assistance of friends, or as is sometimes the case now, by the subscriptions of his fellow laborers, or the contributions of benevolent persons, it often happens, he is not able to use it, and selects one less sightly and complicated, but more useful. But apart from this view of the case, we should be guided to a certain extent in the selection of an operation by the views of practical men whose business it is to supply a useful substitute for the limb we have removed. Let us take the lower extremity for illustration. Some of our readers may recollect that Mr. Syme advocated strongly, a few years ago, amputation at the knee joint, and at the ankle joint, and was so