

erably with nausea, but I succeeded in getting her to take and retain fluid ext. ergot ʒi., which I repeated in half an hour, with happy results so far as the flooding was concerned; but all efforts to induce greater dilatation or an increase of the pains, failed. The pains from the time I saw her had more expulsive nature about them than any other—the dilatation seeming to be produced by the pressure from above. The flooding was checked, and as the woman was getting stronger, I determined to trust to nature as long as possible.

Having again introduced my finger, and loosened the placenta as high up as I could reach, and finding the membranes intact and acting well in a double way, viz., preventing the flooding by pressure, and also dilating the os. I waited patiently, watching closely till 6 P. M., when judging the dilatation sufficient, I ruptured the membranes, and found the head descending in the first position. Repeated the ergot, when the uterus began to act more strongly, and at 10.15 A. M., October 22d, the child, a male, was delivered still-born; its head was completely crushed, all the bones being moveable one over the other. The child had evidently been dead for some days, as the scalp-skin was easily removed by the finger nail. Immediately following the expulsion of the child, there was a sudden large gush of blood, but although the placenta was retained for nearly an hour, the flooding ceased and did not again recur, except in very small quantity and for a short time. Patient was exceedingly weak and exhausted, and for four weeks recovered very slowly, but by that time she was quite convalescent. In this case the extreme rigidity of the os uteri was remarkable. The patient had already had nine children, and the time which elapsed since her last would hardly account for it. If desirable, it would have been impossible to use forceps, and the introduction of the hand for the purpose of turning, was equally out of the question; even the nausea and great loss of blood were inadequate to hasten dilatation. Had the membranes been ruptured sooner the case might have been shortened by turning and delivering at once, but the patient could hardly have borne the shock, and if ruptured without turning there was great probability of a return of the flooding and consequent sinking of patient. Another

noticeable point was the power which the ergot supplied in facilitating dilatation—that is, the os uteri became sensibly less rigid during the intervals of pain after its exhibition.

The compressibility of the head, owing to its crushed state, I am inclined to think allowed its filling the lower portion of the uterus more fully, and thus acting as a plug, preventing greater hæmorrhage, and also preventing its recurring at each pain as is usually the case. Paul Portal, whose views on some points of obstetrics are wonderfully like those of the present day, remarks in one of his "Observations," that "when the labour advanced the flooding would cease." Whether 'tis safer in such cases to turn and deliver at once can scarcely be questioned as a rule; but with such extraordinary rigidity, if the flooding can be controlled, I believe the course I adopted is the safer and preferable one, at least the chances both for mother and child are slightly increased.

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REMARKS UPON COMPOUND DISLOCATION OF THE ELBOW-JOINT.

Case followed by Tetanus—Amputation—Death upon the sixth day.

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This extremely rare accident is but feebly or cursorily noticed by systematic surgical writers, while those who have confined themselves more exclusively to the affections of joints, with one exception, have not established any satisfactory course to guide the practitioner in the presence of such a casualty. The violent tearing open of any articulation, and displacement of the bones composing it, is at all times a formidable affair, but especially so in the ginglymoid joints of the extremities, and although several remarkable recoveries have occurred in the case of the knee-joint, very few are recorded of the elbow-joint, so few that it is fair to infer that although this dislocation is undoubtedly unusual, it is yet more rarely given to the profession through the medium of the press. The only cases I have been able to lay my hands upon are the following:

Samuel Cooper states, "in a modern publication, an instance of a dislocation of the heads of the radius and ulna backward is related, where the lower end of the humerus protruded through