traction rods may also be made removable for convenience in carrying.

These forceps have been made under my directions by Messrs J. Gardner & Son, Forrest Road, Edinburgh.

Prof. Simpson said he had listened with delight to the communication with which Dr Mackness had favoured the Society. The evolution of the forceps was a subject of perennial interest, and was still in progress. As regards the application handles, the Tarnier forceps which were first shown to this Society had the proximal ends turned outwards, representing a survival of the crotchets by which French obstetricians were in the habit of making traction in the old varieties of the instrument. Probably the shortening of these handles advocated by Dr Mackness might have advantages, but he (Prof. Simpson) had an impression that the ordinary length of handle gave greater facility in the manipulation of the forceps, especially in cases where there was some difficulty in locking the blades. The separability of the traction rods had been argued by Dr Mackness on satisfactory ground when he showed that the instrument could thus be more thoroughly cleansed, and the mode in which he had secured the easy removal and application of the rods to the blades seemed very simple and ingenious. The locking-plate also was of an entirely commendable construction; and he (Prof. Simpson) had no doubt the forceps which Dr Mackness had shown would prove a very serviceable and satisfactory instrument.

Dr Mackness thanked the Society for the reception of his paper, and expressed the desire that some of those who have large midwifery practice should give a trial to the shortened handles, feeling sure that if they did so they would not return to long ones.

V. TECHNIQUE OF THE DILATATION OF THE PERINEUM IN LABOUR.

By Dr G. Coromilas, Calamata, Greece.

(Communicated by Dr J. W. Ballantyne.)

I have the honour of communicating to the Edinburgh Obstetrical Society four cases illustrating the method of dilatation of the perineum which I prefer, in order that the Fellows may try it in protracted labours from rigidity of the perineum, and assure themselves of its effects.

I purposely say nothing in this paper concerning the anatomy and physiology of the perineum, vagina, and os uteri, nor do I as yet make any comparison between this method and the others which are in use at the present time, for I have not had sufficient opportunities to decide whether this procedure is the best and whether it hastens the delivery or not.

Position of Patient and Technique of Dilatation.—The woman should be placed in bed on her back or left side, with the legs as in natural labour. The mons, labia majora and minora, perineum, and vagina should be thoroughly washed and rendered aseptic. The accoucheur should wash his hands very thoroughly, and grease them with the following ointment:—

Vaseline,	. .	50 grammes.
Cocaine,	. .	3 grammes.
Antipyrine,	. .	3 grammes.

The perineum, vagina, and os uteri must also be anointed with the same ointment. The accoucheur then passes four fingers of one hand within the vaginal orifice, and makes some semilunar movements, first at one side and then at the other, so as to dilate the perineum. After having made three or four such powerful movements, he introduces the fingers of the other hand, and repeats the performance. When the requisite degree of dilatation is achieved, he then passes the fingers fully into the vagina until the index, middle, and ring fingers touch the os uteri, and makes again the same movements at the same time as he pushes the perineum outwards with the palmar surface of the hand. When he feels the presenting part pressing upon the dorsal surface of his fingers he must then withdraw his hand, and take on his other duties.

Case I.—Mrs B., Calamata, aged 21 years, a iii.-para.

Previous History.—Menstruation always regular; had influenza four years ago; has had two children at the full time, and one miscarriage; she was four days in labour with her first child, and only a few hours with her second, when I for the first time performed dilatation of the perineum. She has suffered greatly since her last confinement (Sept. 7, 1894), and for the last two and a half months has been troubled with multiple abscesses on the surface of the body, which required to be opened and rendered aseptic. On this account she has not been able to walk, and has lost her appetite. Every day she has had one or two attacks of dizziness.

Present History.—The patient is emaciated and pale; the pulse is thready and rapid; the expansion of the lungs is good; the liver and spleen are hyperæmic; and the urine is normal. Three hours before my arrival the patient was seized with some regular but not very strong pains, and two hours before the membranes had ruptured. According to the midwife, a very small quantity of water had escaped. The child was always in the same place.

She was placed on her back after a vaginal injection had been given. I assured myself by palpation, auscultation, and digital touch that the membranes were ruptured, the liquor amnii escaped, and that the position was O.L.A. The external genitals and vagina were washed and rendered aseptic; afterwards I anointed them and my hands with this unguent:—

Vaseline,	. .	50 grammes.
Carbolic acid,	. .	1 gramme.
Iodoform,	. .	2 grammes.

I then began the dilatation. During the manœuvres, which lasted six minutes, the labour pains were regular, frequent, and very strong. The second stage was finished without any tears; but the patient suffered much pain during dilatation, and cried out, "Doctor, you tear me; you tear me!" The umbilical cord was twisted round the child's neck.

Case II.—Mrs E., Calamata, 22 years of age, nervous, a i.-para. Menstruation irregular. On the 31st July 1894 I was called for the first time to see her by her sister. She was in a dirty hut, unattended by any midwife, and without any conveniences. She was in labour.

I prescribed carbolic lotion and the following ointment:—

Vaseline,	. .	50 grammes.
Antipyrine,	. .	5 grammes.
Cocaine,	. .	3 grammes.

The patient was placed upon her back. By an external examination the position was found to be O.D.P. The bag of membranes had formed, but had not yet ruptured.

I washed the external genitals and vagina, and then anointed them, as well as my hands, with the prescribed unguent; I then began the dilatation. After some semilunar movements the pains were stronger. I ruptured the membranes, and continued the dilatation. In seven minutes the delivery took place without the patient having felt severe pains, and without the least tear in the genital organs. Such tears, it may be said, are seen in all parturient patients in Messenia and Laconia, and are supposed to be natural.

Case III.—Mrs K., Calamata, 20 years of age, a ii.-para, in very poor circumstances. I was sent for to attend her in a very dirty house. When I saw her (November 19, 1894) she was anæmic, pale, and emaciated, her tongue was slightly saburral, and her pulse was thready and rapid. The labour pains were feeble and few.

Eight hours before my arrival the membranes had ruptured, and the waters had escaped. The head presented in the O.L.A. position. Two large cicatrices were seen on the perineum and labia minora, due to her previous confinement, when the necessary precautions were not taken. There was rigidity of the perineum and contraction of the os uteri.

I washed the vulva and gave an intra-vaginal injection. Then I anointed the parts and my hands with this unguent:—

Vaseline,	. .	50 grammes.
Cocaine,	. .	3 grammes.
Antipyrine,	. .	5 grammes.

I began the dilatation of the perineum, and then put in the four fingers of my left hand and made the first semilunar movements. The expulsion of the child took place without the parturient patient having had severe pains. The delivery was completed without the least rupture.

CASE IV.—Mrs D. K., Calamata, 27 years of age, a iv.-para, nervous, and anæmic. She had suffered much in one of her previous confinements.

I saw her on May 2, 1895, at 5.30 A.M. She was in an exhausted state, with feeble labour pains. These pains had begun sixteen hours before my arrival, and had been strong for about eight hours.

The head was presenting in the left position, and the os uteri was the size of a penny. There was rigidity of the cervix, due to cicatricial contraction, caused by previous lacerations. There were three large cicatrices on the perineum and labia minora.

The vulva was washed and the vagina douched with a 3 per cent. solution of carbolic acid. At 7 A.M. the same condition of affairs was found, and another vaginal injection was given, and the perineum was dilated a little. The labour pains became stronger, but the cervix was still undilated. At 7.30 the labia majora and minora, the perineum, the vagina, and the os uteri were all anointed with the following unguent:—

Vaseline,	. .	50 grammes.
Cocaine,	. .	2·50 centigrammes.
Antipyrine,	. .	3 grammes.

At twenty minutes to 8 o'clock I anointed my hands with the same, and again applied it to the vagina and os uteri. I began the dilatation of the perineum, but before it was completed the delivery had taken place (at three minutes to 8 o'clock).

I venture to think that by this manœuvre we can guard the perineum and the labia majora and minora from the rupture which happens so frequently, and that we can hasten the emptying of the uterus. Thanks to the physiological action of cocaine and antipyrine, the dilatation of the perineum and the delivery occur without severe pains, as is clearly shown by the above case-records. I say nothing (from literature) recording the local narcotic action of cocaine on the female genital organs, for this paper is merely a brief summary of my own small experience in the dilatation of the perineum during labour.

Dr James Ritchie proposed that the Senior Secretary be instructed to convey to Dr Coromilas the thanks of the Society for his in-

teresting paper. Regarding the advisability of dilating the perineum, he did not approve of its routine use, but, in view of the natural effects of pressure of the fœtal head on the perineum, he had, in some cases of lingering labour in consequence of feeble pains, made careful dilatation of the perineum, with the result that the strength of the pains had been increased.

Dr Church thought that obstetricians should insist on the thorough antiseptic cleansing of the external genitals before labour, as mentioned in Dr Coromilas' paper. The speaker found in practice that hot antiseptic fomentations, besides rendering the perineum more elastic, reflexly induced uterine contractions. By this simple means, therefore, the pains were increased, the perineum softened, and antisepsis carried out.

Prof. Simpson said the Secretary would convey to Dr Coromilas the thanks of the Society for the communication he had kindly sent. Probably the most valuable element of the paper was the demonstration of the value of a cocainised ointment in aiding the relaxation of the tissues in cases of rigid perineum, and in rendering them insensible to the pain that would attend attempts at artificial dilatation.

VI. CRIMINAL ABORTION IN THE PUNJAB.

By Surg.-Capt. Charles H. Bedford, D.Sc., M.D., I.M.S, formerly Professor of Chemistry and Toxicology, Lahore Medical College (Punjab University), and Chemical Examiner to the Punjab Government.

Communicated by Dr J. W. Ballantyne.

The cases which form the basis of the following paper came under my official notice as Chemical Examiner for the Punjab from November 1893 to November 1894, *i.e.*, during the time I held that office. The facts detailed are derived—(1) from notes made by me on the official documents forwarded by the local medical officers and subordinates, as well as by the police, the main source being from the post-mortem and symptomatological reports of the medical men who conducted the treatment and post-mortem inspection of the cases; and (2) the macroscopic, microscopic, and chemical conditions noted by me in the articles sent to me for examination and analysis.

Police Procedure in Abortion Cases.

When a case of suspected criminal abortion occurring in the Punjab comes to the knowledge of the police, they request the Government medical officer (civil surgeon) of the town or district to examine the patient; and, if death has resulted, to submit to them a report on the post-mortem conditions present, and an opinion as to the cause of death. If the civil surgeon, in the