the free incision along the sterno-mastoid enables the assistant to control the carotid trunk quite as effectually, should it be necessary. Besides, in such a dissection, wound of the great internal jugular vein is much more likely to occur than injury of the carotid; and the best means of avoiding either is to disturb the natural relations of the vessels as little as possible, and to dissect with the edge of the knife directed towards the deep surface of the tumour, whilst the assistant insinuates his fingers in the track of the dissection, so as to protect the vessels. I decided, after clearing the tumour from the great vessels, to dissect the rest of the cervical portion from below upwards, so as to avoid injury to the phrenic nerve; and then to proceed with the dissection of the facial portion from above downwards and backwards, so as to leave the part which felt most fixed in the deep parotid region, and where I expected the largest vessels to enter the tumour, to the last. This plan I carried out, as detailed in the description of the operation, with the able assistance of my colleagues—Drs. Gillespie and Watson; and I had the satisfaction of removing entirely this enormous tumour, and so relieving my patient from what she and her friends had long regarded as a hopeless disease.

In a letter I have received from Mrs. Jepson, dated October 8th, 1863, she says:—"I am happy to inform you that I am in good health; the scars do not look bad; they are perfectly healed up, and gradually appear less."

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**Art. XII.—Cases in Midwifery, from Dispensary and Private Practice.** By T. Purefoy, M.D., &c.

**Case I.—Tedious Labour; Convulsions after Delivery.**—E. S., a healthy servant-maid; first labour, January 12th. Slight pains commenced on the 10th ultimo, accompanied by a slow discharge of the liquor amnii, which now recur after long intervals; are weak and inefficient in character, chiefly affecting the lower portion of the back. The pulse and general temperature of the body are natural, but the bowels are obstinately confined. The os uteri is dilated to the size of a shilling—its edges thin, sharp, and unyielding, so that the pressure of the head during a pain occasions severe suffering. The patient being wearied, sleepless, and anxious as to the result of her illness, a purgative was administered, followed, after some time, by a sedative containing twenty-five minims of acetum opii. Two
hours' sleep followed; labour now progressed much more favourably, so that, in six hours after visit the dilatation of the os uteri was completed. Matters progressed favourably until the head rested upon the perineum; but at this period of the labour the pains lost much of their expulsive character, and only returned after long intervals, during which the patient slept profoundly; yet intellect was perfect; and on the return of each pain she complained much, but made little effort to aid the uterine contractions, soon falling into deep sleep upon the subsidence of pain. The head, having rested for about two hours upon the perineum, was finally expelled by the natural efforts; the whole duration of labour having been about twelve hours, and once only—half-an-hour before delivery—was headache complained of, whilst the pulse continued at ninety, and of moderate fulness.

Immediately upon the expulsion of the infant, and before its separation from the mother, a violent convulsive fit occurred of five minutes' continuance.

Upon the removal of the infant free hemorrhage set in, before the expulsion of the placenta, but was fortunately arrested upon this organ being expelled, and cold, with external pressure, diligently employed. There was no return of the convulsions; consciousness was restored after the lapse of an hour. The countenance was pale and haggard; pulse continued, for two hours, small, frequent, and feeble; the patient was drowsy, and indisposed to converse, but did not again complain of headache or other bad symptom. Made a good recovery, requiring no other medical treatment than the careful use of aperients to regulate her bowels.

Case II.—Placenta Praevia, Partial.—M. C., aged thirty-two, visited 23rd February; found suffering under a severe attack of hemorrhage, which had recurred three times during the past six weeks, the discharge, according to her statement, being from the rectum. She believes herself to be about six months pregnant. An examination proved that the hemorrhage was from the uterus, per vaginam, and that slight labour pains were present, some portion of the liquor amnii having already escaped. The uterus was high up; os not to be reached unless coagula were detached, a proceeding which it was considered right to avoid for the present. The plug was employed, thirty drops tincture of opium given, and absolute rest enjoined. After three hours the labour pains returned vigorously; a small portion of the placenta descended with the child's