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STORER (D. Humph)

REPORT

OF THE

COMMITTEE ON OBSTETRICS

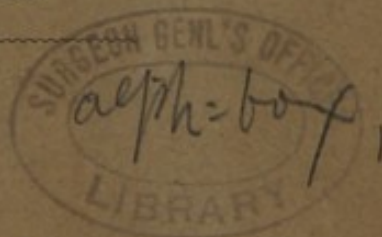
OF THE

AMERICAN MEDICAL ASSOCIATION.

BY

D. HUMPHREYS STORER, M.D.

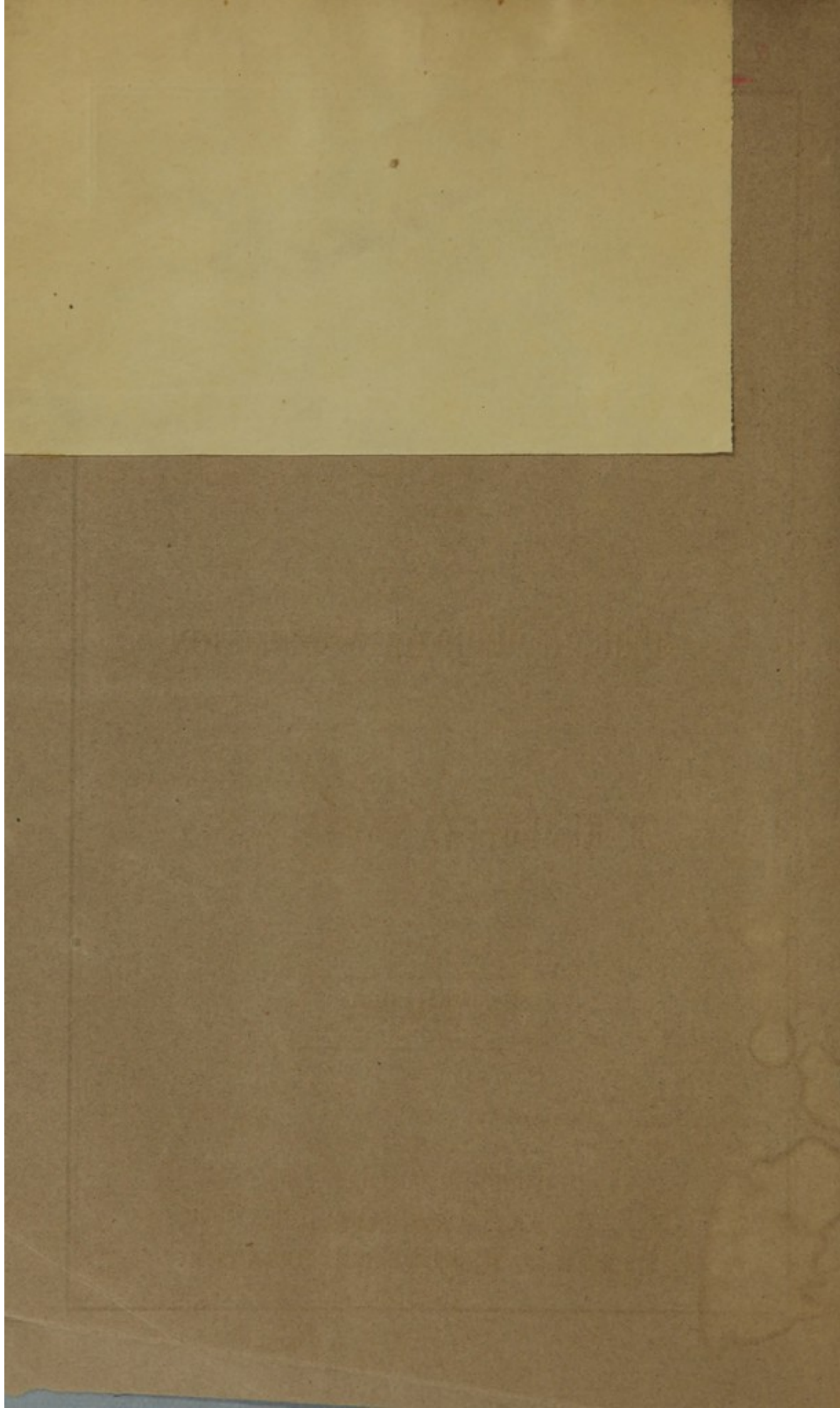
Read May, 1851.



PHILADELPHIA:

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D. HUMPHREYS STORER, M.D.

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Surgeon General's Office
29153
Washington, D.C.

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REPORT

COMMITTEE OF OBSERVERS

OF THE AMERICAN ASSOCIATION

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D O N O T R E M O V E T H I S S L I P

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REPORT OF THE COMMITTEE ON OBSTETRICS.

THE Committee on Obstetrics, who were expected to present at this meeting "a report on all the important improvements in the obstetric art, and in the management of diseases peculiar to women and children, effected in America during the past year," have attended to the duty assigned them, and would respectfully report:—

That, although no striking discoveries may have been made in the departments to which their attention has been directed, several interesting elaborate communications, and numerous exceedingly valuable cases have been published by the profession throughout the country. It has occurred to your committee that a *résumé* of what has appeared, couched in their own language, might be all that could be required of them. But, although they would thus, in a very concise manner, have presented you with the subjects of the greatest importance, they could not have done justice to each and every member of the profession who has, during the period referred to, endeavoured to elucidate these branches of our science. They have preferred, therefore, to offer you a *synopsis of all that has been done—to present every article which has been published*—occasionally adding such observations as might seem to be required. If anything has been omitted, it must be attributed solely to inadvertence.

The materials now presented are obtained from the following journals:—

- American Journal of the Medical Sciences.
- Buffalo Medical Journal.
- Boston Medical and Surgical Journal.
- Charleston Medical Journal and Review.
- Medical Examiner.
- Nashville Journal of Medicine and Surgery.
- New Hampshire Journal of Medicine.
- New Jersey Medical Reporter.
- New York Register of Medicine and Pharmacy.
- New York Medical Gazette.
- New York Journal of Medicine.

Northern Lancet.
New Orleans Medical and Surgical Journal.
North-Western Medical and Surgical Journal.
Ohio Medical and Surgical Journal.
Philadelphia Lancet.
The Scalpel.
Southern Medical and Surgical Journal.
The Stethoscope.
St. Louis Medical and Surgical Journal.
Transactions of the College of Physicians of Philadelphia.
Western Journal of Medicine and Surgery.
Western Lancet.
Western Medico-Chirurgical Journal.

Without further preface, your Committee would proceed to the examination of communications which have been published on the

DISEASES OF FEMALES.

Amenorrhœa.—The *Medical Examiner*, for Nov. 1850, contains an interesting article, entitled "Observations on the Emmenagogue Properties of Polygala Senega," by Caspar Morris, M. D., of Philadelphia.

In some forms of suppression of the catamenia, Dr. M. assures us he has been surprised at the promptness with which relief has been obtained by this remedy.

Vicarious Menstruation.—B. F. Richardson, M. D., of Cincinnati, has reported a case, in the *Western Lancet* for June 1850, of vicarious menstruation from the anus.

A case of this abnormal condition is referred to in the *Northern Lancet*, Jan. 1851, in which the discharge was poured from the eyes for a considerable period of time, rendering them exceedingly loathsome.

In the *New York Register of Medicine and Pharmacy*, Professor Barker reports a case in which, at each menstrual period, a patient exhibited a discharge of blood from several ulcers on the anterior part of both tibiæ. She had had two children; had been in good health, and perfectly regular, until a year and a half previous to report. About six months previous to Dr. Barker's seeing her, she perceived slight elevations of the surface, which bled, upon being rubbed, for several days. At the expiration of four weeks, they again bled, and thus have continued to exude blood.

Leucorrhœa.—The *Southern Medical and Surgical Journal*, for Oct. 1850, contains a paper, by Wm. J. Gautier, M. D., of Brazoria, Texas, on "Leucorrhœa—Etiology, Pathology, and Treatment."

This is a dissertation upon the subject of leucorrhœa, the treatment of which is illustrated by a case.

Chlorosis.—Some "Observations on Chlorosis, with a case," may be found in the *Southern Medical and Surgical Journal* for Sept. 1850, by J. A. Mayes, M. D., of Sumpter District, S. C.

Dysmenorrhœa.—H. A. Bignon, M. D., of Augusta, Ga., has published a communication on the "Treatment of Dysmenorrhœa by Quinine and Prussiate of Iron," in the *Southern Medical and Surgical Journal* for July 1850.

Three cases are here mentioned as being cured by the use of quinine and prussiate of iron, in three grain doses, given in the form of pill, of which one was given three times daily.

In one of the cases, of nine years' standing, the remedy was continued six months. In another case, of seven years' continuance, it was administered seven months.

In the *Boston Medical and Surgical Journal* for April 9, 1851, Dr. C. H. Cleaveland, of Waterbury, Vt., reports a case of amenorrhœa, in which, at nearly regular intervals, there would appear cerebral engorgements, and a blue tinge of the lips and hands, which were relieved by venesection. The general health was improved by tonics and alteratives, and eventually her menstrual secretions appeared. The patient married, and became a mother. Dr. C. supposes that in this case the catamenia were secreted, and that the fluid, instead of being discharged, was absorbed, and came into the general circulation.

Hysteria.—The *Southern Medical and Surgical Journal*, for Nov. 1850, contains a case of hysteria, reported by Robert C. Word, M. D.

This case, which was considered "an unusually severe attack of hysteria," was but temporarily relieved by the warm-bath, and sinapisms to the cervical and dorsal vertebræ; upon a recurrence of the symptoms, no decided benefit being produced by the inhalation of ether, it was cured by venesections.

Neuralgia of the Uterus.—A case of misplaced intermittent, or neuralgia of the uterus, is contained in the *North-Western Medical and Surgical Journal* for Sept. 1850, reported by E. D. Chambers, M. D., of New London, Ind.

In this case, the patient, who suffered daily from severe pain in the uterus, was treated as for *quotidian ague*, with quinine and Dover's powders, and promptly relieved.

Hydrometra.—In the *American Journal of the Medical Sciences* for Oct. 1850, D. H. Storer, M. D., of Boston, has reported a case of this derangement.

A woman, thirty-four years of age, living with her third husband, supposed herself pregnant. She had borne five children by her first husband, none by her second. For the last two years she had suffered from dysmenorrhœa. From the abdomen becoming enlarged, and sensations existing which she supposed to be produced by the motions of the child, so similar were they to those experienced in her former pregnancies, she had no doubt of her being *enceinte*. This delusion was destroyed by a flow of fluid from the uterus; at first, only about a quart was expelled; during the next week, about two gallons; after an interval of a week, an ordinary water-pail full passed. She convalesced at once.

Ulceration of the Cervix Uteri.—Dr. Wm. T. Barr, of Abingdon, Va., reports four cases of ulceration and induration of the cervix uteri, in the *Charleston Medical Journal and Review* for Jan. 1851, successfully treated by the application of nitrate of silver, caustic iodine, nitrate of mercury, and Vienna paste.

The history and treatment of these cases show how much may be accomplished by judicious treatment, with the aid of the speculum.

The *New Orleans Medical and Surgical Journal*, for Nov. 1850, furnishes an article, by L. Lefevre, M. D., of St. James, La., entitled "Engorgements of the Uterus, attended with Ascites and Anasarca."

In the case here spoken of, the acid nitrate of mercury was applied to the os uteri, and injections of cold water were administered night and morning. Subsequently, leeches were applied to the cervix uteri. The blue mass, ergot, and tartarized antimony were continued until ptyalism was produced. All difficulties were removed, and the catamenia, which had been absent two years, returned.

Gangrene of the Vagina and Uterus.—A case of gangrene of the vagina and uterus, occurring in a female of intemperate habits, is reported by J. A. Swett, M. D., of New York, in the *New York Journal of Medicine* for Sept. 1850.

An intemperate female was admitted to the New York Hospital after six days' indisposition. She was jaundiced—an offensive discharge was poured from the vagina, of which she could give no account. There was tenderness over the epigastrium and hypochondria. She died on the fourth day after her admission. The liver and stomach were quite free from disease. Extensive engorgement existed of the vagina and uterus.

Disease produced by the Pessary.—In the *Summary of the Transactions of the College of Philadelphia*, Dr. Evans has reported several cases of disease of the rectum caused by the pressure of the retroverted uterus, or of the pessary.

Cancer of the Uterus.—The *Scalpel*, for November 1850, contains some interesting observations by the editor on "the causes of cancer of the womb; difficulty in the monthly periods; description of those diseases; treatment of them," and "the frequency, symptoms, progress, and treatment of cancer of the womb." Dr. Dixon conceives (February 1851) that this disease "is owing to congestion or slow inflammation;" that the treatment, at its commencement, is "such means as will best insure the diversion of blood from the part." These articles are worthy of a perusal.

Edema dependent upon Albuminuria.—In the *New Jersey Medical Reporter* for July 1850, Dr. Joseph F. Garrison reports a case which proved fatal the evening of the day at which delivery took place, in which the urine contained a great quantity of albumen. The patient had had several children. Dr. G. first saw her when eight months advanced in pregnancy, after an attack of uterine hemorrhage. For some months previous she had been more or less œdematous, and gradually the swelling became universal; the discharges of urine, during the same period, were both less frequent and less copious than usual. When first seen, "the œdema of the face was so great that its natural appearance and expression were entirely changed—the lips and cheeks were livid, and the eyes dull and bloodshot. She complained of pain in the head, and dimness of vision—had been vomiting during the night, and still had

constant and distressing nausea; the skin was cool and pasty to the touch, and the pulse was very feeble. Her feelings were those of extreme weakness, and on the slightest motion, she had a disposition to fainting." "On examining her urine, acid was found in its reactions, of a reddish colour, without any mucous flocculi or sediment; the addition of nitric acid, and the test by heat, showed the presence of an immense proportion of albumen—the vial was nearly filled with the precipitate. We have never seen so large an amount of albumen thrown down from the same quantity of urine." The nausea, general oedema, and debility continued to increase from the time when she was first seen until ten days after, when labour came on, which was followed by no hemorrhage nor convulsions, but by utter prostration, under which she sank. "This case," Dr. G. observes, "was marked with all the characters of a poisoning of the system, from the presence of some impurity in the blood, and indicates strongly the necessity that we should watch in all cases of pregnancy which are placed under our care, lest our patients should suffer from this addition to the dangers of that perilous state, until it is too late for any remedy to be of service."

Mammary Inflammation.—In the *North-Western Medical and Surgical Journal* for Sept. 1850, John Evans, M. D., Professor of Obstetrics in the Rush Medical College, has reported five cases in which collodion was used in mammary inflammation.

Conceiving that the most prominent indication of cure in these cases was to overcome the freedom with which the blood is forced into the mamma, and by compression cause the absorption of lymph, Dr. Evans was induced to apply this remedy to obtain the benefit of its contraction. In four of the cases referred to, no suppuration occurred; and in all the cases much relief was obtained, and no inconvenience produced, except from the slight irritation experienced at its application.

In the *North-Western Medical and Surgical Journal* for March 1851, Dr. J. H. Murphy, of St. Anthony's Falls, Minnesota, reports a case of mammary inflammation, in which resolution was produced very speedily by the application of collodion, as suggested by Dr. Evans, after various skin remedies had been ineffectually employed.

Thomas W. Gordon, M. D., of Bazetta, Ohio, has furnished the *Ohio Medical and Surgical Journal*, for March 1851, with an article entitled "Tumours of the Female Mamma."

In his communication, Dr. G. reports a case in which there existed

a large, extremely hard tumour, of an irregular, oval shape, with many rough, hard points. "There was constant pain, and a discharge of ichorous pus from a deep, ragged-looking ulcer, about one inch from the nipple, below, and to the inner side." The tumour had commenced five years previous to the Dr's. having seen it—and for the last three years there had been a constant discharge from the ulcer. The patient had not been able to nurse from the affected breast with her last three children. Dr. G. advised an *ointment of iodine, camphor, and opium* to be applied to the breast twice daily. After being used constantly for nearly two months, "not a vestige of the tumour could be felt. The ulcer had healed after about six weeks. This lady afterwards bore a healthy child, and nursed without difficulty from the breast, nor has she ever had any difficulty with it from that time to the present," a period of nearly six years.

Metritis.—In the *American Journal of the Medical Sciences* for April 1851, a case is reported, which occurred in the practice of Dr. Hyndman, of Boston, in which metritis followed an attack of amenorrhœa; a deposition of pus ensued, producing a great enlargement of the abdomen, and much constitutional disturbance. After the catamenia had been suppressed between three and four months, an attempt was made to pass a gum-elastic catheter into the uterus; but its neck was found to be obliterated; and Dr. J. M. Warren thrust a trocar into the os, and then, with no inconsiderable power, through the adhesions of the cervix—freeing the uterus of *seven pints of offensive pus*. The abdomen again enlarging, in four weeks from the first operation Dr. Warren again operated, and removed three pints more of pus. About a week after the second operation, the patient ate immoderately of indigestible articles, was attacked with bilious vomiting and purging which could not be controlled, and she died from her own imprudence. Not the slightest febrile excitement followed either of the operations.

Ovaritis.—Dr. D. L. McGuigin, of Iowa University, has communicated to the *Western Medico-Chirurgical Journal*, for Sept. 1850, a paper on Ovaritis, in which the symptoms, causes, and treatment are pointed out, and a case is reported to show that, among other causes, it may be produced by a sudden suppression of leucorrhœa. In the case reported, the most rapid and permanent reduction of the tumefaction in the iliac fossa, together with the constitutional symptoms, was produced by ice being applied externally to

the part, and ice suppositories thrust high up into the vagina. In twelve hours the tumour began to subside; after the treatment was commenced, the pulse fell from 120 to 90, and all the symptoms improved. The treatment being continued, in twenty-four hours there was no pain; the pulse was 75; after which, she rapidly recovered.

Puerperal Mania, and its Connection with Ovaritis.—In the *New York Journal of Medicine* for Jan. 1851, Professor C. R. Gilman has referred to a case of puerperal mania, in which, at the post-mortem, the right ovary was found much enlarged and congested, as well as the broad ligament on that side. Dr. Barker, of New York, in the same journal, states that he has noticed a similar case.

W. H. Van Buren, M. D., of New York, has reported, in the *New York Journal of Medicine* for March 1851, a case of ovarian tumour, in which death resulted from entero-peritonitis arising from a novel cause.

In this case, the right broad ligament, which was the pedicle of the tumour, became so tightly twisted by the revolution of the tumour upon its axis, as entirely to interrupt the circulation, and produce great congestion of the ovary, which was the exciting cause of peritonitis. From this case, and another which had previously occurred in his practice, where there had also been a twisting of the pedicle of the tumour, Dr. Van Buren deduces the following inferences: "That, inasmuch as the accident is manifestly capable of causing death, an additional argument is thus furnished in favour of the removal of such tumour by operations, especially as those movable tumours with elongated pedicles present, under all circumstances, the most favourable cases for removal, not only on account of their mobility, but because they are also, most generally, not malignant in their nature.

"Again, in cases of this sort, where an operation may not be judged expedient, it is obviously proper to guard against the possible occurrence of strangulation in the pedicle of the tumour by rendering it as immovable as possible by the use of bandages for compression, or other appropriate means, and, above all, to avoid all manual interference with the tumour by which such an accident could be brought about."

In the *American Journal of the Medical Sciences* for April 1851, Dr. Coale, of Boston, has reported a case of encysted ovarian tumour.

In this case, produced by an accident nine years before its fatal termination, the operation of paracentesis was performed fifty-one times, and nine hundred and eighty-nine and a half pints of fluid removed. In order to diminish the tumour as much as possible, Dr. C., upon emptying one sac, without withdrawing the canula, re-introduced the trocar and pushed it into another, and sometimes into a third and fourth, causing no more inconvenience than the puncture of a single sac.

Prolapsus Uteri.—The *New York Journal of Medicine*, for July 1850, contains an interesting case of premature labour complicated with complete prolapsus of the uterus, by Dr. Samuel Tyler, of Frederick, Maryland.

The uterus, containing a five months' foetus, was entirely prolapsed, enabling Dr. Tyler "distinctly to handle the lateral ligaments." Not being able to return the organ, Dr. T. depleted his patient sixteen ounces, and gave twenty grains of ergot. "In about twenty minutes, the longitudinal fibres commenced contracting firmly, producing dilatation of the os uteri. They would of course cease, and the circular fibres would commence, producing an appearance of hourglass contraction; the contractions of each lasting about a minute by the watch. After the second contraction of the circular fibres, the womb was perfectly quiescent for about five minutes, when, as it were, by a concerted action of both sets of fibres, the foetus, a male, was expelled; the secundines followed in about ten minutes." After a few hours rest, the womb was returned some distance up the vagina—the next morning, it was found to be nearly *in situ*. At the expiration of five days, the patient was attacked with puerperal fever, which confined her about three weeks; she recovered, and has since been delivered of a healthy child. To this case, the editor of the *Journal of Medicine* annexes the only two other similar cases which have been published in this country. One of them occurred in the practice of Dr. Archer, of Maryland, and appeared in the *Medical Repository* for 1797, and the other was a patient of Dr. Gardner, of New York. An account of this case was published in the *American Journal of Medical Sciences* for 1846. In both of these latter cases, incisions were found to be necessary into the neck of the uterus to terminate labour. In both instances, the women recovered.

Anteversion of the Uterus.—The *Buffalo Medical Journal*, for

Dec. 1850, contains a case of anteversion of the uterus during parturition, reported by Dr. William Treat.

In this case, Dr. T. supposed the anteversion to have been produced by the membranes being suddenly ruptured—and the uterus thus being deprived of the requisite support of the abdominal muscles. The application of a swathe, by which firm and continuous pressure was made upon the fundus uteri in a line upwards and backwards, supplied the needed support, and the pains were rendered serviceable.

Inversion of the Uterus.—Professor C. R. Gilman, in the *New York Journal of Medicine*, for July, 1850, reports a case of inversion of the uterus, fatal at the end of a year.

The peculiarity in this case was the small bulk of the uterus, for, although it was entirely inverted, it was only of the size of a *hickory-nut*. The patient had become very much prostrated by frequent hemorrhages, and finally died from imprudence in diet.

Uterine Tumours.—The *Nashville Journal of Medicine and Surgery*, for Feb. 1851, contains a communication by John M. Watson, M. D., on “the Peculiarities of four cases of Uterine Tumours, for the inexperienced.”

The interest and importance connected with these cases “consist,” to use Dr. W.’s words, “more in the errors of diagnosis and practice, committed by several intelligent physicians, than in anything very remarkable in the cases themselves.”

Dr. Tilt, of London, to whom the profession are so much indebted for his valuable work “On Diseases of Menstruation and Ovarian Inflammation, in connection with Sterility, Pelvic Tumours, and Affections of the Womb,” and who has been long engaged in prosecuting the study of the medical natural history of woman, anxious to extend his investigations in our country, addressed a letter to his friend Dr. Washington L. Atlee, of Philadelphia, containing several interrogatories relating to his favourite pursuit. Dr. Atlee, desirous of facilitating the researches of Dr. Tilt, by presenting the subject to this Association, has requested your committee to refer to it at this time. Most cheerfully do they comply with the request, and trust that the appeal of a distinguished fellow-labourer will not be made in vain.

The following are the questions, relative to the system of generation, submitted by Dr. Tilt:—

MENSTRUATION.

I. What is the average of first menstruation in the four distinct classes of women which constitute your female population?

1. Women of European origin. 2. Negro women. 3. Native Indian women. 4. Mulatto women. Can you favour me with tables, showing the ages at which a certain number of each of the four classes first menstruated?

II. Are the phenomena of menstruation in each of the four classes attended by the same irregularities as in England?

III. Is dysmenorrhœa, in each of the four classes, as frequent, and what cause can be assigned for it?

IV. Is suppression, in each of the four classes, as frequent, and what cause can be assigned for it?

V. Is menorrhagia, in each of the four classes, as frequent, and what cause can be assigned for it?

VI. Is leucorrhœa, in each of the four classes, as frequent, and what cause can be assigned for it?

PARTURITION.

I. At what age do the native, negro, or mulatto women marry and bear children?

II. At what age do they cease child-bearing?

III. What number of children do they usually bear?

IV. Is sterility frequent among your four classes of women, and what causes can be assigned for it?

V. Is parturition attended by equal dangers amongst the negroes, mulattoes, or natives, or is it amongst the women of European origin, and what are the accidents by which it is most frequently attended?

VI. How soon do the women of each of the four classes rise after parturition?

VII. Is puerperal fever known amongst the negroes, natives, or mulattoes?

VIII. Is puerperal insanity known amongst them?

IX. How long do the negro, mulatto, and native Indian women suckle?

X. Does long suckling prevent conception and induce insanity?

XI. Is ascites common amongst the negroes, mulattoes, and native Indians?

XII. Have you met with ovarian dropsy amongst the negroes, mulattoes, or native Indians?

MIDWIFERY.

Occlusion of Vagina.—The *American Journal of the Medical Sciences*, for July 1850, contains a case, by J. B. S. Jackson, M. D., of Boston, of imperforate vagina.

A woman, twenty-five years of age, had never menstruated. The vagina was entirely closed. She had suffered much from pain in the pelvis; but the immediate cause of her death was not ascertained. At the *post-mortem*, "the uterus and vagina were found to be immensely distended, containing three pints of a dark-red inodorous fluid, resembling venous blood, and without a trace of coagulum." The Fallopian tubes were proportionally distended—being filled with "a uniform, inodorous, deep-brown substance, not very unlike, though harder than, indurated feces." This very interesting case is accompanied with an accurate wood-cut.

A case of labour, with almost complete closure of the vagina, is reported, by C. G. Putnam, M. D., of Boston, in the *American Journal of the Medical Sciences* for Oct. 1850.

A woman, at labour, was found, upon an examination per vaginam being made, to have a strong, somewhat unyielding, imperforate membrane, within an inch of the external organs. Upon the recurrence of severe pains, the septum protruded externally, and exhibited three small holes, sufficient only to admit the head of a probe, and about one-fourth of an inch apart. These were laid open by a bistoury, and a living child was soon after expelled. Although the husband had not been aware of any malformation until within the last two years, coition had always been painful, particularly so during the two previous years. Dr. Putnam thinks the malformation was congenital.

In the *Western Medico-Chirurgical Journal* for Nov. 1850, we find a case of atresia vaginæ from injury during parturition, by Nicholas Hard, M. D., Professor of Anatomy in the Iowa University.

After defining the varieties of obliterations of the vagina, Dr. H. alludes to several cases produced by injuries to the part; and then,

having described the case contained in *Meigs' Practice of Midwifery*, in which, after a rapid labour, inflammation ensued, and the vagina sloughed away; an artificial vagina was formed, by dissecting with the bistoury the tissue between the rectum and urethra, through which eventually the menses flowed. He describes an exceedingly interesting case which fell under his own observation.

A woman, thirty-five years of age, with her first child, having had the forceps applied at an improper time during her labour, suffered from inflammation of the vulva, vagina, and contiguous soft parts, and had a tardy convalescence. Four months afterwards she was seen by Dr. Hard. The vaginal orifice was perfectly closed. The vagina had sloughed away, and the urethra and rectum had been drawn together and united by a very thin and firm cicatrix. The patient's general health was good. At the end of three months from that period, she suffered exceedingly from retained catamenial fluid, and was very desirous to have an operation performed. Dr. H. was fortunate enough to form a canal between the rectum and urethra, and punctured the vulva with a trocar; which, when withdrawn, was followed by the menstrual fluid through the canula. Four months afterwards she menstruated regularly. To use the author's words, she "walks to church, visits, and does house-work."

The remarks of Dr. Hard upon the use of the forceps are worthy the consideration of all who devote themselves to the practice of midwifery. "We are to be guided," he remarks, "not by the length of time the labour has lasted, nor by the consideration that we may in that way hasten the birth of the child, and relieve the sufferings of the woman. We are to use the forceps *only* when, if the labour be not speedily terminated, the life of the mother or the child, or of both of them, will be endangered. Interference with instruments, unless the indication for their use is positive, cannot be too strongly condemned by all who would aid in freeing the obstetrical art from the reproach under which it has laboured in times past."

H. J. Holmes, M. D., of Spring Ridge, Miss., has communicated a case of occlusion of the vagina to the *New Orleans Medical and Surgical Journal* for May 1850.

In this case, after a miscarriage, the placenta did not entirely come away for some time. For the offensive discharge thus produced, injections were used (what those injections were, we are not told); eventually, the vagina closed. The patient remained thus for a period of three years; during which time she menstruated

regularly, but with pain, and the period was protracted. Coitus was enjoyed as usual. Upon separating the labia, a *cul-de-sac*, one-half an inch in length, was exposed. Looking into this, a small opening was observed, which communicated with the upper part of the vagina, through which the catamenia flowed. A probe was passed into the small opening; and, using it as a guide, a knife with two cutting edges was passed up some three inches, cutting from side to side; a crucial incision was then made. The third day after, the incisions were extended still further up in the direction of the canal to the womb. This process was frequently repeated, during three months, the time required to overcome the contraction.

Absence of the Uterus.—A case of absence of the uterus is reported in the *North-Western Medical and Surgical Journal* for Nov. 1850, by Geo. Smith Crawford, M. D., of Chicago.

Hydatid Degeneration of Ovum.—In the *American Journal of the Medical Sciences*, July 1850, Charles G. Putnam, M. D., of Boston, has described a case of hydatid degeneration of an ovum.

In this case, at the middle of the fourth month of pregnancy, a slight hemorrhage occurred, which gradually increased, and was attended with pain for eight days, when an hydatid cluster, as large as would "more than fill a half-pint bowl," was thrown off. "No fœtus was detected, but the deciduous membrane was perfectly distinct." The cysts, being examined under the microscope, were found to differ in their structure from that of cysts in general, "their parietes consisting of a simple aggregation of minute granules, such as constitute the primary cell-membrane, but neither fibrillæ, fibres, nor vessels."

Arrest of Development.—The *Western Journal of Medicine and Surgery*, for July 1850, contains a singular case of pregnancy at the full period, with early death of the fœtus, by T. C. Osborne, M. D., of Erie, Alabama.

At the ninth month, an entire ovum of three months' development was expelled. The embryo, five inches in length, shrivelled in appearance, was attached by a cord ten inches in length to a completely *cartilaginous placenta* of two and a half inches in diameter, which unquestionably produced its death.

A case of twins, where one of the fœtuses became blighted about the fourth month of gestation, and was retained along with its

living fellow till the full period, is reported by D. Macgibbon, M.D., of New Orleans, in the *New Orleans Medical and Surgical Journal*, Sept. 1850.

In the *Ohio Medical and Surgical Journal* for Sept. 1850, Dr. S. B. Davis, of Franklin County, Ohio, communicates a case of two foetuses of unequal development in the same uterus.

A woman, seven months advanced in her pregnancy, miscarried with twins, one of them "of seven months' growth, the other of not more than as many weeks." The writer seems to consider it a case of superfœtation. It appears to us a case in which development was arrested. Such cases are not exceedingly rare in the practice of extensive practitioners; the membranes remaining entire, the ovum is not thrown off when its vitality ceases, but continues in the uterus until the usual time of pregnancy has transpired, or some exciting cause produces an abortion.

"Two Foetuses of unequal size at the same Abortion," is the title of a paper, by Dr. F. Brady, of Belle Fountain, Nebraska County, Iowa, contained in the *North-Western Medical and Surgical Journal* for Nov. 1850.

Abortion.—The *Boston Medical and Surgical Journal*, for May 1850, contains a case of abortion, by John Doe, M.D., of Cabot, Vt., which presents nothing of interest.

In the *New York Medical Gazette*, No. XII., Dr. Gardner, of New York, reports two cases of threatened miscarriage being prevented by the exhibition of tincture of ergot.

In the course of his remarks upon these cases, Dr. G. remarks: "A woman may be months pregnant, and if there is no tendency to abort, ergot will not of itself produce abortion (I think this is now proved). But if labour is begun, this drug will stimulate and excite feeble pains, till they result in contractions more powerful than ordinary."

From the decided manner in which Dr. Gardner here speaks of the inability of ergot to originate labour pains, we infer that he must be familiar with the report of M. Danyau, in answer to a letter from the Prefect of the Seine, which sought the opinion of the Academy on the following question: "What may be the influence of ergot of rye on the lives of infants, and on the maternal health?" M. Danyau was one of a commission, composed, besides, of MM. Orfila, Adelon, Villeneuve, and Merat; the report declares, "with regard to the production of abortion by ergot, that there is no

reason to believe that it is capable of influencing uterine contractions before the full period, unless they have been previously excited by some other means."

As Dr. Gardner has thus publicly expressed his opinion upon this subject; and Dr. Moore, in the *New Hampshire Journal of Medicine* for Oct. 1850, has stated "that the general opinion of the profession, and his own experience, concur as to the fact that ergot has but very feeble powers as an abortive agent;" and as your committee do not concur in the views entertained by these gentlemen, they would ask the indulgence of the Association while they present the opinions of a few of the most distinguished members of the profession, founded upon research and personal observations, proving conclusively, as they think, that ergot is an abortive of no ordinary power.

Rigby, in his *System of Midwifery*, page 88, when speaking of abortion, remarks: "The uterus may in some cases be excited to contract from the peculiar action of *secale cornutum*."

Waller, in the *London Lancet*, vol. x. page 54, says: "Although it is generally necessary, not only that there should be a disposition for labour, but that this process should have actually commenced, before we can expect the *secale cornutum* to have any effect upon the uterus, still one solitary case has indirectly come to my knowledge (and I will vouch for the authenticity of it), where this remedy was given for the purpose of producing abortion in a female about the second month of utero-gestation; and this effect was accomplished in a few hours after its exhibition."

Dr. James Patterson, in the *London Medical Gazette* for June 1839, has related two interesting cases of the induction of premature labour by means of ergot. Deformity of the pelvis was the cause of the operation being required. In the first case, half of an ounce of the ergot of rye was infused in twenty-four ounces of boiling water, and two ounces of this were exhibited every third hour. When this quantity was finished, two drachms more were infused, and administered at shorter intervals; so that, altogether, the patient took six drachms of the medicine. Labour soon came on, and thirty-nine hours and fifteen minutes from the first administration of the medicine, she was delivered of a living child.

The second case required a larger quantity of ergot, and a longer time before its specific effects were developed. In all, thirty-four drachms of the ergot of rye were exhibited; and six days and

twenty-five minutes elapsed from the first dose of the medicine till the expulsion of the child. Both patients rapidly recovered.

Dr. Patterson considers these cases as exceedingly interesting, since they appear to prove satisfactorily that the ergot is of itself sufficient to bring on premature labour.

Dr. Ramsbotham, in his *Lectures on Lingering Labour*, in the *London Medical Gazette*, vol. xiv. p. 85, 1834, observes, "I have myself seen *many examples*, in which premature labour has been induced, at the seventh or eighth month of gestation, solely by the use of the *secale cornutum*, without any other means having been employed."

Pereira, in his *Elements of Materia Medica*, 2d edit. vol. ii. p. 921, remarks, "Given to excite abortion or premature labor, ergot has sometimes failed to produce the desired effect. Hence, many accoucheurs have concluded that, for this medicine to have any effect on the uterus, it was necessary that the process of labour should have actually commenced. But, while we admit that it sometimes fails, we have *abundant evidence* to prove that it frequently succeeds; and most practitioners, I think, are now satisfied that, in a large number of cases, it has the power of originating the process of accouchement."

Griffith, in his notes to *Taylor's Medical Jurisprudence*, writes thus: "Whatever may be the case in England, the peculiar effects of ergot on the pregnant female are well known to all classes of the community in this country, and it is a substance frequently resorted to for the purpose of inducing abortion; fortunately, however, it often fails in effecting the desired end, whether from a loss of power in the article, or some idiosyncrasy on the part of the female, it is difficult to say, as there can be no doubt of its powerful influence on the impregnated uterus."

Churchill, in his *System of Midwifery*, 1st Amer. edit. p. 279, observes, "Ergot of rye is now pretty generally supposed to have the power of originating uterine contraction."

A medical friend of the chairman of your committee assures him that he has known a female to abort in three pregnancies between the second and third months, under the sole influence of ergot.

While thus referring to the subject of ergot, we would, in passing, call your attention to a paper in the *Charleston Medical Journal and Review*, for Sept. 1850, entitled "Poisoning by Ergot, in attempting criminal abortion; on the effects of that substance, with reflections upon some of the causes of sudden death. By Myddle-

ton Michel, M. D., Lecturer on Anatomy and Physiology: Charleston, S. C." The committee on "Medical Jurisprudence" will, undoubtedly, do the author full justice; we will not encroach upon their province, but would merely point to it as an elaborate, highly interesting communication, which will amply repay a careful perusal. Nor should we omit to notice a valuable paper of Dr. Hume in the same journal, for July 1850, upon the examination of the contents of the stomach of the patient spoken of in the paper of Dr. Michel.

Premature Delivery.—Several years since, M. Cohen, of Hamburg, having observed the power of injections into the uterus in developing contractions of that organ, conceived the idea of inducing premature delivery by this method in cases where a mature child could not be born alive, and having used "tar-water" to diminish excessive secretion from the uterine surface, he was led to employ this in a case which he published in the *London Lancet* for Sept. 25th, 1847. In the case referred to, the pelvis was exceedingly contracted. The woman had been delivered once by craniotomy and the forceps. In her second pregnancy, M. Cohen carefully injected twice, at an interval of six hours, an ounce and a half to two ounces of "tar-water" by means of a canula attached to a syringe; the canula being passed up, between the anterior wall of the uterus and the ovum, under the pubic arch two inches into the uterus, before the injection was thrown in. Both child and mother survived.

The *Transactions of the New York State Medical Society* contain a very interesting report of a case of premature labour artificially induced, with successful results at the seventh month of gestation, on account of contracted pelvis, by Thomas W. Blatchford, M. D. As this is the first recorded case we have met with of M. Cohen's operation having been performed in this country, it is deserving of notice. The patient alluded to, thirty-one years of age, requested the services of Dr. Blatchford, in Sept. 1846, at her first accouchement. The membranes had broken without pain; pains soon succeeded, and when he first saw her they were regular and severe. The os tincæ was undilated, and the presentation could not be determined until the succeeding day, so slowly did dilatation proceed. She was bled and had an opiate, and dilatation became more rapid; "but notwithstanding the pains, for the most part, had been very severe and forcing, with very short intervals of ease, at the close of the third day the head had progressed only through the upper

strait." Late in the evening of the third day, the head being completely impacted, the pulse being quickened, and the patient having become exceedingly restless and anxious to be delivered with instruments, Dr. Blatchford, after consulting with a medical friend, decided to attempt delivery, and finding it impossible to apply the forceps or vectis, he terminated the labour by craniotomy. The child weighed six pounds. A second child was immediately afterwards delivered by the feet; it was in a state of asphyxia, but by prompt remedies was resuscitated, and is now alive, "a vigorous and healthy girl, between three and four years of age."

In November, 1847, the same woman was a second time in labour, and "it progressed much after the same manner as before." Seventy hours having elapsed since the commencement of labour, the patient's strength being much exhausted, the pulse having risen above one hundred, and the foetal heart not being heard, craniotomy was performed. The child weighed eight pounds.

Dr. Blatchford was convinced, by these two cases, that his patient could not be delivered of a mature living child of ordinary dimensions, and determined, should she again become pregnant, to induce delivery at the seventh month, when the child would not probably weigh more than four or five pounds.

On Wednesday, the 5th of December, 1849, his patient having arrived at the seventh month of her third pregnancy, Dr. B. injected a pint of tar-water into the womb, through a large-sized male catheter, moderately curved, and by means of the syringe of a common self-injecting apparatus. The patient was placed upon her left side, with her knees separated; the forefinger of the left hand placed upon the posterior lip of the os tincae, guiding the catheter in its introduction. It passed, without the least resistance, from two to two and a half inches within the uterus, occasioning not the slightest pain. No fluid escaped from the catheter. The patient then turned upon her back, and was requested to take hold of the catheter herself, and not suffer it to move either backward or forward, which she did. The syringe was then attached to the catheter, and the injection slowly and cautiously passed, to avoid, if possible, the rupture of the membranes. Upon detaching the syringe, a few spoonfuls of fluid escaped through the catheter, tinged with blood, which we at first feared was the liquor amnii. The operation lasted but a few moments.

After remaining about ten minutes in a recumbent posture, she was permitted to get up, which she did, and moved about the house

as usual, experiencing no other inconvenience than a constant draining, from the vagina, of a small quantity of fluid slightly tinged with blood and tainted with tar, and a sense of weight, as if, to use her own expression, "the child had settled down."

Nothing unusual occurred until Friday evening, the 7th, when she was suddenly taken with a chill and rigor, which lasted nearly two hours, accompanied with severe headache. It was succeeded by slight fever. She, however, rested tolerably well during the night, having bathed her feet and taken an active cathartic.

Labour commenced on Saturday at 11 A. M. At 2 o'clock, the membranes ruptured, and a large quantity of liquor amnii was discharged, with "almost entire relief from pain," and patient continued comparatively quiet until 8 o'clock Sunday morning, when the pains returned; but "it was not till noon that dilatation could be said to have fairly commenced." At 5 P. M. they became severe, and continued to increase "until half-past 2 A. M. (113 hours from the time the tar-water was injected), when she was delivered of a plump and vigorous child, loudly vociferating its own advent. It weighed nearly four pounds. The placenta soon followed. The secretion of milk was established in the usual time, and the child required no lessons of instruction to draw it, taking the breast as promptly and as eagerly as if it had been a nine instead of a seven months' production. The mother recovered without any unpleasant symptoms whatsoever. The almost necessary 'soreness and stiffness' after so much exertion, soon passed off, and, in ten days, she was up and about the room, and in a fortnight dismissed her nurse, assumed the discharge of her domestic affairs, and has the satisfaction, to use her own expression, 'of nursing her own infant, with as fine a prospect of raising it as any other mother enjoys.'"

The reasons which induced Dr. Blatchford to prefer the course which he so successfully pursued are thus concisely stated by him: "The ergot might endanger the life of the child, about one-half being still-born after its employment. To puncturing the membranes, and letting off the waters either suddenly, or little by little, necessarily subjecting the child to great pressure at a period when the tenacity of life is very feeble, there was the same objection. The contracted capacity of the vagina would not, in this case, permit the 'introduction of the hand sufficiently far to detach the membranes with the finger,' without causing excessive pain, or even the introduction into the os uteri of the sponge of Kluge. An attempt to detach the membranes, for an inch or two within the os, by means

of a catheter, seemed almost of a necessity to endanger the integrity of the membranes; and 'abdominal frictions and manipulations, and the warm bath, seemed to be remedies entirely too domestic, unscientific, and uncertain.'"

In connection with this subject, we cannot pass by, unnoticed, the proposition of M. Depaul to prevent the necessity of inducing premature delivery by diminishing the size of the child, by subjecting the mother to occasional venesections and a very spare regimen; nor that of M. Delfrasse to arrest the development of the infant by administering iodine in minute doses to the mother during the latter months of her pregnancy.

The former gentleman communicates two cases in which his proposed treatment was pursued with favourable results. In the first instance, a lady with a pelvis contracted by rickets, was relieved of a full grown still-child, by means of ergot. Three years afterwards, she was delivered of a large still-child by the forceps. She became pregnant the following year in November, and in February was put upon a diet of vegetables, a small quantity of meat once a week, and half a pound of bread a-day. She was bled from the arm in the third, sixth, eighth, and eighth and a half months. Her labour was completed in August. The child weighed five pounds, and lived. The two previous children had each weighed nine pounds. The mother recovered rapidly.

The second patient had a contracted pelvis, and in a previous labour Dubois had perforated the child's head. In a succeeding labour, M. Depaul delivered her, as he supposed at the eighth month, of a small living child, with the forceps. It was, however, afterwards ascertained that the woman had gone her full time, but having failed to procure an abortion after she had used various means to accomplish it, she commenced pursuing the most rigid diet, almost approaching to starvation. At first, she suffered much from pain in the stomach, and great heat, and became very feeble; but, becoming accustomed to the privations, during the last three months of her pregnancy she suffered but little inconvenience. After her confinement, she soon recovered her strength and suckled her child. In this case, there was no venesection.

M. Delfrasse states that, in two cases, the following course was successful: "In the first patient, there was great contraction of the pelvis, necessitating premature delivery on former occasions. In two successive pregnancies, she took, during the last two months, first six, then eight drops of solution, every morning (one part of

iodine, and two of iod. pot. to thirty of water). Both children were born alive and did well, having all the appearance of seven months' infants, one of them weighing 728, and the other 734 grammes less than former children had done. The only inconvenience was some diminution of development of the mother's breasts. In the second case, the patient had had five very difficult labours, none of the children living. He ascertained that this arose from the narrowness of the pelvis, and upon the occasion of the next pregnancy, he administered the iodine. A living child was born weighing 1250 grammes less than its predecessors.—*British and Foreign Medico-Chirurgical Review*, July 1850.

Rupture of a Sac in Utero.—Joseph Parrish, M. D., has reported a case of the rupture of a sac in utero, at the sixth month of pregnancy, in the *New Jersey Medical Reporter* for October, 1850.

In this case, at least a quart of colourless, inodorous fluid was discharged; and the patient was relieved from a sense of pressure and fullness which she had previously experienced.

Eruptions of the Skin during Pregnancy.—The *Boston Medical and Surgical Journal*, for April 1851, contains an account of two cases of a peculiar eruption, in women pregnant with dead children, which disappeared upon delivery. Reported by Dr. Hiram Allen.

Absence of Mammary Development and the non-secretion of Milk in a Child-bearing Female, is the title of a communication furnished to the *Buffalo Medical Journal*, for July 1850, by J. B. Hunt, M. D.

In this case, the patient's chest was as flat as a male's, with no evidence of the existence of any mammary gland. She had never given milk. In her earlier confinements, efforts were made to procure the secretion, but failed. There had never been any swelling, pain, or other evidence of milk in the breasts. Her menses appear one month after confinement. She is robust, but not masculine.

Extra-uterine Foetation.—An interesting case of extra-uterine pregnancy is reported by Dr. Carter P. Johnson, Professor of Anatomy and Physiology in the Medical Department of Hampden Sidney College, Richmond, Virginia, in the *Medical Examiner* for Sept. 1850.

In this case, a child fully developed, weighing nine pounds, with the placenta which weighed but a few ounces, was removed by means of an incision made in the linea alba, from two inches above the umbilicus to within an inch of the pubis, from the abdomen of a patient, being contained in an extra-uterine sac, which it had occupied a year and a half. The patient died seventeen days after the operation. The first sixteen days she appeared to be doing well. There are several points in this case worthy of notice. Eleven days after the probable impregnation, the patient suffered from symptoms of peritonitis: these symptoms, Dr. Johnson supposes, were caused by the attachment of the vivified ovum to the surface of the peritoneum—and this peritonitis formed a complete sac, as was shown by the operation and the post-mortem. The “sac presented no communication with either the abdominal or the pelvic cavity.” “Its anterior wall was intimately adherent to the anterior parietes of the abdomen; its superior wall supported the sigmoid flexure; its posterior wall was in contact with the rectum.”

That the child must have lived nearly to the full period of pregnancy, is proved by its size.

As late as six months previous to the operation, the patient insisted that she perceived the motion of her child, which Dr. J. thinks supports Dr. Tyler Smith's views upon this subject, that the motions must have been produced by the abdominal muscles.

The *Medical Examiner*, for Nov. 1850, contains a case of extra-uterine pregnancy of over twenty years' standing, communicated by Dr. Wm. D. Christian, of Appamattox County, Virginia.

A woman, aged twenty, soon after her marriage, supposed herself to be pregnant, and, at the termination of her nine months, had regular labour-pains, and her midwife was in attendance; the pains soon subsided. During the following twenty years, she was delivered of eight living children; about a month after her last delivery, she died. A post-mortem examination detected a *bony sac*, looking like an ostrich's egg, though much larger, adhering closely to the walls of the abdomen anteriorly. Upon opening this sac, a perfect child was found, the size of a six or seven months' foetus, not at all decomposed. Dr. C. thinks that the death of the woman was produced by her getting up too early after her delivery, while the abdominal muscles were relaxed, and that the tumour by its gravity fell into the pelvis, pressed upon the large intestines, and stopped the alvine discharges.

A case of ovarian pregnancy is reported in the *Charleston*

Medical Journal and Review, for May 1850, by Joseph Quattlebum, M. D., of St. Matthews, S. C.

The *North-Western Medical and Surgical Journal*, for Sept. 1850, contains a case of tubal foetation, by Dr. C. C. Warner, of Summerville, Wisconsin.

The woman died two months after impregnation had taken place, and upon an examination of her body, a foetus was found in one of the Fallopian tubes. The usual *post-mortem* appearances were not present; no *rent* is spoken of in the tube, nor is any hemorrhage mentioned. The fatal result probably was produced by the great prostration, caused by the long-continued pain and vomiting from which she appears to have suffered.

Dr. W. C. Horlbeck, of Charleston, describes, in the *Charleston Medical Journal and Review* for May 1850, a case of tubal pregnancy, with rupture of the Fallopian tube.

In this case, while attending to her customary duties, the patient was attacked with the usual premonitory symptoms of tubal pregnancy. She continued to suffer until her death, which took place fifty-two hours after the attack commenced.

At the *post-mortem* examination, a small rent was found in one of the Fallopian tubes, through which a large quantity of blood had flowed; upon opening the tube, a foetus was found, five lines long, enveloped by its membranes.

A successful operation for extra-uterine conception, by Dr. Franklin Brown, of Hannibal, Mo., is contained in the *St. Louis Medical and Surgical Journal* for May and June 1850.

A woman, aged forty, who had married at the age of twenty-one, and had had several miscarriages, and one natural living child, and been freed of an extra-uterine foetation at the sixth month, by ulceration through the abdominal parietes, applied to Dr. Brown for advice. He found a tumour of the size of a child's head, situated between the umbilicus and the pubis, feeling like an unyielding solid; on its lower edge was a small fistulous opening. A probe detected bone within. Upon laying open the tumour, a well-formed foetus, about the fourth month, was discovered, partially decomposed. It was firmly attached to the surrounding cyst, so as to be removed with great difficulty. For two days after the operation, the patient was extremely feeble, but after that time she rallied, and on the eighth day all the remaining bones, together with the lining membrane of the tumour, which had softened and separated from the surrounding parts, were removed. In twenty-six days she was per-

forming her usual duties. Dr. B. considers this to have been a tubal pregnancy.

Wm. H. Watkins, M. D., of Racine, Wisconsin, has furnished a case of Fallopian pregnancy, with rupture, ending fatally, to the *Buffalo Medical Journal* for March 1851.

The patient was not supposed to be pregnant; and, therefore, when the alarming symptoms were exhibited, which immediately preceded death, her true condition was not diagnosed. The *post-mortem* exhibited a minute rupture of the right Fallopian tube, in which was found a foetus enveloped in its membranes; "the placenta presented at the rupture, being, in fact, a case of placental presentation."

Venous Extravasation into the Labia.—The *New Jersey Medical Reporter*, for April 1850, contains a case of venous extravasation into the labia *before* parturition, by Alexander W. Rogers, M. D.

A woman, the mother of seven children, after being in labour twelve hours, sent for Dr. Rogers. He found the left labium distended to a size larger than an infant's head; it was punctured, and a stream of dark venous blood flowed off. The surface sloughed, and the coagulated contents gradually separated; an ulcer only was left. Delivery was readily produced.

Puerperal Anemia.—John Appleton, M. D., of West Newbury, Mass., has reported a case of puerperal anemia in the *Boston Medical and Surgical Journal* for Feb. 1851.

Dr. A. has added to the value of his communication by reducing to a tabular form the symptoms in twenty-one cases of this disease which have been described by different authors.

The *Charleston Medical Journal and Review*, for Jan. 1851, furnishes us with a case of anemia, the result of hemorrhage during parturition, reported by Robert N. Fleming, M. D., of Tenn.

Under a course of the precipitated carbonate of iron, in drachm doses twice daily, this case was dismissed from treatment.

Difficult Labour.—A case of parturition, with deformed pelvis and abscess of the womb, by Dr. E. M. Pendleton, of Sparta, Georgia, is reported in the *Charleston Medical Journal and Review* for Nov. 1850.

The bones of the pelvis, in this case, were so much contracted on the right side as to entirely prevent the passage of the head.

Craniotomy was performed with great difficulty. Upon the expulsion of the child, a quart of the most offensive pus followed. Great hemorrhage occurred upon the separation of the placenta, which was firmly attached to the fundus. The patient died on the nineteenth day after delivery. The whole of the right side of the womb was found to be disorganized, and was supposed to have been the seat of an abscess.

The *Ohio Medical and Surgical Journal*, July 1850, contains a case of difficult labour, reported by Dr. Thos. W. Gordon, of Bazetta, in which there was an hydrocephalic foetus, requiring cephalotomy.

Dr. D. T. Gautt, of Moulton, Alabama, has communicated a case of difficult parturition, caused by the presence of a large polypus of the uterus, to the *St. Louis Medical and Surgical Journal* for July and August 1850.

As the patient was sinking from hemorrhage, the child was turned and delivered by the feet. Soon after the birth of the child, a polypus as large as the head of a foetus, at the sixth or seventh month, was expelled, and to the polypus were attached the foetal envelopes. Dr. G. thinks the polypus existed before pregnancy, and asks, "Will conception take place when the cavity of the uterus is possessed by a foreign substance?" We would refer him to Gouch's *Account of some of the most Important Diseases peculiar to Women*, Amer. edit. p. 256: He says, "Women who have a polypus of the uterus, especially if it grows from the neck or lip of this organ, sometimes become pregnant."

The *Western Lancet*, for March, 1851, presents us with a difficult case of labour, with small pelvis, shoulder presentation, turning by the head, by J. M. Terrey, M. D.

The right foot was brought down in this case, so that the toes were near the vulva. Unable to reach the other foot, or to advance the child, Dr. M. B. Wright, in consultation, returned the leg, arm, and funis into the cavity of the uterus, and brought the vertex into the superior strait. A disproportion existing between the head of the foetus and the brim of the pelvis, the forceps could not be applied, and the child was removed by craniotomy.

Dr. Wright is of the opinion, from some experience, that, in shoulder presentations, cephalic version is more easily performed, and is safer for the child than the usual method of turning by the feet.

In the *American Journal of the Medical Sciences* for April 1851,

Professor Johnston, of Washington, has communicated a case, in which there was a *separation of the entire circumference of the vaginal portion of the cervix uteri, from pressure of the child's head during labour.*

The patient convalesced well, and in less than a year after was again delivered of a child in ten minutes after the commencement of labour.

In the *American Journal of the Medical Sciences* for April 1851, Dr. Storer, of Boston, has reported a case in which great dyspnœa and very alarming symptoms existed at the birth of twins—which were not large—but one of them was floating in an enormous quantity of liquor amnii.

Spontaneous Evolution.—A case of spontaneous evolution of the foetus, by J. S. Mitchell, M. D., of Charleston, S. C., is published in the *Charleston Medical Journal and Review* for Sept. 1850.

In this case, one child having been delivered, which presented naturally, the arm and shoulder of a second presented. The uterus soon contracting, the arm receded, and the nates taking its place, protruded through the vulva. The nates were delivered first, the shoulder and head followed.

The case is reported to show that Dr. Douglas's idea is not always constant, of spontaneous evolution—"that it is impossible for the uterus, while contracting, to act upon a part only of the compacted body, thus forcing it lower into the pelvis, while the other is allowed to recede into a higher position;" and "that the arm, shoulder, and thorax are first expelled, and the nates and head afterwards."

Cephalic Version.—B. F. Richardson, M. D., of Cincinnati, O., has reported a case of cephalic version, nine hours after the rupture of the membranes, in the *Western Lancet* for Feb. 1851.

The membranes were ruptured some hours before Dr. R. was called; upon examination, he found the right arm in the vagina, with the palm of the hand presenting towards the inner side of the left thigh of the mother. In the upper portion of the vagina were several folds of the funis, in which strong and distinct pulsations were felt. Owing to the uterine contractions, turning could not be accomplished. Dr. Wright, being sent for, "placed the patient on her back, introduced his right hand, passed a couple of loops of the

prolapsed funis around the child's arm, and thus returned it, converting it into a shoulder presentation. He then grasped the shoulder and thorax, and pushed the body of the child upwards and to the left side. He then relinquished his hold of the body and grasped the occiput, bringing it down so as to enable the head to engage." Ergot was exhibited to accelerate labour, and a still-child was expelled in about an hour after its exhibition.

Retention of the Placenta.—A case of stricture of the cervix uteri, causing retention of the placenta, with the suggestion of a means of relieving it, by S. N. Harris, M. D., of Savannah, Ga., is found in the *Charleston Medical Journal and Review* for July, 1850.

After a first labour of eighteen hours, not unnatural in its progress, a stricture was detected in the uterus, which detained the placenta above it. Copious depletion, ergot, a blister to the sacrum, belladonna ointment applied to the os uteri, produced no effect, and the patient died the second day after delivery. At the *post-mortem*, the "uterus was black and gangrenous in the body and fundus." "The placenta was in a state of complete putridity, and entirely filling the cavity down to the stricture in the cervix."

Dr. Harris proposes as an instrument to overcome strictures of the uterus, an apparatus, similar (if we understand it) to a common form of vaginal specula. The three blades closed should be passed into the stricture, and, when expanded, dilatation of the stricture would follow.

The case reported above seems to have been one of hourglass contraction. With regard to the treatment in the case, we subjoin the views of Dr. Thompson, of Albion, Ill., one of your Committee on Obstetrics for the present year. These observations were received by the Chairman of your Committee after this portion of the report was arranged for presentation. He remarks: "It appears to me that in such a case, the use of ergot in the early stage is based upon an erroneous pathology; in this gentleman's case in particular, where venesection and belladonna were largely used to produce relaxation, while at the same time the ergot was administered to induce contraction. The use of opium and tartar emetic, or chloroform after the venesection, to remove the morbid nervous excitement from which the strictured condition arose, I would consider a far wiser practice. But in many years' experience, I have never met with a case which could not be overcome by patience and

soothing means; nor would I consider forcible instrumental dilatation could be used without the risk of endo-metritis, or sphacelation of the parts upon which such pressure should be exerted."

In the *New Jersey Medical Reporter* for April 1851, Charles Hasbrouck, M. D., has reported four cases illustrative of the action of ergot in producing retention of the placenta.

In each of these cases, immediately after the birth of the child, the uterus contracted forcibly upon the placenta, and prevented it from being expelled without manual assistance. Dr. H. observes that the placenta was completely encysted, and firmly retained, in consequence of the permanent tonic contraction of the uterus being prematurely and excessively developed by the action of the ergot; and when he finds it necessary to administer ergot to expedite the delivery of the child, he immediately delivers the placenta upon separating the child, when the tonic contraction of the womb is decidedly developed, but before it becomes permanently and completely established.

Chloroform in Obstetrics.—In the *Boston Medical and Surgical Journal* for May 1850, Dr. A. P. King, of Apponaug, R. I., informs us that he uses chloroform with most of his lying-in women, and has seen no ill effects from its inhalation.

J. B. Mann, M. D., has communicated to the *New Jersey Medical Reporter*, for Oct. 1850, a case of arm presentation, with a very rigid, undilatable os uteri, in which, by means of chloroform inhaled for a short time, the os became relaxed, a hand was readily introduced, and the child was turned and delivered.

The *North-Western Medical and Surgical Journal*, for March 1851, furnishes an article on the use of chloroform as a therapeutical agent, by James Smick, M. D., President of the Central Medical Society of Illinois.

From his personal experience, Dr. S. concludes the cases proper for its exhibition are "all obstetrical cases attended by that peculiar train of morbid action, such as chlorotic habit, derangement of the chylopoietic viscera and liver," in which we have reason to apprehend that the severe and long-protracted labour-pains would produce a bad recovery, peritoneal inflammation, or puerperal fever, &c. &c.; all obstetrical cases, when turning or instrumental delivery is necessary, in which the operation is very painful or tedious.

The *Stethoscope*, for April 1851, contains a "Report of the Com-

mittee of the Medical Society of Virginia on the Utility and Safety of Anæsthetic Agents."

From this report, it would seem that chloroform may be useful in preventing abortion. "In one case of strongly threatened abortion," we are here told, "venesection and opium were used, followed by chloroform, with the best results. During about a fortnight, opium and chloroform were used as occasion required; and the patient, who had aborted at the same period two years before, was carried to her full term. The child was perfectly healthy. In many of these cases, the cause of irritation is extraneous to the uterus, and by controlling the irritation, we ward off its reflex action on that organ. Besides this, a profound state of anæsthesia does, to some extent, control the uterus itself during labour at the full period; much more, then, would it be likely to do so when the uterus is unprepared for normal spontaneous action."

It will be observed that the anæsthetic agents have been scarcely referred to in our Medical Journals during the past year. This is readily accounted for by the fact that their efficacy is established—their value almost universally acknowledged. And the recital of additional cases, in which they may have been administered, would be superfluous. The only diversity of opinion which seems to exist among the medical men with whom we are wont to associate, is with regard to the expediency of its general use. Thus, while all acknowledge that when the os uteri has remained for a long time rigid and undilatable; or frequent harassing pains have existed for hours, without producing any material progress in labour; or, intense pains are exhausting the patient; or, that when it is necessary to turn the child, or apply instruments, or that where convulsions are present, these agents are invaluable; there are some in the profession who consider it their duty to advise their administration in *all cases*, however natural may be the labour. This is a point which must be settled by the judgment and experience of each practitioner.

Placenta Prævia.—Dr. J. G. Graves, of Nashville, N. H., reports a case, in the *New Hampshire Journal of Medicine* for Dec. 1850, in which he passed a hand through the placenta, and kept it in the uterus until the child's head descended and occupied its place. The child was still. The mother recovered.

The *Northern Lancet* for May 5 contains an interesting case of foetal hemorrhage after delivery, where placenta prævia existed, by

an anonymous writer. The account of the case, as well as the remarks which accompany it, are deserving of notice.

A case of placental presentation is reported, by Dr. A. Beardsley, of Birmingham, Conn., in the *Boston Medical and Surgical Journal*, for Sept. 1850.

The doctor turned and delivered the child, *still*. The mother recovered.

The *New Hampshire Journal of Medicine*, for Jan. 1851, contains a laconic account of a case of placenta prævia by Dr. G. W. Garland.

At the commencement of his patient's sixth month of pregnancy, she was attacked with pain and a profuse hemorrhage. "Upon examination, Dr. G. found the placenta completely detached and lying in the vagina, while the foetus was in the uterus, which had not contracted for the last half hour. *Hemorrhage had ceased*, and as the os was dilated to nearly the size of the head, he gave a full dose of ergot, which excited uterine action, and soon expelled the foetus." The narrator jocosely remarks: "As the patient was a Millerite, and this occurred in 1843, a student of mine suggested the idea that the little saint, under the influence of that *ism*, ruptured the membranes in the wrong direction, in order to 'go up.' "

Nervous Collapse after Parturition.—The *Nashville Journal of Medicine and Surgery*, for Feb. 1851, furnishes us with the reports of two cases of nervous collapse after parturition, by C. K. Winston, M. D., of Nashville, Tenn., both of which proved fatal.

Uterine Hemorrhage.—In the *North-Western Medical and Surgical Journal* for May 1850, Dr. Isaac E. Thayer, of Grand Prairie, Wis., reports a case of profuse hemorrhage produced by separating an adherent placenta, which was controlled by compressing the abdominal aorta, while the contractions of the uterus were excited by the administration of ergot, and a continuous stream of cold water poured upon the abdomen.

Dr. Robert W. Haxall has communicated to the *Stethoscope*, for Jan. 1851, a practical and valuable paper, entitled "A few Remarks on the subject of Uterine Hemorrhage, limited to cases of Placenta Prævia, and those which occur subsequent to the completion of Labour."

In speaking of hemorrhage after the extraction of the placenta,

Dr. Haxall refers to the various remedies usually prescribed in these cases, and says, "Nor should the administration of ergot be omitted;" speaking thus cursorily, as if he did not consider it of primary importance. In cases such as Dr. Haxall has described, we consider it imperative upon the practitioner to exhibit ergot the moment hemorrhage appears. In quite a number of instances which have fallen under our notice, the hemorrhage has diminished as soon as the specific effects of the remedy have been apparent. And in two cases, occurring in the practice of the Chairman of your Committee, where, after previous labours, the hemorrhage had been profuse and alarming, by exhibiting this remedy just previous to the exit of the child's head, the anticipated hemorrhage was almost prevented.

The *New York Journal of Medicine*, for Sept. 1850, contains a "Quarterly Report of the New York Lying-in Asylum," by Dr. James Fergusson, in which we find a case of secondary uterine hemorrhage on the thirteenth day after delivery, which the author attributes to the early removal of the swathing, and the premature exertion of the patient.

He states that he has not been able to find any case reported, where the hemorrhage occurred at a later period than the *tenth* day, in any of the statistical tables he had examined. A case of secondary hemorrhage at the *eleventh* day occurred several years since in the practice of one of your Committee, and was reported at the time at a meeting of the Boston Society for Medical Improvement. Like that referred to above, it was produced by premature exertion, making its appearance while the patient was standing at a window, to which she had walked, at some distance from her bed.

B. F. Richardson, M. D., of Cincinnati, O., has reported, in the *Western Lancet* for June 1850, a singular case of periodical uterine hemorrhage.

In this case, the patient, nineteen days after delivery, was attacked with flooding, which continued two hours, and then suddenly and entirely subsided. Two days after this, it again occurred, at the same time of day, and continued the same space of time as before. The next day it occurred as before. Becoming exhausted by the loss of blood, which was supposed to amount to about fifteen or twenty ounces at each attack, Dr. R. was called upon. No derangement was detected upon an examination per vaginam. But, learning that she had had an attack of tertian intermittent fever

eighteen months previously, which from time to time afflicted her, up to the period of her conception, and then entirely disappeared, the doctor treated her with quinine, and she was promptly relieved.

Dr. S. Thompson, of Albion, Illinois, writes your chairman that he is in the habit of administering *matico in infusion in cases of hemorrhage*, and that, in his hands, its powers have been most satisfactory. In passive hemorrhages, post-partum, and in menorrhagia, he has used it with great success; its action being so prompt as, in the first few cases, to make him suppose the cessation of hemorrhage after its use was a coincidence only. In flooding after delivery, he is in the habit of giving alternately infusion of ergot and of matico.

Puerperal Convulsions.—Dr. John P. Little, of Richmond, Virginia, reports three cases of convulsions in the *American Journal of the Medical Sciences* for Jan. 1851.

Venesection was employed in each. Two of the cases terminated favourably. In one case, craniotomy was resorted to. Turning was performed in one case; and in the third the uterus was excited to contractions by injections of ergot. Dr. L.'s plan is "to give by the rectum the dose usually given by the mouth, repeating it as the indications require; and, when given in this manner, it appears to excite rather the alternate contraction of the womb, than that peculiar tetanic action following larger doses."

The *Ohio Medical and Surgical Journal*, for May 1850, contains a case of difficult labour; convulsions; twins; craniotomy, by Dr. Adam Koogler, of Greenville, Ohio.

After the birth of the first child, the patient had a *convulsion*, and craniotomy being demanded, the blade of a pocket-knife was passed into the cranium through the posterior fontanelle, and an opening thus made large enough to insert the fingers and break down the brain. Traction was thus made, and a putrid child removed.

P. W. Harper, M.D., of the Shoals of Ogeechee, Georgia, has reported a case of puerperal convulsions in the *Southern Medical and Surgical Journal* for Feb. 1851.

Nothing peculiar is presented in this case.

The *Northern Lancet*, for Feb. 1851, contains a case of puerperal convulsions, reported by F. J. D'Avignon, M. D., of Ausable Forks, New York.

S. W. Florer, M. D., Alamo, Indiana, has reported a case of

puerperal convulsions, treated with chloroform, in the *Western Lancet* for Aug. 1850.

This is an interesting case, successfully terminating.

Puerperal Fever.—The *Charleston Medical Journal and Review*, for Jan. 1851, contains a communication entitled the “Prophylactic Treatment of Puerperal Fever,” by John P. Mettauer, M. D.

The disease here spoken of, occurring at all times under the most trying circumstances, enlisting our sympathies, perhaps, more than any other affection we are called upon to treat, and proving fatal in the vast majority of instances, Dr. Mettauer conceives, from an experience of many years, he is enabled to prevent; that, by proper attention to the condition of the alimentary canal, it may be warded off.

A great variety of opinions are entertained among practitioners as to the time at which cathartics should be administered after delivery. Some advise their exhibition the second, and others the third day; while some practitioners, in very extensive business, doubt the expediency of their being prescribed at all, unless required by the existence of some special symptom.

The views of Dr. Mettauer are so dissimilar to the advice of most of those medical gentlemen with whom we are in constant intercourse, that they require of us more than a mere reference to them.

Dr. Mettauer considers that a state of inaction and debility, with a more or less suspension or perversion of the functional exercises of the organs concerned in pregnancy and parturition, succeeds delivery in every case, in a greater or less degree of intensity; and that the debility and inaction of the organs concerned in pregnancy, and consequent perverted secretions, seem to be the intimate predisposing pathological conditions of puerperal inflammation. That sometimes this disease appears without any exciting cause. But, in most cases, it is produced by exposure to variable temperature or colds. That any exciting cause may produce it where there is a predisposition to it, as exciting food, exercise of body or mind, &c.

When, during the last months of pregnancy, there has been unusual restlessness; tenderness of the abdomen; irritable stomach or bowels; or labour has been protracted, and attended with much suffering; or labour is attended with an unnaturally warm or cool state of the liquor amnii, and a corresponding warm or cool condition of the uterine surface, in which cases the sanguineous discharge is more or less unnaturally diminished, Dr. Mettauer invariably *purges*

his patient a few hours after delivery; sometimes, in three or four hours, and even earlier, should there be abdominal tumefaction. In some instances, he exhibits the cathartic before the delivery of the placenta, and hastens its operation by purgative injections repeated hourly until active purging is produced. He recommends a combination of aloes, scammony, calomel, and ipecacuanha, which he has found to answer the purpose admirably—producing no distress, operating copiously, and rarely too freely. Generally speaking, a single dose only is required.

When the labour has not been so tedious, and the signs indicative of predisposition to puerperal fever are less threatening, he does not administer cathartics in less than ten or twelve hours.

In all cases after parturition, he advises purging. He says: "This has been my custom for many years, believing that women are more or less predisposed to puerperal peritonitis and fever in every case after parturition. In twelve hours after delivery, I invariably order a cathartic, mild or otherwise, no matter how favourably situated the case may be; and I believe that many cases, nay, I might with propriety say all, have been benefited by the practice more or less. I think it very probable that attacks of puerperal fever have been warded off by it, when a predisposition to the disease was not suspected. Certainly, the practice greatly ameliorates the condition of the breasts during the setting in, and early periods of lactation. It also guards patients against certain cutaneous and other irritations frequently consequent upon parturition. I have little doubt that it has prevented phlegmasia dolens in many instances; and I am led to this conclusion from the fact that no cases of this painful disease have occurred in my practice since it was adopted."

The *New York Journal of Medicine*, for Jan. 1851, contains a case of puerperal peritonitis, with the post-mortem appearances, by T. P. Colton, M. D.

In the *New York Register of Medicine and Pharmacy* for Feb. 1851, Dr. Clarke has stated to the New York Pathological Society that he had treated five cases of peritonitis successfully with opium alone; it was carried to semi-narcotism, followed by castor oil, until the symptoms subsided. In one case, thirty-six grains per diem were given for six or seven days; in two cases, seventy grains were given for two or three days; twelve grains of morphine were taken during the first day in one case. He had treated seven cases on this plan during the last year, and lost none.

One of the patients referred to took, within fourteen days, five hundred grains of opium.

The *Western Journal of Medicine and Surgery*, for June 1850, contains a paper on "Epidemic Puerperal Peritonitis," by Dr. Wm. Kenney, of Millersburg, Ky. Although this communication is not without value, in several most important points it is sadly deficient. The number of cases which occurred is not mentioned, nor the time of their continuance. It is true that the writer states the disease was of a subacute character, "and its duration was from days to weeks;" but how many days or weeks, are not mentioned.

In the *American Journal of the Medical Sciences* for April 1851, Dr. Storer, of Boston, has reported a case of child-bed fever, which might, with more propriety, perhaps, be termed *puerperal diarrhoea*. The patient died on the *ninth day* after her confinement. The lochia and milk were secreted until the *eighth*. The *irritability of the bowels* was the prominent symptom.

Dr. Charles E. Ware, of Boston, in the same number of the Journal as the above, has also communicated a case of puerperal fever.

This patient also died on the ninth day of her confinement. During the three last days, she suffered more or less constantly from delirium; so long as she was conscious, she never complained of her abdomen—which exhibited no appearance of peritonitis nor phlebitis. Her lochia continued to the last, although the milk was suppressed. She complained only of sore throat—and her pulse became very frequent and fluctuating.

Professor John P. Mettauer, of Virginia, has communicated to the *Stethoscope*, for April 1851, a case of puerperal fever successfully treated, with observations.

The patient was not seen by Dr. M. until the fourth day after delivery, when she exhibited all the symptoms of an aggravated case of puerperal peritonitis. She was bled sixty ounces, and this was followed by an *emetico-cathartic*, consisting of half an ounce of senna, one drachm of jalap, two ounces of Epsom salts, one drachm of anise seed, infused in a half pint of boiling water for a few minutes, and then gently boiled until the quantity of the menstruum was reduced to a gill. To the strained fluid, while pretty warm, three grains of tartar emetic were added, and the preparation thus found was administered at one dose. The discharge from both stomach and bowels was enormous—the relief great. After these free evacuations the abdomen was freely rubbed with spirits of turpentine, and then covered with a blistering plaster. Upon the recur-

rence of pain in the abdomen, she was again bled—twenty-three ounces of blood were drawn off, which produced faintness, and mitigated her distress. She drank freely of iced water; and ice was applied to the os uteri and cervix, and vagina. As soon as the blister had produced its specific effect, Dr. M. administered twenty grains of calomel, with one-fourth of a grain of tartar emetic, which operated freely upon the bowels; from this period, convalescence was not retarded.

Rupture of the Uterus.—In the *New York Journal of Medicine*, Nov. 1850, Dr. Henry A. Hartt, of New York, reports two cases of rupture of the uterus. In one of these cases, the Dr. was called after the woman had been many hours in labour, and the membranes had been ruptured. She had been attended by a physician who was not an adept in midwifery, and he thinks the application of the forceps would have prevented the lesion.

The second patient was seen after she had been in labour three days. A shoulder presented, and the head had passed through a laceration in the neck of the uterus. The feet were reached, and the child delivered. The patient recovered, and in eighteen months was delivered, unassisted, of a living child. In less than two years after this, Dr. H. was again called to deliver her. She had been in labour four days. Upon an examination being made, a large rent was found “precisely in the seat of the former rupture,” and the child had passed into the abdomen. The child was delivered—the woman died in thirty-six hours. As the narrator remarks: “The interesting feature in the case of this patient was her complete recovery from the first rupture, and the perfect union of the parts—a union sufficient to sustain the violence of the unassisted delivery of a large and vigorous child.”

Dr. Alexander W. Rogers, in his report in the Transactions of the New Jersey Medical Society, contained in the *New Jersey Medical Reporter*, for July 1850, refers to three cases of ruptured uterus which had come to his knowledge during the preceding year. One of these cases is described by Dr. Coles, in whose practice it occurred. Called in the afternoon to a woman in labour with her fourth child, the Dr. “found the os uteri pretty well dilated, but the head higher up than usual, so as to require an effort to reach it with the finger. In the attempt, the membranes, being very tender, were ruptured. The pains were quite regular and tolerably vigorous up to midnight, when, finding the head still little inclined to

descend, and nothing to contra-indicate it, he concluded to give ergot." He administered from half a drachm to a drachm in three doses, at intervals, until the specific effect of the medicine was produced. The pains became powerful—then less severe—then ceased. The head receded; the body passed through the uterus into the abdominal cavity, and was felt through its parietes. "But the delivery of the head required the use of the crotchet, it being large and the bones firm." The patient died on the third day. We are surprised that ergot should have been thought not to be contra-indicated when the patient had been but a few hours in labour; "when the pains were quite regular and tolerably vigorous," and no reason was offered for its necessity, save that "the head was still little inclined to descend." The inference is irresistible, that the rupture of the uterus, and the consequent death of the patient, are attributable to the unjustifiable exhibition of ergot.

A case of rupture of the uterus is reported by John M. Pugh, M. D., of West Philadelphia, in the *Philadelphia Lancet*, vol. i. No. 2.

In this case, after labour had existed for several hours, the pains almost entirely disappeared. Ineffectual efforts were made to apply the forceps; the pains gradually subsided; the patient grew weaker, and died in about twelve or thirteen hours after she was first visited.

A post-mortem examination exhibited a laceration four inches in length in the anterior part of the fundus of the uterus; the greater part of the body of the child had escaped into the cavity of the abdomen. The head of the child was unusually large.

In the *New York Register of Medicine and Pharmacy* for March 1851, we find a notice of a case, by the editor, Dr. Griswold, of rupture of the uterus during delivery, in which turning was resorted to, and subsequent recovery of the patient.

When the labour had so far advanced that the head pressed upon the perineum, the patient felt "a cramp in the bowels," and afterwards rose from the bed, and, with the aid of an assistant, walked several times across the room. Upon lying down, her attendant, Dr. Maxwell, examined and found the child's head had receded; the pains had left her; the pulse was very rapid. He suspected a rupture of the uterus had occurred. The feet were reached through a rupture of that organ, and brought down, and the child was delivered. Stimulants were freely exhibited until reaction took place, at the end of the second day. Vesication was applied to the abdomen

for soreness and tenderness; after that date, in four weeks, the patient was in the street, and menstruated in the ninth week, and recovered perfectly.

Frederick T. Hurxthal, M. D., of Massillon, Ohio, has reported a case of rupture of the uterus in the *Ohio Medical and Surgical Journal* for March 1851.

In this case, the child was delivered by instruments ten hours after the laceration occurred—and an extensive rupture of the fundus was found to exist. Dr. H. states that, after the rupture took place, “the head remained impacted in the basin of the pelvis.”

This is so rare an occurrence that most physicians can scarcely realize that a rupture of the uterus can take place sufficiently large to allow a portion of the child to pass through it into the abdominal cavity without the head's receding, and but few writers on midwifery refer to this point. Maunsell, in the *Dublin Practice of Midwifery*, says, upon the cessation of the pains, “the patient will be sensible of something giving way internally. The presentation, *unless it be firmly locked in the pelvis*, will then immediately be found to recede, &c.,” and Ramsbotham, in his *Principles and Practice of Obstetric Medicine and Surgery*, when speaking of the recession of the head, observes, “We are not, however, to expect this as a universal symptom; because it is not unlikely that the *head may have previously become locked in the pelvis*, having been forced into the cavity by the contractions of the uterine fibres; and, if it be firmly jammed, it is impossible that it can free itself so as to recede.” The two hundred and seventy-third case, furnished by Dr. Channing, in Trask's *Monograph on Rupture of the Uterus*, is a very striking one. Dr. C. remarks: “The head, which had been forced fairly down into the pelvis by the pains, *did not in the least recede* after the rupture, but remained just where it was before the rent occurred. Nay, more; so fairly impacted was the head, that it was with great difficulty that I could draw it back again, after opening the abdomen.” A case occurred in February last, in the practice of Dr. Cabot, of Boston, in which the head was so firmly locked in the pelvis, that it not only did not recede at the time of the rupture, but it did not yield, in the slightest degree, to the presence of the instruments employed to effect craniotomy. In this case, the neck of the uterus was lacerated entirely across anteriorly, and a knee was made out, previous to the delivery, in the abdominal cavity exterior to the uterus.

Monstrosities.—The *New York Journal of Medicine and Surgery* for July 1850 furnishes us with an elaborate and very interesting paper, entitled “A Literary, Historical, and Practical Sketch of Acrania (brainless), or Pseud-encephalous Monsters,” with the report of a case, by its accomplished editor.

Dr. Wm. B. Garrett, of Macon, Tenn., has communicated to the *Western Journal of Medicine and Surgery* for July 1850 a singular case of monstrosity.

Its head resembled that of an elephant—the situation of the eyes and ears was very peculiar. The nose, in its form, still more so; the cartilaginous extremity of the organ, about two and three-quarter inches in length, hung over the mouth like the proboscis of an elephant. In each jaw were twelve teeth, well developed—the two upper canines projected obliquely from it to the length of about three-fourths of an inch. The malformation of the entire body, as well as of the viscera, is very minutely described. The gentleman reporting the case acknowledges his inability to account for the peculiar appearances; but cannot refrain from stating that, early in his patient's pregnancy, she was very much frightened by unexpectedly seeing an elephant.

A singular case of malformation, which occurred in the practice of Dr. C. A. Hartwell, of Virginia, Ill., is contained in the *North-Western Medical and Surgical Journal* for May 1850.

“The head was large, very soft, with apparently no ossification whatever; the eyes also large, the pupils particularly so. Where the nose should have been, there was an entire flat space, terminating below and just above the mouth, in two small foramina. There was no external ear, but a small round hole on either side. The shoulders were depressed and bending forward; and, upon investigation, I found a deficiency of the clavicle on either side. There was no thumb on either hand, and the nails were on the inside of the phalanges; a thin membrane growing between them, from the metacarpal bones to the end of each phalanx, connecting them in a manner similar to the feet of a duck or goose. The patella was situated in what should have been the popliteal space; the heel was anterior, and the metatarsal bones, &c. &c., posterior.”

In the *American Journal of the Medical Sciences* for Jan. 1851, Dr. Wm. D. Kelly, of Gallatin, Tenn., reports a case of abnormal relation, with inversion of the clitoris and urethra.

In this case, “on separating the labia majora, the nymphæ were seen to be but slightly developed, a ruga or fold of mucous mem-

brane affording the only evidence of their existence. Immediately *beneath* the commissure of the vulva was the smooth triangular space of the *vestibulum*, with the meatus urinarius situated two lines above its inferior margin, and three-eighths of an inch *above* the projecting glans clitoridis, which dipped into the superior angle of the vagina. The patient being placed upon her back, and a catheter introduced, instead of pursuing an upward and backward direction, it passed vertically for an inch, where a slight incurvation led directly into the bladder, a jet of urine following. It is thus shown that the urethra penetrated the space between the corpora of the clitoris and the arch of the pubis, and made its exit above the clitoris; both the vestibulum and meatus urinarius appearing in front and above the latter organ. The clitoris was reverted so as to completely conceal the anterior edge of the upper wall of the vagina, and its glans was grooved antero-posteriorly by a deep sulcus."

The *Western Journal of Medicine* for July 1850 furnishes us with a case of twins singularly connected, &c. &c., occurring in the practice of Dr. Napoleon B. Anderson, of Louisville, Ky.

Twins were expelled at the seventh month of pregnancy, attached to each other at the umbilicus by a cartilaginous, cylindrical tube, enclosed within a sac, formed by a continuation of the skin from the abdomen of both children.

William L. Challiss, M. D., reports a case of malformation in the *New Jersey Medical Reporter* for July 1850.

He found a corrugated roundish tumour, pending from the arch of the pubis. Upon examining per vaginam, no os tincæ could be found. "The vagina was perfect, and the globe of the womb could be distinctly felt high up." Exposing the parts, "to his astonishment, he found that this tumour was a perfect os uteri, firmly adherent to the pubis, immediately behind the orifice of the urethra. It is preternaturally large, and almost fills the entrance to the vagina."

In the *Western Lancet* for July 1850, J. M. Baird, M. D., of Bourneville, O., has reported a case of congenital deficiency of the superior bones of the cranium, and malformation of the superior portion of the spinal column.

Dr. G. W. Garland, in the *New Hampshire Journal of Medicine*, Feb. 1851, describes an anencephalous child, which, in the eyes of the mother, resembled the head of a rabbit, the top of which had been eaten off by a cat, which she saw early in her pregnancy.

Dr. W. E. Townsend reports, in the *American Journal of the*

Medical Sciences for April 1851, a case of anencephalous female foetus; the chief peculiarity of which consisted in the difficulty of deciding upon the pregnancy. No placental murmur could be heard, nor could the pulsations of the foetal heart be detected, and it was only after a careful vaginal examination that the condition of the patient could with certainty be discovered.

Extraordinary Length of the Umbilical Cord.—G. Newton Thompson, M. D., of Boston, has reported, in the *Boston Medical and Surgical Journal* for July 3, 1850, a case in which the cord measured *five feet and nine inches* in length, and was entirely free from the varicosed state frequently observed. It was very thin, and perfectly flexible.

OBSTETRICAL INSTRUMENTS.

Obstetrical Extractor.—At the last meeting of this Association, Dr. Evans, of Chicago, exhibited an instrument, which he designated as the “obstetrical extractor,” and subsequently published an elaborate account of it in the *North-Western Medical and Surgical Journal* for May 1850. As this paper is contained in the Appendix to the third volume of the *Transactions* of this Association, and is consequently in the hands of most of its members, your Committee do not feel at liberty to present a lengthy notice; but, were they to remain silent, their opinion might be misconstrued.

In the communication above referred to, Professor Evans tells us he was induced to devise this instrument, because he felt that one was needed “that would be simpler, safer, and more general in its application” than the forceps. “The principle,” to use his own words, “upon which it operates, is plain and simple, being that of placing a band or fillet around the head of the child above its largest diameter, and fixing the ends near together by steel fingers, so that it cannot be drawn off. From this band straps pass down to the vertex and out through the os externum, to be grasped by the hand, and upon which the extracting force is exerted.”

To prove the safety of his instrument, Dr. E. says: “The parts applied to the head, being a kind of silken net-work, are in no danger of injuring the child.” And again: “The straps being so soft and yielding, and their adaptation to the head being so close, there is no danger of contusions or lacerations resulting from them. Even when the os uteri is but slightly dilated, the straps would be in no danger of injuring it.” However delicate the apparatus may

be, if sufficient force can be applied to it to move the head when "the patient has suffered the agonizing throes of labour, hour after hour, without progress," we should fear that serious injury *might* be done to the integuments of the head.

After having minutely described his instrument, Dr. E. observes, "these trials will also enable the operator to apply it before the os uteri is dilated larger than the size of a dollar." Does he mean by this to say that, in any possible contingency, he would advise his "extractor" to be applied, supposing it possible to be done, when the os uteri is dilated to an extent not larger than the size of a dollar? He would not, of course, think of applying it before he intended to make traction; and does he not then lead us to infer that the child's head may be drawn through the os uteri when it is no farther dilated?

Again, in referring to the cases where the instrument is applicable, our author says: "Cases requiring speedy delivery at any time, either before labour has commenced (for the os uteri, towards the full time, is always dilatable enough to allow of its application)," &c. &c., thus intimating that delivery is proper and practicable even before labour has begun.

We confess that the only cases in which it seems to us that this instrument might be advantageously applied are those in which labour has been prolonged from a *deficiency of uterine action*; but, even here, it presents less prospect of relief than the forceps, from the fact that much is often gained by the compression of the parietal bones, and their overlapping upon the application of the latter instrument, which would not be gained by the circular pressure produced by the "extractor."

Although every practitioner must acknowledge that cases do occasionally occur where manual assistance is imperatively demanded, yet we believe such cases are exceedingly rare. Most religiously do we coincide with the admonition of Churchill: "*That in no case is the forceps (or indeed any instrument) to be applied, until we are perfectly satisfied that the obstacle cannot be overcome by the natural powers, with safety to the mother and child.*"

Decided as have ever been our convictions upon the subject, they have gained additional strength by a perusal of the "Life, Writings, and Private Practice of the late Dr. Joseph Clarke," of Dublin, one of the most distinguished accoucheurs of the present age; who, in a practice of forty-five years, attended *three thousand eight hundred and seventy-eight births*—in which the forceps were used but

once, the *lever* once, and *craniotomy* was performed twelve times—and not a single death occurred from laborious or protracted labour!

Since this Report was prepared, your Chairman has received the following cases, in which Dr. Evans has employed this instrument.

“Since writing the paper that was published in the *Transactions* of the Association for last year, I have used the obstetrical extractor in seven additional cases of difficult labour. Its success has not only confirmed my confidence in the utility of the instrument, but, also, in its superiority over the forceps and all other means of applying extractive force in parturition that have heretofore been employed.

“I find, however, that its application is sometimes attended with difficulty in carrying the fingers of the instrument around the child’s head, when it is descended so as to be wedged in the pelvic excavation; but, by a little patient and careful manipulation, I have uniformly succeeded. The process of application is very much facilitated by lubricating the band and strap with a mucilage made by immersing fine soap in warm water, instead of oil, as previously recommended. At the superior strait its application is much more easily effected; in which case there can be no comparison between the extractor and the forceps, in reference to facility of application, efficiency of action, the range of adaptation, and the safety of both mother and child.

“In one case of long-protracted labour, on account of disproportion between the capacity of the pelvis and the size of the child’s head, in care of Dr. P. McGirr, of this city, I applied the extractor readily, but, owing to a rent in the band, it gave way, and I was obliged to deliver with the forceps. The mother and child both did well.

“In the second case, which occurred in the practice of Prof. Davis, the pelvis was much contracted, the head had engaged in the superior strait, and the application of the extractor was attended with considerable difficulty. When applied, it required much force to effect delivery. The child was still-born. About a year previously I delivered the same woman, with great difficulty, of a dead child, by means of the forceps.

“In the third case, in care of Dr. Simple, of this city, the woman had been in labour two days with her first child. The extractor was applied with facility, and delivery speedily effected with entire safety.

"The fourth case occurred in the practice of Prof. Herrick. The forehead presented behind the symphysis pubis, with the vertex resting against the sacro-vertebral angle. After unsuccessful efforts by Prof. H. and myself to bring the vertex down with the vectis, which we could readily apply, I passed the extractor around the head; the vertex was then readily drawn into the concavity of the sacrum, and delivery effected. The mother did well; as also did the child, excepting a contusion of the face over the malar bone, made by one finger of the instrument, which soon healed.

"The fifth case was one of simple protracted labour, in the care of a midwife. The instrument was readily applied, in presence of Dr. Wright, of Carlinville, in this State, and delivery speedily and safely effected.

"The sixth case was an athletic Scotch woman, aged thirty-three years, in labour twenty-four hours with her first child. The membranes had ruptured; the head, which was large, had not engaged in the superior strait, but the vertex rested upon the pubes. Upon attempting to apply the extractor, by first passing it up by the side of the child's head, I found it impossible to carry a finger of the instrument between the occiput of the child and the pubes of the mother. I therefore withdrew the instrument, readjusted and lubricated it, and, depressing the handles, carried the point of the fingers of the extractor up, between the vertex of the child and the pubes of the mother, when, without difficulty, the fingers of the instrument were carried in opposite directions around the child's head, until they met upon its face. The labour was very difficult and tedious, but by making strong traction upon the straps during each uterine contraction, delivery was effected in a little over an hour from the time of the complete adjustment of the instrument. The patient, during this time, was lying in bed, in the ordinary position for delivery in natural labours.

"The funis umbilicalis was found looped around the neck of the child, and it was asphyxiated. But by inflating the lungs, keeping it in a warm-bath, occasionally taking it out and immersing it in cold water for a moment, and returning it to the warm-bath again, and allowing the blood to flow from the cord a little, it revived. The child's face was somewhat contused, but not to do any serious injury. Both mother and child did well.

"This case showed important advantages of the extractor, in allowing the patient to lie in bed after it was applied, in its being so perfectly adapted to the head that the woman could lie at ease

during the absence of labour pains, and in the deliberation with which the labour could be allowed to go on, under the use of the instrument.

“The seventh case occurred in the practice of Dr. S., of this city. The woman had been in labour twelve hours when I was called. I found the umbilical cord in the vagina, cold and pulseless. The left arm was lying by the side of the head, with the hand also in the vagina, and the head resting in the right iliac fossa, with the vertex presenting. I introduced the extractor between the child's arm and head, and without difficulty carried the fingers of the instrument around the latter, so as to encircle it with the band, and fix it by the sliding ring upon the handles. Upon making traction upon the straps, the head readily descended, and delivery was soon effected. The mother did well. Had the instrument been applied before the cord ceased to pulsate, I have but little doubt the child might have been saved.”

Swathe.—In the *Boston Medical and Surgical Journal*, for May 1850, Wm. Ed. Coale, M. D., of Boston, has published a communication on the use of a swathe as an assistant to the efforts of parturition.

The objects of his swathe are “to direct more favourably the propulsive efforts of the uterus itself:”

To exert an additional force in overcoming the resistance of the soft parts:

To give a tonicity to the abdominal muscles, when this quality is wanting:

To supply a substitute for the inconvenient and but partially effective method of applying pressure by the hand at the small of the back, in order to relieve the excruciating pain felt in that region.

Dr. Coale suggests that a swathe, made in the following manner, should be employed: “Take a sheet and fold it lengthwise until it is about nine inches wide. Apply the middle of it, thus folded, to the small of the back; carry one of the halves forward over the fundus of the uterus, and so round the body; carry the other end, in like manner, over the body of the uterus. Draw them as tight as the patient will bear with comfort; being careful that they set smoothly and without wrinkles. Cross the ends over the middle part of the swathe at the small of the back, and twist them there. With a sheet of ordinary length and patient of ordinary size, the

ends thus left will be about a foot in length, and when twisted together will still be about eight inches, so as to afford a good hold for the hands. A woman of average strength can exert as much force as is necessary, in twisting these ends, without fatigue to herself."

Three cases are reported to illustrate its utility. It is evident that cases may occur, where, judgment being exercised as to its application, benefit may be derived.

The late Dr. Hildreth, of Boston, was in the habit of employing a swathe, of a similar character, with success.

Forceps.—Henry Bond, M. D., of Philadelphia, has communicated a paper to the *American Journal of the Medical Sciences*, for July 1850, entitled "Remarks on Obstetrical Forceps, with an attempt at their improvement."

Dr. Bond, having met with several cases where the forceps in use could not be locked, has attempted to overcome the difficulty by having them made of such a form as "to give their branches an accommodating rocking motion upon each other, the extent of which can be regulated at will, and which shall in no respect lower the power of the instrument." This is evidently a great desideratum, and Dr. B. has rendered an important service in constructing his instrument, and making it known.

Vectis.—In the same journal, for Oct. 1850, Dr. Bond has described a vectis for the removal of the globular pessary, when it has been long retained, and cannot be removed by the ordinary means without great difficulty.

Speculum.—The *New York Journal of Medicine*, for Jan. 1851, contains an interesting article on the use and abuse of the speculum, by Professor C. R. Gilman, of New York.

A valuable communication on the use of the speculum in the treatment of uterine diseases, which had been read before the St. Louis Medical Society, is furnished us in the *St. Louis Medical and Surgical Journal*, for Jan. and Feb. 1851, by M. M. Pallen, M. D., Professor of Obstetrics in the Medical Department of the St. Louis University.

This is worthy a perusal by all; and will be read with unusual interest by those of the profession who are familiar with the discussions upon this subject, which occurred during the last year,

among several of the most distinguished London practitioners. In this paper of Dr. P.'s, he states that at least seven-tenths of the cases of uterine diseases which come under his observation have been produced by inflammation and ulceration of the neck of the womb; and adds: "So common is this affection with married women, that when I am told by such a patient that she has leucorrhœal discharge, pain in the back, a sense of bearing down, or weight in the pelvis, pains in the hips, and occasionally pains radiating down the thighs, I am prepared to say that she has inflammation and ulceration of the neck of the womb; and seldom is my opinion incorrect, when a speculum examination is made to prove it."

Besides the direct advantages so generally acknowledged, derived from this employment of the speculum, Dr. P. considers that the negative evidence obtained by it is of great value, "as the negative evidence given by the stethoscope in cases of chlorosis, where we fear from the cough and the emaciation that there may be phthisis pulmonalis, is valuable in showing us no such complication exists."

OPERATIONS.

Lacerated Perineum.—Professor Horner, in the *American Journal of the Medical Sciences*, for Oct. 1850, has furnished us with some hints on the treatment of lacerated perineum from parturition.

In a case of lacerated perineum, from vulva to anus, in which the patient was made exceedingly miserable by a constant tendency to diarrhœa, much relief was afforded by making two flaps from the perineum and adjoining part of the vulva, the one on the right of the patient, and the other on the left; these flaps were then crossed, the free side of the right flap forming the upper part of the rectum, and the free side of the left the lower part of the vagina; and interrupted stitches along the rectum and along the vagina secured the approximation of the flaps, and the contiguity of their raw surfaces.

Polypus of the Uterus.—Boswell Bates, M. D., of Fort Covington, has reported in the *Northern Lancet*, for May 1850, a case of polypus of the uterus successfully removed by ligature.

Chronic Mammary Tumour.—The *Southern Medical and Sur-*

gical Journal, for Sept. 1850, contains a paper by James M. Gordon, M. D., of Lawrenceville, Ga., on the "Chronic Mammary Tumour; a case of development in each mammary gland, and their removal by an operation."

In his communication, the characteristics of the malignant and non-malignant diseases of the breast are pointed out; and the history and diagnostic marks of that variety of the non-malignant disease known as the *chronic mammary* tumour are particularly described. A case is introduced in which two tumours of this character were removed. "The most remarkable fact in the case," to use the words of the reporter, "was the development of a second tumour in the opposite breast, a year after the appearance of the first; a circumstance that has not been mentioned either by Mr. Travers, Sir Astley Cooper, or Dr. Warren, comprising those of the most extended observations, and who have written most extensively on the subject."

Fibrous Tumour in the Substance of the Uterus.—In the *American Journal of the Medical Sciences* for Jan. 1851, an interesting case of this disease, relieved by an operation, is reported by D. Gilbert, M. D., of Gettysburg, Pa., Professor of Surgery in the Medical Department of Pennsylvania College, Philadelphia.

In this case, a fibrous tumour, about fourteen inches in its long diameter, occupied the posterior wall of the uterus, imbedded in its substance. Ascertaining, by repeated examinations, that the tumour was increasing, Dr. G. determined to operate. He succeeded in bringing down the uterus by the aid of a large tenaculum—made an incision, but found the cellular tissue so condensed that it was manifest the tumour could not be removed in this way. He then made very free and large incisions into the tumour, with the expectation that the imperfectly organized mass would become atrophied by the discharges which must ensue from those incisions, since union by adhesion or granulation could not have taken place. Success beyond his most sanguine expectations followed this procedure; the tumour diminished in size, and he has not been called to prescribe in the case, or to pass the catheter during the last five years.

Ovariectomy.—The *Ohio Medical and Surgical Journal*, for Sept. 1850, furnishes us with a communication by Dr. P. J. Buckner, of Georgetown, Ohio, containing the report of two cases in which an ovary was removed, and a reference to a third. Two of the patients

recovered; in the third case, death occurred upon the sixth day after the operation. The Dr. concludes "that the removal of solid tumours is more frequently followed by a fatal result than the removal of encysted tumours. This may be owing to the fact that the pedicles of fibrous tumours, as a general thing, are larger and more vascular than the encysted, and, consequently, greater injury is done the peritoneum; hence their greater fatality. If observation should prove this conclusion to be correct, it will be an important fact to guide us in the solution of cases most favourable for operation."

A case of ovarian dropsy, removal of sac, and fatal termination, is communicated in the *Medical Examiner*, for Nov. 1850, by Dr. A. H. Grimshaw, of Wilmington, Delaware.

Two years previous to the operation being performed in this case, the patient entered the Almshouse of Wilmington. Her abdomen was very much distended with fluid, and she was very feeble. She was then tapped; her health became much improved; she left the house, and did not return for several months. During the eighteen months previous to her death, she was tapped eight times; at each tapping, about five gallons and a half of fluid were drawn off. At her request, an operation was finally agreed upon, and the left ovary was removed. She lost a large quantity of blood; the operation was performed at noon; she died at 5 P. M.

The post-mortem exhibited about four ounces of blood in the cavity of the peritoneum, mixed with some of the fluid of the sac.

In the "Transactions of the New York State Medical Society," Dr. Alden March, of Albany, has reported an account of an operation for the removal of an ovarian tumour.

In this case, a woman, forty-nine years of age, who had had five children, exhibited an abdominal tumour which had existed three or more years. She complained of neither pain nor soreness; great inconvenience from size alone troubled her; she could not sleep in the horizontal position. The tumour was almost loose in the abdomen, and was found to be an ovary dilated into a large sac, which was attached to the uterus only by the broad ligament and Fallopian tube, which, when twisted upon itself, or gathered together, was not larger than the little finger. The sac, when distended with fluid, weighed eighteen pounds.

On the thirty-fourth day after the operation, the patient was able to make a journey of over one hundred miles in one day.

Dr. David Prince, of St. Louis, Missouri, describes a case, in the *American Journal of Medical Sciences*, for July 1850, of a solid

ovarian tumour, extending from pubis to right hypochondrium, cured by incision followed by suppuration.

In this case, an incision was made into the substance of the tumour, and a portion removed. The wound was kept open by a tent; great suppuration followed; and the tumour was entirely removed by the discharge. In sixteen months after the operation, the patient was delivered of a healthy child.

The *Stethoscope*, for Feb. 1851, contains a case of ovarian and peritoneal dropsy. Paracentesis during a period of eight months and a half; attempted extirpation; failure; death. By James Bolton, M. D.

This appears to have been a very unfavourable case for an operation. As long as nine months previous to the operation, there was great general debility; the abdomen was much enlarged, with distinct fluctuation, and tumours were felt in both iliac and pubic regions. Just previous to the operation being attempted, the patient complained of distressing pains in the right lumbar and hypochondriac regions, which were filled by a firm tumour. She was in a cachectic condition, and had been becoming so for the month previous.

At the urgent request of his patient and her friends, assisted by several of his medical friends, Dr. B. attempted to extirpate the tumours, as follows. We use his language: "Incision in course of linea alba, commencing two and a half inches above umbilicus, passing on right of it nearly to symphysis pubis; considerable thickness of adipose tissue; peritoneum much engorged and thickened; on opening this membrane, a large quantity of fluid gushed out; intestines extremely flaccid, tumours occupying both iliac regions, pubic, both lumbar, and extending into hypochondriac; extensive adhesions to walls of abdomen and intestines; pelvis filled with tumours; cauliflower excrescence on apex of right tumour. Operation abandoned; wound closed with interrupted sutures and adhesive plaster; strips of linen soaked in collodion laid over all, and well sealed at edges with collodion to exclude air. Patient died twenty-third day from the operation.

The *American Journal of the Medical Sciences*, for April 1851, contains an extremely interesting case of double ovarian dropsy, both ovaries successfully removed by the large peritoneal section. By Professor Peaslee, of the Medical School of Maine.

This is an elaborate and very valuable communication, and will

undoubtedly receive the notice it deserves from your Committee on Surgery.

C. F. Winslow, M. D., of Nantucket, has described, in the *Boston Medical and Surgical Journal* for Feb. 1851, a case of encysted tumour of the left ovarium.

In this case, *seventy-two* pounds, by weight, of gelatinous fluid were pumped from the abdomen, with great relief to the patient. The abdomen gradually enlarging again, at the expiration of several months, a second operation was performed, at which *thirty-five* pounds of the same kind of fluid were removed. At the *post-mortem*, which was performed six weeks after the second operation, the left ovarium was found to have been enormously distended, and weighed seventeen pounds.

Cæsarian Section.—The *New Orleans Medical and Surgical Journal*, for Nov. 1850, contains a case of this operation successfully performed by Dr. Thos. Cottman. In this instance, there was an exostosis of the sacrum. An incision having been made along the linea alba, an opening, sufficiently large to introduce two fingers of the left hand, was made through the peritoneum. The uterus was then laid open, and the child seized by the feet and delivered; the hand was then introduced into the uterus, and the placenta and membranes removed. This was done in less than two minutes. The wound healed by the first intention. "The child, minus the parietal bones and brain, weighed twelve pounds." On the twelfth day after the operation, the patient was able to sit up, and in three weeks was going about as usual.

John Travis, M. D., of Mansfield, Tenn., has reported a case also, in the *Medical Examiner* for Sept. 1850, which we quote *verbatim*:—

"The Cæsarian operation is a rare one, and, when performed, it has generally proved unsuccessful, more so in Europe than in America. In the year 1841, I was called to a lady, aged twenty-eight years, who was in labour with her third child, which could not be delivered in the ordinary way, on account of malformation of the fœtus. I performed the operation in the usual manner, and the mother and child are both living. The mode of operation is so well described by authors, and so generally understood by physicians, that a description here is deemed unnecessary. The case is briefly reported to show that it was successful."

The above is the entire history of a case of Cæsarian section, and

one which was unnecessary, inasmuch as the patient had had two children, and no deformity of the pelvis is spoken of. The remarks of the editor of the journal in which this case appears—in which he cites Cazeaux, Meigs, Ramsbotham, Velpeau, and Gooch, to show that the operation is never justifiable, except in extreme cases; and adds his decided approval of their opinions—are of much greater value than the case itself. Most heartily do we concur with him in the following remarks: “We are compelled, both on the ground of humanity and scientific surgery, to enter our protest against this operation as unwarrantable, and our caution lest others should go and do likewise.”

A successful case of Cæsarian section is reported, by H. M. Jeter, M. D., of Buena Vista, Ga., in the *Southern Medical and Surgical Journal* for March 1851.

Dr. J. tells us that the back of the child presented in this case; and he was enabled so far to turn as to cause the breech to present. After two hours of very hard labour, he brought down the feet. The child being unusually large, he could deliver it no further; nor could he pass the perforator up to its head, to open it. The fœtus was then eviscerated, with the view of passing the instrument up within the cavity of the fœtal thorax to the base of its cranium. Not able to accomplish his object, Dr. J. determined upon *embryotomy*; but, after occupying two hours in dissecting the fœtus, the woman failed so rapidly, that he thought she could survive but a few moments longer; and, as a dernier resort, decided to perform the Cæsarian section. Having made an incision through the peritoneum, the uterus was found to be ruptured, and the head of the child, which was hydrocephalic, in the abdominal cavity; the placenta, also, was out of the uterus, and a large quantity of coagulated blood was observed in the cavity of the abdomen. The blood was carefully removed, the wound closed by the interrupted suture and adhesive straps, and stimulants administered. The patient remained comfortable during the night and the following day, until the evening, when she was attacked “with violent vomiting, which continued, with intermissions of not more than half an hour,” for eleven hours; after which, for the next twenty-four hours, she had occasional returns of vomiting. Her symptoms were quite grave for a few days, after which she gradually convalesced; on the eighteenth day after the operation, the wound was entirely healed; and, on the twenty-ninth, Dr. J. found her sitting up, “directing the domestic affairs of her family.”

Excision of the Uterus.—In the *American Journal of the Medical Sciences* for Oct. 1850, Professor Paul F. Eve, of Georgia, has published an account of a most interesting case of excision of the uterus.

The entire uterus was removed *in situ*, having very extensive encephaloid disease. The patient recovered rapidly from the operation; and, in two months afterward, rode “eleven miles on a loaded lumber wagon. She became œdematous (ascites also), but had no hemorrhage, neither protrusion of the disease from the os externum.” She lived three months and a week after the operation.

Occlusion of the Vagina.—During the past year, J. Mason Warren, M. D., of Boston, read to the Boston Society for Medical Improvement an account of three cases of occlusion of the vagina, accompanied by retention of the catamenia, which were relieved by an operation. A detailed history of these cases, which are of great interest, will be published in the July number of the *American Journal of the Medical Sciences*. A brief reference to them may not be considered premature.

Two of these cases followed labour after instruments had been applied; the third case was congenital.

In the first case, after a labour of four days, the patient was delivered of a dead child; severe inflammation followed, attended with sloughing of a portion of the vesico-vaginal septum, so that the remains of the bladder, falling down, became adherent to the posterior wall of the vagina, and obliterated the passage. The urethra, also, in part, sloughed. The catamenia had been retained since her confinement a year—causing constant and intense suffering, which was relieved only by narcotics in large doses. On passing the forefinger into the urethra, a hard and slightly elastic tumour could be felt about two inches from the external orifice, pressing backwards, and partially obstructing the breech. The other hand, being placed on the abdomen, distinguished a large globular mass, rising above the brim of the pelvis; pressure on which communicated a distinct impulse to the finger in the rectum. The tumour felt was decided to be the uterus and upper part of the vagina distended by the menstrual fluid. A dissection was carried up between the rectum and vagina, and a trocar plunged into the tumour, when about a pint of thick tarry-looking fluid passed out. During the twenty-four hours succeeding the operation, it was estimated that

at least two quarts of fluid were evacuated. Four weeks after the operation her catamenia appeared, and her health became gradually established.

In the second case, after a tedious labour, great inflammation occurred, and the vagina became obliterated. Dr. W. saw her in February 1850, six months after her labour; during which period she had suffered exceedingly from local distress, and much constitutional disturbance. Upon making an examination, the vagina was found to be entirely closed. At the lower part of the vulva, a small orifice was discovered large enough to admit a probe, which could be passed up about three inches in the direction of the uterus. No abdominal or rectal tumour could be felt. Passing a bougie into the fistulous opening, and afterwards distending the canal by the finger, and thus separating the adherent parts, a free opening was made of about three and a half or four inches, a septum preventing any further progress. Having attempted to dilate these parts, by the application of sponge, for several months ineffectually, the patient again applied to Dr. W., who, upon examination by the rectum, discovered, about two inches from the anus, a hard tumour, destitute of fluctuation. Not doubting that this tumour was the uterus or vagina distended with menstrual fluid, Dr. Warren dissected to the tumour, and punctured it obliquely backward; a free discharge of fluid, similar in its character to that in the above case, followed, with great relief. She left the city in three weeks from the operation, well.

The third case occurred in a young lady seventeen years of age. She had suffered for two years with the usual symptoms preceding a menstrual period. Her physician ascertained that her vagina was completely imperforate, and applied to Dr. W. for advice; who, upon separating the labia, found the vagina perfectly closed. An examination by the rectum detected a tumour two inches from the anus, pressing backward against the spine, solid, and inelastic. Just above the pubis, a hard projection was felt; pressure upon either of these swellings caused a movement of the tumour in the rectum, and was attended with much suffering. An incision was made transversely across the mucous membrane of the lower part of the vagina. This disclosed muscular fibres, which, being carefully divided, through the aperture thus made, a delicate membrane of a dark colour protruded. Through an aperture made into this portion of the vagina, a quantity of menstrual fluid flowed. She rapidly recovered.

P. C. Spencer, M. D., of Petersburg, Va., has reported, in the *Stethoscope* for April 1851, a case of occlusion of the vagina successfully operated upon.

In this case, a woman twenty-five years of age, who had not menstruated since the birth of a child eight years previously, applied to Dr. S. for relief. Upon examination, he observed a firm cicatrix within the labia, which involved and obliterated the nymphæ, and occupied the place of the normal vagina. This cicatrix was firm and unyielding, and seriously deformed the parts, by the contraction it had produced. This cicatrix Dr. S. removed by making an incision on each side; the mass measured two inches in width, and two and a half inches in depth. The catamenia returned at the next menstrual period, and, within the year after the operation, patient gave birth to an immature infant.

George Hayward, M. D., lately Professor of Surgery in the Harvard Medical School, and one of the Surgeons of the Massachusetts General Hospital, has published, in the *Boston Medical and Surgical Journal* for April 1851, an elaborate and interesting paper upon vesico-vaginal fistula, in which he gives a detailed history of nine cases upon which he has operated. As the results of the experience, upon this subject, of one of the most distinguished surgeons of New England, this paper is particularly valuable.

Obstetrical Statistics.—The *American Journal of the Medical Sciences*, for Oct. 1850, contains "Statistics of the Boston Lying-in Hospital," by D. Humphreys Storer, M. D., of Boston.

This paper is what it purports to be, a mere statistical table; still, as much time and labour were expended upon its preparation, and as a few points were deserving of a passing notice, your committee trust they will be excused in referring to it.

It is generally acknowledged to be quite rare for a woman to menstruate even to the *seventh month* of her pregnancy—although we are aware cases are recorded where, during the entire pregnancy, menstruation has occurred. In the table we are considering, one woman, in her eighth pregnancy, menstruated through the whole period—and another woman, who had been pregnant sixteen times, menstruated regularly during the entire period of her pregnancies.

The *weight* of the children is here shown to be less than that observed by Dr. Metcalf in a communication in a previous volume of this journal, and also than that referred to in a former communication of Dr. Storer in the *New England Quarterly Journal of Medi-*

cine and Surgery, which he attributed to the fact that the children spoken of in these papers had American mothers, whereas the vast majority of the mothers of the children born at the hospital were foreigners, mostly Irish.

The *length of the funis* and the *weight of the placenta* have received more attention than is generally bestowed upon them in similar tables.

As far as so small a number of cases weigh anything, less importance should be attached to the *insertion of the funis*, in a medico-legal point of view, than is generally supposed to exist. "In 387 cases in which it was observed, it was inserted in the centre of the child's body 197 times. In the remaining 190, it varied from one-quarter of an inch to, in one instance, two inches from the middle point."

We pass over the remainder of this paper, trusting, however, that our brethren may find it of some practical value. We are aware that it is only by extended tables that the most accurate information can be obtained, but, at the same time, feel that the labour of each individual can avail something.

In the *Buffalo Medical Journal* for Jan. 1851, Dr. P. O. Williams, of Gouverneur, N. Y., has published statistical tables of 216 cases of midwifery.

Several of the results, mentioned in this paper, differ widely from those arrived at in the table above referred to, and require a passing notice.

A male child is here spoken of as weighing $14\frac{3}{4}$ pounds, and a female child weighing $13\frac{1}{2}$ pounds. Surprised at the great size here given, the chairman of your committee wrote to Dr. Williams, immediately after his communication appeared, asking him if the children he had registered were weighed before or after they were dressed. In answer to these inquiries, Dr. W. writes that, after being weighed, the envelops were deducted from the entire weight, or, in other words, that the weight of the *undressed children* was given—and adds, in his letter, "Mrs. Peter Lapine, a French woman of the town of Alexandria, Jefferson County, was delivered of a child weighing $15\frac{1}{8}$ pounds. In consultation with another physician, we found it necessary to perform the operation of craniotomy (the child was dead before the operation from a blow received by the mother); after turning, she was delivered, and it weighed as above stated. The woman (to use her own expression) "danced a jig three

weeks after delivery." We are aware that Beck, in his *Medical Jurisprudence*, has cited several cases of uncommon weight; but still it is surprising that, in 216 cases, two such children should have occurred as have been referred to. In conversation with several medical gentlemen in Boston, whose midwifery practice has been very extensive, we have not been able to learn that any of them have ever seen a child which weighed at its birth 14 pounds, or ever heard, from a *reliable source*, of a child being born there which weighed that amount. Dr. Channing, whose position, as Professor of Midwifery in Harvard University, for the last thirty years has afforded him unusual facilities for becoming acquainted with a vast number of cases, assures us that the largest infant he ever saw weighed, at its birth, $13\frac{3}{4}$ pounds. Drs. Hayward and Ware saw a child which weighed $13\frac{1}{2}$ pounds. Dr. Bigelow and the chairman of your committee saw another weighing 13 pounds.

The whole number of *face presentations* contained in Dr. W.'s table is 20. As in 23,050 cases cited by Churchill, from Bland, Merriman, Granville, Cusack, Maunsell, and Collins, this presentation occurred but once in 320 cases, and as in the practice of most physicians it is rare, the occurrence of ten cases in a hundred must be considered remarkable.

In his 216 cases, Dr. Williams met with three cases of placenta prævia. Dr. Storer's table contains but 1 case in 425.

Dr. W. met with three cases of retained placenta. The average frequency is 1 in about 661 cases, according to Churchill. In answer to inquiries made by your chairman of Dr. W., respecting his cases of "retained placenta," he writes him, that one of his cases was an *adherent placenta*, which was removed with considerable difficulty.

The results exhibited by the sets of tables here presented to the Association show how important it is that such records should be kept, and how extensive they should be, to have drawn from them any practical results.

Professor Wm. P. Johnston, of Washington, presents us with a report of a male child, measuring $25\frac{1}{2}$ inches in length, and weighing exactly *twenty pounds*, in the *American Journal of the Medical Sciences* for April 1851.

Great difficulty was experienced in the delivery, and the child was still. The mother convalesced without interruption.

A single subject remains unnoticed—*Demonstrative Midwifery*.

It is unnecessary that your committee should give a detailed account of the course pursued by the Professor of Midwifery of the University of Buffalo, more than a year since, to instruct his class in this department.

The medical journals throughout the country, with very few exceptions, have referred to the subject, and several of them have reviewed the whole matter in a very able manner: among these, should be mentioned the *Buffalo Journal*, July 1850; the *American Journal of the Medical Sciences*, Oct. 1850; the *Charleston Medical Journal*, Nov. 1850; and the *Western Journal of Medicine and Surgery*, June 1850.

And, however desirous your committee may have felt to express their views upon a subject of so much interest, the fact that its consideration was referred, by a vote of this Association, to another committee, reminded them that their opinion was not only not asked for, but cannot be desired.

It will be noticed, by the members of the Association, that the Diseases of Children have not been touched upon. As this subject was not referred to in either of the Reports on "Obstetrics," published in your *Transactions*, the chairman of your committee for the present year has taken it for granted that the duty would not be expected of him.

