

An attempt to prove, on rational principles, that the term of human pregnancy may be considerably extended beyond nine calendar months : comprising the substance of evidence given in the Gardner peerage cause, before the House of Lords, July 4, 1825 / by John Power.

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AN

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ATTEMPT

PROVE, ON RATIONAL PRINCIPLES,

THAT THE

Term of Human Pregnancy

MAY BE

CONSIDERABLY EXTENDED BEYOND NINE CALENDAR MONTHS.

COMPRISING

THE SUBSTANCE OF EVIDENCE

GIVEN IN

THE GARDNER PEERAGE CAUSE,

BEFORE THE

HOUSE OF LORDS, JULY 4, 1825.

BY JOHN POWER, M. D.

PHYSICIAN-ACCOCHEUR TO THE NEW WESTMINSTER LYING-IN CHARITY,
AND TO THE DORCAS SOCIETY; MEMBER OF THE ROYAL SOCIETY
OF EDINBURGH, AND LECTURER ON MIDWIFERY AND
THE DISEASES OF WOMEN AND CHILDREN,
&c. &c. &c.

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ATTEMPT

TO PROVE ON RATIONAL PRINCIPLES

THE

MAY BE

CONSIDERABLY EXTENDED BEYOND THE CALENDAR MONTHS

THE SUBSTANCE OF EVIDENCE

THE GARDNER PERVERSION CAUSE

HOUSE OF LORDS, JULY 4, 1830

BY JOHN POWER, M.D.

London:

PRINTED FOR JOHN TAPSCOTT,

1830

P R E F A C E.

THE Author, in giving evidence before the House of Lords, respecting the limits of human utero-gestation, was led to state that, in his opinion, its period admitted of an extension beyond what was generally regarded as the ordinary term; viz. nine calendar months: an opinion grounded, as he remarked, not only upon cases that had fallen under his observation, but also upon what appeared to him a rational theory, which he had long entertained with respect to the point in question. Their Lordships were pleased, in consequence, to direct him to explain the nature of that theory.

In complying with this requisition, the difficulties he had to contend with must be obvious, whether they be regarded as arising from the peculiar and obscure nature of the subject; the necessity of conveying his sentiments in a brief and intelligible manner, divested, as far as possible, of technicalities; or the want of preparation on his part, in being called

upon to make depositions of such a character before such an audience.

How far he succeeded in informing their Lordships, with respect to the theory in question, he is at a loss to determine; he is conscious, however, he could not have done that justice to the subject which its importance, in a physiological point of view, or as the basis of an interesting branch of medical jurisprudence, required; and, under this impression, he is induced to attempt, in the present pages, to define more accurately the doctrines he then advocated. This he deems not only a measure of justice due to himself, but to medical science at large; while at the same time it may lead their Lordships to a clearer comprehension of the interesting subject under their consideration; a subject which not only involves the rights of an individual, but with respect to which their decision is likely to establish a most important precedent in the laws of this country.

An admission of the theory in question would, without doubt, exert an important influence over the case before their Lordships, as enabling them to come to their decision upon satisfactory grounds—viz. rational principle; by which their Lordships, in this particular instance, will most probably be governed; the evidence of cases detailed by professional

men, as involving the hearsay information derived from their patients, and which is, consequently, regarded with so much doubt and suspicion, would then become points of secondary importance, or be considered only as fair illustrations, or corroborative facts.

Before concluding his prefatory matter, the Author begs to remark, that the present pages are, in great measure, extracted from a larger work, not long since published,* and which he has reason to believe is not wholly unknown to a considerable portion of the medical world.

* A Treatise on Midwifery, developing new Principles, which tend materially to lessen the Sufferings of the Patient, and shorten the duration of Labour, &c. &c. Second Edition. Simpkin and Marshall, 1823.

AN ATTEMPT,

&c. &c.

CHAP. I.

PRELIMINARY OBSERVATIONS.

ALTHOUGH the operations of nature admit, universally, of being referred to determinate laws, yet we are not warranted in inferring that the results of these laws are always the same. It is only so long as the circumstances under which their operation is elicited are similar that the effects will be uniform. Thus, if the ordinary food be taken into the stomach at an unusual time, the process of digestion is either suspended or imperfectly performed.

By such argument we may be brought to conceive that the growth of a child in the womb may be retarded, dentition protracted, the period of puberty delayed, and the natural causes of death anticipated or postponed. Is it unreasonable to presume that the natural time of labour may also be deferred?

Some, however, contend, that the time re-

quired for completing the generative process in many animals, evinces such an uniformity, as to prove it exempt from irregularity. This assumption, however, is founded upon error; since, on close investigation, it will be found that no animal necessarily observes a determinate period in perfecting its young. At the same time it may be remarked, that the habitudes and circumstances of those which evince the greatest regularity, are such as admit of little deviation.

In oviparous animals, for instance, as in birds, the necessary nutriment, and other principles of support, being previously enclosed within the egg, the only external circumstances by which the evolution of the young can be influenced, or which admit of variation, are air and warmth; if these be supplied in proper quantity, the evolution proceeds with precise regularity; if they are denied, it is more or less suspended; hence the process of incubation in these animals, which are generally thought to afford the strongest instances of regularity, admits of being protracted.

Another corroborative fact is, that if a hen is made to sit upon a number of eggs that have been laid in daily succession, the one last extruded will be the first hatched.

Those animals which are termed viviparous

or who mature their young in a womb, admit of considerable differences in the period of parturition; the reason of this is, that the supplies of nutriment, and the principle of detachment depend upon many circumstances connected with the vital powers of the mother, or which are external to the systems of herself or her young.

That parturition admits of being delayed with respect to the inferior viviparous animals, is well known to those who are conversant with them. Common observation has shown that the domestic ones, which come more particularly under man's superintendence, as the mare, the cow, and sheep, are very frequently the subjects of such irregularity; and with respect to the cow, it has been remarked, that the more calves she has had, the longer she exceeds the customary period; a fact readily explicable upon the theory which will presently be advanced, as depending upon the greater relaxation of the sides of the belly of the animal, produced by previous, or repeated, distention.

The difficulty of ascertaining the limits of human gestation is aggravated by a variety of circumstances; for instance, it is seldom possible to determine the exact time of conception, since we are acquainted with no unequivocal symp-

toms indicative of it;* again, it is well known to those who are conversant with the practice of midwifery, that labour, after it has actually commenced, may be suspended by slight causes, as agitation or depression of mind; nay, even when it has made considerable progress, it may from various sources of difficulty, be protracted two, three, or more days, and occasionally as many weeks; the birth of the child would hence be proportionately deferred.

It seem fair, therefore, to infer that human gestation admits of being postponed beyond the ordinary period of nine calendar months. It would, however, be an important corroboration, if a happy physiological explanation could be advanced relative to the nature and action of the causes which give rise to such protraction. The probability is, that this explanation would be found, in an investigation of the causes which excite labour at the natural period, since it is evident that any interference in the action, or application of such causes will necessarily tend to derange the functions to which they appertain; it is to the

*“*Conceptio eorum qui post undecimum mensem editi sunt videtur latuisse. Illorum enim conceptus ignorant mulieres. Flatibus enim uteri sæpenumero occupati, postea coeundo gravidæ factæ, illud arbitrantur initium fuisse conceptionis, quod ex indiciis usitatis cognovissent.*”

Aristot. Hist. Anim. Lib. vii. c. 4.

investigation of these points that the remaining pages of the present essay will be directed, and with respect to them it may be remarked, that the theory which will be offered in explanation, is not grounded upon an imaginary principle, but upon facts observable in the generative economy, and therefore if the inferences from those facts are consistent, it may be regarded as a *rational theory*; and farther, if this be supported by fair analogy, and satisfactory cases, it must be admitted as a *demonstrated theory*, and accordant with strict physiological truth.

CHAP. II.

CERTAIN FACTS OBSERVABLE IN THE STRUCTURE OF THE UNIMPREGNATED AND IMPREGNATED WOMB.

THE womb, before impregnation, is situated in a cavity surrounded by a circle, or chain of bones, named the pelvis. It somewhat in form resembles a pear; but may, with more advantage to the intelligence of our argument, be compared to a wine flask, consisting like this vessel, of a body, an open mouth, and a neck, with a channel passing through the

latter, and leading from the mouth to a cavity situated within the body.

After impregnation, the womb progressively enlarges, so as to rise from out of the pelvis, and reach the pit of the stomach; at the same time it becomes more oval in its shape, now resembling an egg, the narrower end of which is turned downward, while the broader one lies in proximity with the stomach.

An important change also takes place in the *neck* of the womb; during the latter part of pregnancy it begins gradually to lessen, and at length entirely disappears, so that, just before labour comes on, the *body* and *mouth* alone remain, the latter being situated at the lower and narrower end of the oval.

The sides of the pregnant womb comprise a great number of fibres, which are capable of exerting all the properties of muscles, so as to fall occasionally into powerful muscular contraction. These fibres, however, are comparatively few, or wanting, near the mouth of the womb, the parts adjoining which are of a membranous, elastic, and dilatable structure—hence it would appear that the latter part of the womb, instead of contracting, is intended to dilate. Just before labour takes place, the size of the womb apparently *diminishes*; if its broader end has previously lain against the pit of the stomach, it now sinks down mid-

way between it and the navel. The body of the womb is found more compact; the motions of the child are restrained; and the woman knows from experience that labour is about to come on.

This diminution of bulk arises from the muscular fibres taking on a preparatory kind of contraction, and which being unconnected with pain, or any sensible feeling, may be named “the insensible contraction;” or, as being of a permanent nature, the “permanent contraction” of the womb; these terms will serve to distinguish it from the more powerful contractions, which afterwards come on by fits or paroxysms, accompanied by pain or considerable sensation, and constitute the *labour-pains*.

To explain this important phenomenon more fully it may be observed, that the gravid womb, however large it may become, is never full of its contents except when it is actually contracting under a labour-pain; on the contrary, until the insensible contraction comes on, its sides lie loosely around the contents like a bladder only three parts full of water. After the insensible contraction has taken place, this flaccidity more or less diminishes, so that the womb may now, not unaptly, be compared to a bladder nearly, but not quite full of water; hence arises the

lessening of its volume and greater compactness. Occasionally the insensible contraction is sufficiently forcible to open, to a degree, the mouth of the womb in the same way as the true labour-pains do, or to rupture the bag of membranes, by which the child is more immediately enveloped.

Another interesting fact remains to be detailed—the peculiar supply of nerves to the mouth of the womb.

The main trunk of the nerve (*hypogastric*) which chiefly supplies the womb, divides into two branches, one of which is expended upon the bladder and rectum; the other passes on to the womb, on approaching which, it spreads itself out like the expanded sticks of a fan, some of the branches of which pass obliquely upwards towards the upper or broad end of the body of the womb; the less oblique, or horizontal ones, pass directly to the lower parts of the body, and the *mouth* of the womb; while the remaining ones run obliquely downward towards the more external parts; the greatest crowd or number of branches, however, go to the *mouth of the womb*.*

* See Dr. Hunter and Baillie's description of the Gravid Uterus.

CHAP. III.

ON LABOUR AND ITS CAUSES.

SECTION I. *On the nature of Labour.*

AT the end of *about* forty weeks from conception, when the child is sufficiently matured to be able to live independently of the mother's system, labour takes place.

The muscular fibres of the womb now fall into powerful contraction, and press the child, and its other contents, forcibly downward in the direction of the mouth of the womb, in consequence of which that part is opened, or dilated, and the child eventually expelled.

This dilating and expelling action comes on by fits or paroxysms, which repeat every few minutes until the child is born, and which, being universally accompanied by pain or excessive sensation, constitute the "labour-pains."

SECTION II. *On the exciting cause of Labour ;
comprising the Theory of Orificial Irritation.*

THE contractions of the womb, which constitute labour, are excited in consequence of the mouth of the organ being irritated by its contents, and in much the same way as sneezing is occasioned by the irritation of snuff applied to the nose.

It has been shown (p. 13) that the mouth of the womb is supplied with a greater number of nerves than any other part of the organ, and it is an undeniable physiological inference, that it must possess a proportionate, high state of sensibility, or irritability. Now, as nature has done nothing in vain, it may fairly be concluded, that some intention is answered by this peculiar structure of the mouth of the womb. It is intended to prove that it becomes the means of exciting labour at its due and appointed season.

This view is remarkably confirmed by the great care which has been taken to prevent labour from coming on until the child is perfected, by the previous interposition of a barrier between the mouth of the womb and its contents, so as to prevent the latter from entering into contact with, and *irritating* the

former. This barrier is the *neck* of the womb, which it has been seen, (p. 11) continues unobliterated until just before labour takes place; unless this provision had been made, labour would come on prematurely, and the grand object of generation be defeated. The beautiful simplicity of the contrivance, and the gradual and undeviating manner in which it is done away with to admit of labour taking place, afford a most remarkable instance of the providence and wisdom of the Creator.

It appears, therefore, that at the end of gestation, the neck of the womb having disappeared, its contents come into contact with the sensible mouth and stimulate it; an action is in this way excited, that is then by sympathy communicated to the muscular fibres of the womb, which in consequence fall into powerful contraction and expel the child. In a similar manner, in the fore-mentioned analogy of sneezing, the irritation of snuff upon the sensible membrane of the nose, excites, by sympathy, violent contractions of the muscles concerned in respiration, with a view of removing, or expelling the irritating cause, which had primarily excited the sneeze.

Another circumstance must, however, be taken into account in this excitement of labour.

The mere apposition of the contents of the

womb against its mouth, is not alone sufficient to produce labour; they must be applied to, or pressed against the part, with more force than the power of gravitation, or accidental contact, alone can supply. This additional pressure is given by the insensible or permanent contraction before described, and which, according to its energy, will more or less increase the impulse upon the mouth of the womb. If this insensible contraction be wanting, or slight, notwithstanding the neck of the womb be fully obliterated, *labour will be delayed.*

SECTION III. *The Theory of Orificial Irritation strengthened by analogy.*

The principle of orificial irritation is applicable to a variety of other functions, besides parturition, so as to admit of a strong confirmation by analogy.

Every organ of the body is excited into its proper actions by the means of a stimulus—the eye by the irritation of light; the ear by the impulse of sound; the heart by the stimulus of blood; and the organs which remove excrementitious matters, as the bladder and rectum, by the irritation of their contents.

The manner in which the exciting stimulus produces the proper expulsive action of the

latter organs, will be found highly illustrative of the theory of orificial irritation, as applicable to labour.

The urinary and fæcal receptacles (the bladder and rectum) consist of muscular bags, the contents of which require to be retained for a time, and then expelled: the expelling structure, and the principle of action, of both these organs are precisely the same as have been described with respect to the womb. They are also, like the latter, furnished with barriers, named sphincters, to prevent them from discharging their contents prematurely, or until a proper accumulation has taken place: nor do these sphincters act as barriers only, they are also highly nervous and sensible; so as, like the mouth of the womb, to be admirably adapted to form the media, through which the expelling actions of the organs to which they appertain are called forth; and, what is remarkable, they are supplied with nerves from the very same common trunk as supplies the mouth of the womb itself.

Many facts concur to prove that these sphincters are actually the means of communicating excitement to the expelling muscles: in short, the expelling action may be produced by artificially stimulating them. As respects the organ of fæcal evacuation,

this fact is practically well known to medical men and nurses; and the phenomena accompanying calculus in the bladder, and diseases of the urethra, appear to prove that it is also applicable to the urinary organ.*

SECTION IV. *The Theory of Orificial Irritation confirmed by Facts and Practical Observations.*

It is a strong confirmation of the truth of this doctrine, that labour comes on soon after the contents of the womb, in consequence of the obliteration of the neck, are admitted into contact with the orifice: if the due pressure of insensible contraction be now superadded, labour immediately commences.

Another confirmation is, that labour may be excited at an earlier period than natural by an adventitious stimulation of the mouth of the womb. The possibility of influencing the actions of the womb in this way was known to the ancient as well as the more modern writers on midwifery, and used by them practically to promote labour.† That it admits

* The *medical* reader will find this subject more fully pursued in the Author's Treatise on Midwifery.

† "At constitit observatis, posse accelerari partum naturalem, dum digitis leniter, en sœnsim, diducitur osuteri—hoc methodo

of practical utility, is proved by the following case.

“Mrs. H—— was taken in labour with her first child in November, 1822: for many hours she made a very slow progress, the pains being slight and few. Having reason to consider the protraction an effect of deficient irritation of the mouth of the womb, in consequence of the latter being obliquely situated, (see chap. iv. sect. 4,) I determined to stimulate it with my finger, in hopes of thus exciting a more powerful irritation. This immediately occasioned an energetic expulsive action; so that within two hours from commencing the treatment, the child was born.”

By combining the above treatment with other means for promoting more energetic insensible contraction, a most important, happy, and effectual controul may be acquired over the actions of labour: of this the following case is an instance.

“Mrs. H—— was taken with an excessive flooding, so that nearly two quarts of blood were stated to have been lost almost instantaneously. On the second day afterward she lost, at one gush, nearly a quart of blood. Before my arrival the flooding had ceased,

—*excitantur dolores partûs, vel augentur, si jam adsint*—
 “*prudenti irritatione oris uteri incitatur uterus ut contenta suo cavo expellat.*”—*Van Swieten, Com. SS. 1308 et 1316.*

and no symptom indicative of labour could be detected; the patient was, however, in the last stage of pregnancy. Considering the case as most critical, I determined to attempt to excite labour, and, with this view, commenced a vigorous friction on the abdomen with one hand, while with the index finger of the other I stimulated the mouth of the womb. In less than five minutes I perceived the womb contracting firmly; after this, by continuing the treatment, the labour proceeded in the most regular and satisfactory manner; so that *before the expiration of one hour* from my entering the room the child was *born!* The patient recovered in the most favourable manner.”*

Another proof of the correctness of the theory is, that a deficiency of orificial irritation is followed by a deficiency or suspension of labour; so that this important function may either be weakened or deferred in consequence. This, however, which it is the chief object of the present essay to establish, must be the subject of an exclusive chapter.

* The present case is intentionally abbreviated, as the Author only wished to evidence those points which appeared to illustrate the doctrine of orificial irritation. The professional reader will, however, be fully sensible of its very interesting character in other respects, as well as of the important practical inferences which the success of the treatment adopted cannot fail to suggest, relative to floodings in the latter months of pregnancy.

CHAP. IV.

THE POSSIBILITY OF LABOUR BEING DEFERRED
BEYOND THE ORDINARY TIME, ADVOCATED
ON THE DOCTRINE OF ORIFICIAL IRRITATION.

SECTION I. *General Observations.*

ADMITTING that labour is excited at the natural period by the contents of the womb irritating its mouth, and that such excitement is influenced by the pressure arising from the insensible contraction, it must follow that whatever will prevent the former, or interfere with the due application of the latter, will necessarily occasion a deficiency in the action of the womb.

It will now be shewn that such causes will not only delay labour after it has actually commenced, but also *defer its commencement*, so as to prolong the time of utero-gestation considerably beyond the ordinary period of nine calendar months.

SECTION II. *Labour delayed beyond the natural time, by a deficiency of insensible contraction.*

The force with which the contents of the womb impress its orifice, must necessarily differ according to the degree of insensible contraction; if the latter be strongly exerted,

labour may commence long before the neck of the womb is fully obliterated. If, on the contrary, it is slight, labour will be deferred, or tardy in coming on, notwithstanding the changes at the neck and mouth of the womb have been properly completed.

A singular case of protraction, related by (Chapman,* is apparently referrible to this cause. The labour had advanced so far, that the mouth of the womb was well opened; but the pains were short and imperfect, and eventually ceased altogether, so that the mouth of the womb *closed* again, and the patient went *three weeks longer* before labour returned. This delay was occasioned by the womb losing its insensible contraction, from some unaccountable modification of nervous influence: the consequence was, that the impression on the orifice became too weak to keep up labour.

SECTION III. *Labour delayed beyond the natural time by a want of sensibility of the mouth of the womb.*

The sensibilities of organs, or their susceptibility to receive impressions, will not only differ in different individuals; but in the same

* Treatise on the Improvement of Midwifery, by Edward Chapman, p. 80.

individual, under different circumstances, so that a greater stimulus than ordinary shall be required to excite them into action. To carry forward an analogy we are already familiar with, sneezing will, in one person, be excited by a small portion of the mildest snuff, whereas, in others, the largest quantities of the most acrid kind will with difficulty produce this effect.

The same principle may operate with respect to the mouth of the womb, so as to delay labour; it is difficult, however, to discriminate the present case, from the one treated of in the last section, since practically and theoretically, the effects of both are intimately blended together. When they concur, it it may readily be conceived, that the effect will be more decided, or, in other words, the labour longer delayed.

The modifications of these causes, whether taken separately or combined may be compared to the action of a gun-lock, where if the works are finely wrought, the slightest impression of the finger will discharge the piece; while on the contrary, if coarsely or imperfectly got up, a considerable force may be required to disengage the trigger.

The following case is illustrative :

“ In the year 1821, I visited a poor woman in Westminster, who had gone a month beyond

mer expected time, without any other indication of labour than occasional spurious pains. I found her suffering in this way, the pains neither accompanied by contraction of the womb, or pressure upon, or dilatation of its mouth; the child's head lay low down, and the neck of the womb was fully obliterated; the looseness of the fibres, however, as felt through the parietes of the abdomen gave evidence of deficient insensible contraction. Suspecting the labour was deferred by this cause, as well as by deficient sensibility of the mouth of the womb, I applied a bandage tightly around the abdomen, with a view of giving an increased impulse on the orifice. In the evening labour came on."

SECTION IV. *Labour delayed beyond the natural time in consequence of an oblique, or improper, situation of the mouth of the womb.*

The mouth of the womb, instead of being placed, as it ought to be, centrically at the lower part of the organ, is sometimes situated laterally as respects this part, more generally towards the lower part of the back, or sacrum; the consequence is, that the pressure or gravitation of its contents are not applied immediately

upon the orifice, but rather upon the anterior part of the sides of the womb; in this way the proper irritation, necessary to excite labour, is prevented, and the process deferred.

I have known many instances of labour being postponed by this cause, and in some the protraction has continued for a month or longer. The following is selected from many similar cases.

“Mrs. R——, previously the mother of four children, with none of whom she had been less than three days in labour, in her fifth pregnancy went *two months* beyond her expected time. After suffering for the last month considerable false and lingering pain, she was taken in labour on the 23d of May, 1824, at three o’clock in the morning, when the membranes ruptured; at nine o’clock the pains were strong and regular, coming on every five minutes. On my arrival, I found the child’s head pressing down on the anterior part of the sides of the womb, but the orifice of the latter was situated so *far backward* as to be with difficulty detected; it was very slightly, if at all dilated; at length, I hooked my finger into it, and endeavoured to bring it more central, at the same time stimulating it, and attempting to assist its dilatation. A satisfactory progress was made, and soon after one o’clock the child was born.”

Cases of protraction in labour, from this cause, are by no means uncommon, and generally yield in the most satisfactory manner to the above treatment. As this state of the mouth of the womb probably depends upon constitutional structure, women who suffer from it, may always expect to experience lingering labour.

SECTION V. *Labour delayed beyond the natural time in consequence of a pendulous state of the abdomen.*

It sometimes happens that the sides of the abdomen, which ought to support the womb in its proper position, are so much relaxed in consequence of the distension of repeated pregnancy, or from other causes, that the gravid womb hangs over the front of the pelvis, so as occasionally to reach nearly to the knees of the woman. This constitutes what is termed the pendulous abdomen, and when it happens, the contents of the womb are situated in the overhanging pouch; the effect of which is that no part of them can be applied to the orifice so as to irritate it. In this case the commencement of labour will generally be very long protracted.

The following cases are illustrations in point.

“ A woman forty years of age, and the mother of many children, considered herself at the full period of utero-gestation, and experienced at that time a slight pain or two, after which she became free from any farther effort for nearly three months; her situation exciting alarm, several medical gentlemen saw her and declared, after examination, that she was not with child, as they could feel no weight on the mouth of the womb, nor variation of it from what is found in the unimpregnated state. I saw her, and in a common examination, as she lay on the bed, found matters apparently as had been represented. Observing however, the abdomen very large and pendulous, reaching down, when the patient was in an erect posture almost to the knees, a friend of hers, a physician of great eminence, was requested to stand above her on a chair, and elevate, as she stood, the pendulous abdomen with the assistance of a napkin; an examination was made under these circumstances, and I could now distinctly feel the head of the child. A bandage was contrived with straps to her stays, by which the child was removed from its situation over the os pubis; in four or five days labour came on, and she was delivered of an amazingly large but still-born child.”*

* The above case was communicated by the author's father, Dr. Power of Lichfield.

July 8th, 1825, Mrs. W. communicated to me the following particulars with respect to her tenth pregnancy, and which she stated her readiness to attest upon oath.

She was seized with a severe illness on the 10th of July, so that her life was despaired of for the whole of the succeeding four months, during which period she positively declares that she was *ex necessitate* obliged to be absent *e lecto conjugali*. At the expiration of this time, symptoms of quickening were experienced, and she then immediately began to recover her health, her medical attendant, in consequence, attributing her entire illness to the effects of pregnancy. She was delivered of a remarkably large live child on the 31st of May following, being three hundred and twenty-five days, or nearly forty-seven weeks from the time of conception, provided the calculation be made from the 10th of July *only*; it is most probable, however, that she had become pregnant before that time, in which case the period of gestation must be considered as still farther extended. On enquiry, she stated that the abdomen had been *very pendulous*, so as to have reached nearly to her knees, and to this cause there can be no doubt that the extraordinary extension of her pregnancy beyond the usual period is to be attributed.

“In the summer of 1821, my attendance was engaged by Mrs. D. the mother of many children, and who expected to be confined at the end of August, or in the beginning of September. On the 12th of October I was requested to visit her, and found her suffering much anxiety in consequence of the postponement of labour, as well as considerable distress from irregular and spurious pains—there was, however, not the slightest symptom indicative of true labour. I gave her an opiate to quiet the pain, and observing her abdomen very pendulous, tied a bandage tightly around it, next morning she was in high spirits, free from pain, and with an evidence of that insensible contraction taking place which is the usual precursor of labour. Unfortunately I was now compelled to leave town for a day or two, and on my return had the mortification to find that labour had come on immediately after my departure, and that I had by my absence irretrievably offended my patient.”

A great many other cases of labour, evidently protracted from this cause, have come under my observation, and from their general tenor, I am fully convinced that, where a pendulous state of the abdomen exists, the period of gestation may be prolonged one, two,

or more months beyond the ordinary term, without our being justified in regarding it as inconsistent, or an unnatural occurrence.

SECTION VI. *Labour deferred beyond the ordinary time by various other causes, acting on the principle of Orificial Irritation.*

A variety of circumstances are constantly met with in midwifery, independently of the causes which have been above detailed, which prevent a due irritation being applied to the mouth of the womb, and consequently retard the parturient actions; as a premature or improper discharge of the fluid (liquor amnii) in which the child is perfected; an unfavourable position of the child, as where it lies across the womb; and a deformed or contracted state of the pelvis, which interferes with the descent of the child upon the orifice. The unpropitious effects of these causes, in delaying, or weakening the actions of the womb, are adverted to by all writers of midwifery, and I believe that they are not unfrequently the means of delaying, more or less, the commencement of labour.

THE END.

SECOND EDITION

OF

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