A brief essay on impeded labour / by Henry Toussaint.

A

BRIEF ESSAY

ON

IMPEDED LABOUR

BY

Henry Toussaint, Medical SubAssistant.

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TO

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Professor of Anatomy and Midwifery

in the

Bengal Medical College,—

THIS LITTLE WORK

is

Respectfully dedicated in token of the high respect and esteem he is held in by one of his grateful Pupils

THE AUTHOR.

PREFACE.

The following pages were not originally intended for publication, indeed they were merely written as an exercise, while I was a student at the Medical College of Calcutta, where it fell to my lot as Clinical Clerk to Professor Goodeve, to have charge of some very interesting cases in the Midwifery Hospital belonging to that Institution, and this circumstance induced me to put into a connected form, every thing I could collect on the subject of protracted labour, the importance of which can only be estimated by the frequency of its occurrence among the native women of India, and the great amount of falsity attending this particular class of labours. Since my return to Ceylon, I have seen many similar cases and I find that they are just as frequent here as in Bengal and for the most part, produced by the same cause: viz mismanagement by the native accoucheurs, who are entirely ignorant of the commonest principles of the Obstetric art. Conceiving, therefore, that the few facts and observations embodied in this little Essay might prove useful to my fellow labourers in this department of our profession, from the almost daily occurrence of such cases among the native community; I have ventured to make it public with a view of drawing attention to the subject; which may not possibly be so familiar with those practitioners, who have not had similar opportunities for observing the serious extent of this lamentable evil. I lay no claim to elegancy of style, on the contrary I am but too sensible of my deficiency in that respect, but if my feeble efforts are sufficient to excite attention to the subject, I shall have fully attained the principal object I had in view.

H. T.

ESSAY.

Among other destructive effects of disease in India, we may enumerate the common results of impeded labour as we see it occur from the mismanagement of native accoucheurs, and it may justly be regarded as one of the most frequent causes of mortality among parturient women of the lower classes of the native population. There are few diseases which can with more propriety be said to be less under the controul of medicine than those under consideration; for we find that when labour has been allowed to continue beyond the duration of a certain time, there is scarcely any hope of averting the formidable consequences which almost invariably ensue; such cases unhappily are brought to us for aid when it is too late to remedy the evil: for, it is only after repeated trials of the rude means usually resorted to, by the uneducated midwives of the country have not only failed in their object, but greatly aggravated the original injury to the patient, that relief is sought from us in the last extremity of despair. The unfortunate woman, or her friends, being little sensible of her precarious condition, and having to the last moment full and implicit faith in the practice, usually adopted in all such cases, she at length falls a victim to ignorance and prejudice: for at the late stage, at which they seek our assis-

tance, little can be done but to ameliorate pain and procure a temporary relief from suffering: recovery is scarcely to be hoped for, under such circumstances, and this melancholy truth has been too truly exemplified in several cases of this description, which occurred in the lying-in hospital of the medical College of Calcutta, and which I shall hereafter detail in illustration of the few remarks I have to offer on this subject which I have selected as one of considerable interest to the Indian obstetrician as showing —First the dangerous results of mismanagement in all such cases; Secondly, the frequency of their occurrence in India, arising from early marriages and other causes which need not be dwelt on here; and Thirdly, the great necessity of attending carefully to the rules laid down for our guidance as to the period when manual assistance should be promptly and efficiently afforded.

The term *impeded labour* signifies parturition which exceeds the ordinary time of delivery, reckoning from the commencement of true labour, and continuing in this country, beyond twelve hours, the presentation being natural. Dr. Breen observes that labour should only be considered impeded, when it exceeds thirty hours, and we are told of instances where women have continued in labour for a fortnight and upwards; but this must be manifestly erroneous, for, admitting as we must do that the structure of the uterus is muscular, it would follow that this organ could not have been acting for so protracted a period without losing its contractile power or suffering some fatal injury; in other words that it would have been ruptured or become paralysed and exhausted by its own efforts, and that the progress of labour must neces-

sarily have been arrested long before the expiration of that time. These extraordinary cases of protracted labour were probably nothing more or less than false pains and spasmodic twitches, which we know may continue for an indefinite period before the commencement of true labour, and from which we should be always careful to distinguish them.

The symptoms which mark the approach of the bad consequences of impeded labour are nearly as follows: the patient is anxious and restless, the action of the uterus is altogether absent or irregular and feeble, the presenting part makes little or no progress through the passage, there is oppressed breathing, and the woman occasionally falls into a state of exhaustion from the violence of her throes: the pulse is excited but not firm, and a cold perspiration bedews the face and upper extremities. In addition to these, there will generally be found retention of urine, &c. Certain rules are laid down to regulate the appropriate time for manual interference: but these are subject to great variations according to the nature of circumstances, and cannot be applied to all cases alike. Dr. Blundell says, no woman should be left in strong labour for more than twenty four hours after the discharge of the waters. Dr. Collins says, we should not interfere until the constitution shows some signs of derangement. Dr. Gooch limits the period to twelve hours after the commencement of true labour, and this would appear upon the whole to be the safest rule to follow in most cases, unless when modified by particular symptoms.

Before proceeding to any operation, two questions will naturally present themselves to us in all cases of impeded labour, namely, whether the wo-

man is capable of expelling the child by her own unaided efforts, and whether there is any mechanical obstruction capable of opposing its expulsion in opposition to the efforts of the mother. The first difficulty may arise from exhaustion of the woman after long continued efforts or previous debility, the latter from insufficiently developed pelvis or what is more common, rigidity of the soft parts. Each case requires its peculiar mode of management and should be attended to accordingly. If the labour has continued for twelve hours, and the head of the child is found advancing, with efficient pains, we may safely leave the case to nature for a longer period; but if the head is motionless and the uterine contractions feeble, or the child discovered to be dead, we should lose no time in aiding its extraction before injury is done to the soft parts. In such a case, we can have no reason for delaying assistance.

The causes of impeded labour are many and various, and generally dependant either on the mother or child, and occasionally on both. They are detailed at sufficient length in all works in midwifery, I shall therefore restrict myself to those of the most common occurrence in Indian practice; namely, debility of the mother, and insufficient contractions of the uterus, and a rigid or insufficiently developed state of the passages.

The most frequent cause of protracted labour is extreme exhaustion of the mother, arising either from previous debility or consequent upon the highly pernicious practice of native midwives, who understand no other means of overcoming an impeded labour (which might not in itself be dangerous if properly managed) than by directing the woman to

strain and bear down violently, until she is fairly exhausted, as if all difficulties were to be overcome by absolute force, and thus as the powers of the system are prematurely weakened, the uterus naturally partakes of the general exhaustion, and becoming enfeebled in its action, at length ceases to contract: and the head of the child having descended by the earlier efforts will now remain incarcerated in the passage, producing pressure of the soft parts to the imminent hazard of the mother's life. A little rest and simple restoratives might under these circumstances enable her to rally, and the uterus to recover its power; but unfortunately this is not understood by native midwives, who consider every moment of rest as so much time lost, and instead of waiting until the woman had recovered her strength a little, and allowing the parts to relax and yield, they continue the cruel process of fatiguing the woman by causing her to make incessant, but unavailing efforts, without permitting her one moment's repose, until the action of the uterus is totally suspended from sheer exhaustion, the progress of labour arrested, and then the fatal mischief from pressure begins. Dr. Blundell very justly observes that there is such a thing as an obstetric rack, formed by ignorance and presumption, of which in conjunction with violence it is the offspring; and it applies with great force and truth to the native mode of treatment I have been describing. The following from Dr. Merriman's work will show that a similar practice prevailed in France not many years ago: he says that an accoucheur lately professed to teach a secret, by which all women, even the most deformed might be easily delivered. His method was, to give an emetic to the parturient

woman, and he expected, that the violent straining to vomit would greatly contribute to force the infant through the pelvis. It was soon found however that this method was altogether inefficacious in cases of distortion; he was therefore compelled to restrict the practice to cases of slow labour, where the pelvis was well formed: but even in these cases, the plan does not seem to have been productive of much advantage: and as this treatment was not found expedient, it is justly discarded by all judicious accoucheurs and few would at the present day again attempt to vindicate the practice. It may be observed in these cases that such is the state of paralysis of the uterus that no sensible contraction of its parietes can be perceived, even after the extraction of the secundines, and it remains in a state of distention nearly equal to its former bulk. In such a condition medicine produces, but little effect, as I have frequently seen in the lying-in Hospital when repeated doses of Ergot of Rye and Brandy had scarcely any of their usual effects.

Rigidity of the soft parts generally produces the first stage of impeded labour: it is frequently found to occur in women of plethoric habit, and hence the necessity for early attention to such cases. It is not often met with among native women in whom, the first impediment is more likely to arise from the undeveloped state of the pelvis, owing to early marriage, for in India and Ceylon these are so common that it is no unusual thing to see girls become mothers at the tender age of twelve and thirteen years, a time of life when the capacity of the pelvis can scarcely be formed for the offices of maternity: and it naturally follows that great danger

must arise here, not only from the outlet being of itself narrow and unequal to the passage of a full grown child, but also from the incautious or unskilful application of manual assistance.

In addition to the causes of impeded labour already enumerated, the membranes are occasionally found to be rigid and unyielding to a degree that adds greatly to the difficulty. In such cases we are recommended to rupture them, either with the fingers or by the aid of some instrument. This operation should only be performed at a late stage of labour as the descent of the waters serves materially to facilitate delivery by lubricating the parts when dilatation is sufficiently advanced to permit the passage of the child.

Having thus briefly touched upon the more frequent causes of impeded labour, I shall now speak of the painful results that too often occur from their mismanagement. Long continued pressure during parturition produces the most formidable consequences: these need not be enumerated as they must be familiar to all conversant with the subject: but I may be permitted to mention the most formidable of them: and these are ulceration and partial sloughing of the vagina terminating in fistulous communications between this organ and the bladder and rectum: both are deplorable circumstances, but happily not attended with danger to life. Rupture of the uterus is the most fatal accident of all, although not of frequent occurrence. The dangerous consequence to which I shall more particularly advert is that general destruction of parts which we have seen so frequently arise, from long continued pressure, especially in those cases, where the child has been dead and impac-

ted for a day or two in the passage of the pelvis. When this occurs for a prolonged period, putrefaction sets in, and the body of the child increases in size, thereby augmenting the pressure on the surrounding parts and adding another difficulty to its extraction. In cases of this kind both fæces and urine will be found suppressed. An instance of this nature happened in the lying-in Hospital, in which the child was enormously distended with air and the head swollen and distorted to such a degree that at the moment of extraction it presented the appearance of a monster. Immediately after its removal an involuntary discharge took place from the bowels of the woman, of the most offensive odour and in surprising quantity, as if the excretions had been pent up for many days; the discharge from the uterus both before and after extraction of the fœtus was equally depraved, and the woman survived only a few hours. In this, as in other cases which I shall notice presently, the morbid appearances exhibited extensive disease. Sloughing of the uterus with irregular contractions of its parietes, or complete distension; the adjacent parts adherent, pus effused in the cavity of the pelvis, ovaries enormously enlarged and containing matter, the surface of the vagina particularly its upper part a mass of slough; even the intestines and omentum were found to be vascular and adherent as if they also had suffered from inordinate and long continued pressure.

I shall now illustrate the subject by a few cases of impeded labour that were under my immediate care both in Calcutta and Ceylon, in which the post mortem examination sufficiently displayed the formidable nature of the disease.

Thromally, a healthy looking strong woman about twenty five years old, a native of Bengal, was brought to the lying-in Hospital on the 4th July 1842, in a carriage; she stated that the labour pains commenced five days previous to her admission, and that it was her full time: for the last two days she felt the child to be motionless and declared that it was dead: she was troubled with a bloody discharge from the vagina which at this moment had assumed a most disagreeable and offensive odour: she was treated by the native empirics, the efforts of the uterus had entirely ceased, the head of the child had remained impacted in the perineum for the last two days; she was very much exhausted, suppressed stools and abdomen enormously distended with a very anxious countenance and profuse perspiration, pulse small but quick. Professor Goodeve arrived about an hour after her admission and extracted the fœtus with the aid of the forceps; the parts being putrified, no firm hold could be obtained by the instrument at first; the secundines remained attached, and with a little force the whole was extracted; no movement of the uterus was observed though she took repeated doses of the decoction of Ergot of Rye: a gush of blood followed the extraction of the placenta, which amounted to no less than a pound, speedily followed by another to a similar extent; all our efforts to stop the hæmorrhage or to produce contraction of the uterus were found unavailing; the hæmorrhage followed at intervals, but was not to the same alarming extent as before; the woman began at length to sink, her pulse became thready, and cold perspiration was found to cover the whole body; a bandage was put tightly round the abdomen, ice cold

water applied to the parts, and she was directed to take half a drachm of laudanum, one ounce of the decoction of Ergot of Rye with two ounces of brandy every hour, which produced no effect, save that of mere stupefaction. The uterus here remained in an evident state of paralysis, for no change was observed in its size after the fœtus and secundines had been extracted. The pulse gradually disappeared, and she died at five o'clock P. M., having remained in the Hospital seven hours. The extraction of the child was followed by copious and involuntary evacuations from the bowels, of an excessively offensive character, and the discharge from the uterus was equally so: the fœtus was immensely distended almost to three times the usual size, which circumstance led us to suspect at the time of birth that it was a monster. The body of the woman was left in the hospital during the night, and removed early in the morning, during which time the abdomen remained exactly in the same condition, it was previous to delivery. I regret to say that no post mortem examination could be made owing to the prejudices of her relatives.

The following is a case illustrating the peculiar morbid appearances where the head remained impacted in the perineum for the space of eighteen hours, showing the necessity of early assistance in all cases in which the head exercises an undue degree of pressure on the surrounding soft parts. A plethoric woman named Harah, aged twenty, was brought to the Hospital on the night of the 12th of August 1842, for impeded labour; she stated that the pains first commenced forty two hours previous to admission, and at that moment, the uterine action was totally suspended, though the greater part of the

head of the child was presenting without the membranes, and she was not conscious as to the time when the waters escaped. The head had remained in that position impacted for the last eighteen hours perfectly motionless. The head of the child was emphysematous, and a most disagreeable odour was perceptible from it. I administered repeated doses of the decoction of Ergot of Rye, and before Professor Goodeve arrived a sensible action of the drug was perceived by slight renewal of the pains: but the child was extracted with extreme difficulty, for the passage was dry and rigid; the uterus contracted slightly after the extraction of the placenta, and no great discharge of blood followed: the mother suffered little during the operation, and the discharge from the bowels was very copious, and exceedingly offensive: that from the uterus was of a dark colour, and of insupportable fetor. She appeared much exhausted, pulse quick and small, tongue foul: she was ordered to have a little brandy and water; two grains of calomel with twenty of Dovers powder at bed time; and senna mixture in the morning.

On the 13th, uterus was much enlarged and very prominent. Lochial discharge continued, pulse quick, slight heat of skin, bowels opened freely three times by the senna mixture; great tenderness on pressure over the abdomen; complained of intense thirst. A blister was applied to the lower part of the abdomen, five grains of calomel, five grains of antimonial powder, with ten grains of Dovers powder every third hour: friction of mercurial ointment to the inner surface of the thighs, and soda drink during the day.

On the 14th, the uterus was found to be in the same distended state as before, hard and extremely

tender on the least pressure; lochial discharge much diminished, the inner surface of the vagina and labiæ were much inflamed; mouth slightly affected, bowels opened twice since yesterday, pulse quick, countenance anxious; ordered to take five grains of calomel, two grains of antimonial powder, and five grains of Dovers powder three times a day; also three grains of quinine every four hours; the mercurial ointment and soda drink to be continued.

On the 15th, her bowels were opened three times, tenderness and distention of the uterus continued, the labiæ were much swollen, inflamed, and a portion sloughing; lochia suppressed, and a considerable discharge of pus from the uterus, mouth sore, pulse very quick, but no great heat of skin, she was very restless during the night; ordered a grain of opium, five grains of carbonate of ammonia, with two grains of quinine every third hour; also two ounces of Port wine every fourth hour; the soda drink to be continued.

On the 16th, bowels opened, countenance very anxious, labiæ extensively swollen and sloughing rapidly; pulse quick, discharge of pus from the uterus, troubled with hiccough since last morning, the uterus was much enlarged and extremely tender to the touch; spent a restless night. The same medicines to be continued.

On the 17th, sinking, hiccough very distressing, pulse thready, passed two stools since yesterday, discharge of pus great, uterus continued distended, hard and painful. The same medicines to be given her.

On the 18th, mortification extending rapidly, and the labiæ much swollen, pus discharging from the uterus, pulse thready about one hundred and thir-

ty in a minute, profuse perspiration. The medicines as before; she continued to sink gradually and died on the 19th. The body was examined about six hours after death. Uterus was found much enlarged, and several impressions of the intestines on its surface: the inner surface was a mass of slough with a quantity of purulent fluid; the vagina and labiæ were both gangrenous and the bladder and rectum were adherent to the former; peritoneum vascular, ovaries much enlarged and partly mortified, with adhesion to the surrounding parts.

Noogroon, a strong young woman about eighteen years old was brought to the lying-in Hospital on the 25th August 1842, immediately after parturition. The nurse of the Hospital who attended on her during the latter part of her labour stated that the head of the child was incarcerated in the perenium, for the last two days, during which period, the child appeared to be dead; and all the efforts of the native midwives to extract it were found fruitless, until this day when the child was extracted by the Hospital nurse. A putrid discharge soon followed tinged with blood, and the uterus did not contract even after the secundines were extracted; she appeared much exhausted, with great tenderness over the distended uterus, pulse small and quick, countenance anxious, thirst great. She was ordered to have a bran poultice to cover the abdomen; ten grains of calomel and fifteen grains of Dovers powder were administered. In the night, she was restless; half a drachm of laudanum with half an ounce of camphor mixture was given, after which dose she slept a little.

On the 26th, she was very ill, abdomen was distended and painful on pressure, eyes fixed, pulse

thready, skin rather hot, bowels opened about twelve times since yesterday, great discharge of pus with blood from the uterus: She continued to take five grains of calomel, the same quantity of antimonial powder, with ten grains of Dovers powder, also frequent doses of wine, quinine, and carbonate of ammonia. She died on the morning of the 27th. I regret that no examination of the body was made owing to the objections of friends and relatives.

The following case I shall briefly notice which among others came under my observation immediately after my return to the island. While in charge of the medical duties at Kurnegalle, I was sent for to see a malabar woman about twenty years of age, and who was for three previous days in labour, during which time the rude means usually employed by the uneducated midwives of the country were had recourse to without success. I found the head of the child incarcerated in the perineum without the membranes, and the action of the uterus entirely suspended; the parts dry and swollen—the woman was much exhausted, with a small quick pulse, profuse perspiration, suppressed stools, great distention and tenderness of the abdomen with restlessness. After some efforts, I extracted the fœtus which was putrified, and the secundines soon followed. The extraction of the child was followed by involuntary evacuations from the bowels of a very offensive nature, and the discharge from the uterus was equally so. No sensible contraction of the uterus was perceived after the extraction of its contents, but remained in a state of paralysis. The remedies employed in this case were similar to the plan adopted in the other cases above described: she however gradually

sunk and died the subsequent morning.

In all these cases, the pelvis was found to be of proper size, and the difficulty in delivery must be attributed to the injudicious treatment they received during the commencement of labour. I shall give one more case and the morbid appearances.

Eliza Thomas, a thin woman aged eighteen was admitted on the 6th of August 1842, for extreme tenderness about the uterus, suppressed lochia, intense thirst, quick pulse, costive bowels, and a very hot skin, and stated that she was delivered of her first child five days ago with difficulty; as the child, though born alive, had been impacted in the pelvis for about fourteen hours. She was treated as usual, the lochial secretion appeared for a few days, and subsequently pus in large quantities was discharged from the uterus; and she died on the 15th of August. On post mortem examination the uterus was found to be enlarged, soft, and inflamed on its outer surface with adhesion to the adjacent parts:—the inner surface consisted of a mass of slough with an enormous quantity of greenish fetid matter, the upper portion of the vagina was also in the same state, the peritoneum vascular and discoloured in several parts, ovaries healthy. The brain contained a large quantity of serum particularly on the surface of it, vessels congested. Morbid preparations of all the diseased parts enumerated here have been preserved in the museum of the Bengal Medical College by Dr. A. Webb.

In the treatment of the more common forms of Impeded Labour particularly referred to in this paper, there are two important considerations to be attended to:—namely, whether the impediment to delivery arises from mere debility of the mother,

or from a disproportion of the child's head to the passage: the distinction is of the utmost consequence, as upon it, we found our particular plan of treatment. Children may have hydrocephalus or the head may be preternaturally large, and unyielding, so that it is impossible it can pass without being diminished in bulk. When the head does not come down during efficient pains, notwithstanding the parts being dilated, we are directed to institute a careful examination, and feeling for the fontanelle, it will in such case be found distended like a soft tumour. If delivery by the forceps is impracticable, it only remains to let out the water, at the expense of the child's life: for the child must be delivered, or the mother's life will be sacrificed; and it is an axiom in British midwifery, that in all such cases, the mother's life must be preserved, at all hazards to the child.* In the more common forms of tedious labour, arising from simple rigidity of the parts, and insufficient uterine contractions, it is often the practice to rupture the membranes, and discharge the liquor amnii: and it does have the effect of bringing on uterine contractions, for the walls of the uterus being no long-

* "In following up this practice, however, let us beware of error;—let not our ignorance lull us into a fatal assurance. Let us be *perfectly certain* of the existence of disease in the fœtal head before we take the perforator in hand.—What an appalling and sickening feeling must overspread the mind of that man who plunges the murderous instrument into the centre of the brain of a living, healthy fœtus, under the erroneous belief of the presence of hydrocephalus! What would his sensations be, when, instead of the expected water, a stream of pure unmixed blood flows from the inflicted wound! What bitter remorse must overwhelm him, when, after the keenness of the first shock has passed away, leisure is afforded him to contemplate the rashness and criminality of his conduct!—The mischief is done;—the death-blow is struck;—the act is irrevocable!"—Dr. Ramsbotham.

er distended with the fluid fall in, and irritated by the presence of the child, begins to contract: but this action is of short duration, and labour is often delayed by it; for the parts become dry and rigid, and we lose the advantage of the important purpose which the distended membranes serve, by coming down before the child's head in a wedge shape form, causing gradual dilatation as they advance. It therefore seems advisable not to rupture the membranes but to leave them entirely to nature, unless they are found to be from their unyielding nature the only obstruction to the delivery of the woman. In all tedious labours where the head has descended low down and remains in that position from insufficient uterine contractions, we should be always apprehensive of injury from pressure. The symptoms indicating this result are great heat, swelling and dryness of the vagina, frequent desire to make water or inability to make water at all, although the inclination to do so is urgent; in addition to this, we have small frequent pulse, pain and restlessness and a hot swollen state of the abdomen:—these symptoms denote great danger, and no time should be lost to relieve the woman from the consequences of pressure. If the child's head is advancing ever so slowly and the pains continue effective, we may safely leave the case to nature. If however it remains precisely where it did some hours before, it is then time to do something for it has then become a case of impacted labour. If the pelvis is sufficiently capacious and the soft parts dilated the forceps should be employed at once, but if there is not room for the head to pass we must proceed to craniotomy and deliver the child piecemeal. In the earlier stages however, before the uterine contrac-

tions are exhausted, much may be done by careful management, to ensure safe delivery; if the woman is weak and the pains tardy, cordials and restoratives are necessary: stimulating or saline injections will often have a good effect, in exciting the uterus to renewed action: and in cases of great exhaustion, it is recommended to give an opiate, to procure repose for a short time and enable the woman to recruit her strength; taking care to have the bladder previously emptied: a point that should be attended to in the early stage of all cases of impeded or protracted labour. But above all other remedies our principal reliance in all cases of insufficient contractions of the uterus is in the Ergot of Rye, one of the most powerful and certain means of exciting it to action which we possess; the decoction is the best form to administer it in, and it should be thus prepared: two drachms of the powdered Ergot in six ounces of water boiled down to four ounces, and one ounce given every ten minutes; of course it is unnecessary to observe that this medicine should only be given where dilatation is complete and no other obstacle prevents delivery than deficient action of the uterus. In many of the protracted cases which are brought to us for relief, where the uterus has been exhausted for several hours, even this powerful remedy fails to renew the pains; and under these circumstances there is nothing left for us to do but to deliver at once by the forceps.

I need not dwell upon the means to be adopted in these desperate cases, where all the mischief arising from long continued pressure has been done; the details already given in the cases of those admitted in the Lying-in Hospital of Bengal, sufficient-

ly point out the path to be pursued: and although the result was, as must have been expected, unsuccessful; yet instances may happen where the injury sustained will not be so formidable, and in all cases of this description, the indications are clear and obvious; namely, to subdue inflammation by calomel and opium, and soothing emollient applications externally; while at the same time, we support the sinking strength of the woman by cordials, stimulants, and tonics: of course peculiar symptoms will require particular treatment, although the general principle which must guide us in such distressing cases, will nearly be the same in all. I must however dwell on the importance of frequent syringing the vagina with warm water and astringent lotions as we have seen the happiest effects from such practice in the Lying-in Hospital, where offensive discharges supervened protracted labour, and which, if suffered to collect and remain, would doubtless have added much to the morbid degree of irritation already established.