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ETHERIZATION IN LABOR.

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THE use of anæsthetic agents in parturition claiming general interest in the profession at this time, we hereby offer our testimony in its favor after repeated trials, and give in evidence the following case:—Was called to see a young female in her first labor, and informed that she had been suffering considerable pain for twelve hours, and that she had from feelings of delicacy refused to have me sent for at an earlier period. An examination per vaginam revealed a rigid os uteri, but slightly dilated, and unyielding to pressure; the vaginal muscles were considerably contracted, and seemed to resist the entrance of the finger. The membranes had been ruptured, and the waters discharged. I anticipated a tedious and protracted labor, and betook myself to an easy chair and book, determined to propose the use of ether, after seeing my patient suffer two or three more pains. In about half an hour she told me that a neighbor to whom I had administered the ether, in a recent labor, had urged her to have it, if she should experience any difficulty. But the mother objected; the nurse had read numerous newspaper stories of its fatal effects, and would not take it for the world. A kind friend who was present, would be very sorry to interfere to the detriment of the patient, but her advice was to take the "safe side" and to go on in the "old-fashioned way." As the young lady was entirely unacquainted with the "old-fashioned way," I explained to her that she would experience an increase of her sufferings, and probably not be relieved for many hours, and that I believed she would be on the "safe side" if she would inhale the ether, as my experience with it had all been in its favor. She insisted upon proceeding with the inhalation. I had with me about four ounces. She soon began to be affected by it, and at first it produced a sort of hysterical laughter that was uncontrollable. She would cry, and talk about her being foolish, and losing her reason; sometimes she would cry out that she was on her way to happiness, and was hastening to paradise, &c. Of course this was supposed to be reality by the assistants, and they would have withheld the sponge had they been able to extricate it from the grasp of the patient. As soon as the sponge became a little dry, she would call for more ether, and it was given to her freely. In about twenty minutes she experienced

its anæsthetic effect, and the labor progressed rapidly. The secretions from the vaginal walls became much more abundant, and the head presented at the inferior strait without much difficulty. Here there was some obstruction, the head was large, and the diameters of the strait rather contracted. I determined to apply the forceps and reduce the diameters of the head. In a few minutes they were adjusted, and the delivery was accomplished. The placenta was taken away, the roller applied to the abdomen, and the patient turned upon her side—she as yet made no remark about her situation. Everything being now accomplished, I went to her bed-side, and aroused her. She asked how she was getting on. She was told that her labor was done, and her baby born. She could not realize it. She did not believe it, till the infant was presented to her. She assured me that she was entirely unconscious of the application of forceps, though she had an indistinct idea of suffering. She knew she was in labor, and felt that she was making an effort, but she experienced no pain. She did well afterwards, and had a speedy recovery. On the tenth day she was sitting up, and has stoutly arrayed herself among the advocates of etherization.

Case of difficult Labor.—Was requested about 10 o'clock, on the evening of the 14th inst., to wait upon a young female in labor with her first child. Found a tall, muscular woman, complaining of frequent sharp pains in the "small of the back," attended with considerable bearing-down effort, which she had suffered since noon. On examination, found the os uteri dilated to about the size of a shilling piece, and as her pains seemed gradually to increase, I concluded to remain in the house, and retired to bed, expecting to be called in a few hours. Early in the morning I rose, and found my patient quite comfortable. She had slept but little, and suffered but little. I left her, and called again about noon on the 15th; learned that her pains had not increased, but that there was a slight "show." In the evening was requested to see her again. The os uteri was dilated to the size of a half dollar, and the pains quite developed. The rigidity of the soft parts, and the evacuation of the waters which had already occurred, gave promise of a tedious effort. Having received while here, a call to another parturient female two miles distant, I concluded that I might obey the call and return in time to be of service to my first case. At 11 o'clock, P. M., I left her, and found patient No. 2 in the first stage of labor, the membranes entire, and the pains going on as well as could be desired. I was back in an hour and a half to No. 1, and found her in the same condition, making but little progress; left her the second time, and delivered No. 2 of a fine healthy boy, after about an hour's labor, and returned again to my first patient; her pains by this time had increased in violence, and the head was passing slowly from the uterus. I had already suggested the use of ether, but it was refused; the rigidity of the perinæum was yet so decided, that it was proposed again to employ ether, but the mother was unwilling, and the husband was afraid. It was not used. The labor went on, and the strength of the patient was rapidly failing; the pulse was feeble, and she could not make the effort which the pains required. **Hodge's long forceps were applied, and a strong**

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cord attached to the handles, so that by the successive turns of the cord upon them, the blades were drawn together, thus compressing the child's head, and shortening its lateral diameter; considerable traction effort was necessary in order to overcome the resistance of the perinæal muscles, but by slowly and cautiously continuing the effort, the labor was accomplished, and a large female child was born about 6 o'clock in the morning of the 16th; notwithstanding the patient had been in labor since noon on the 14th, and the waters had been early discharged, thus allowing of a greater degree of compression upon the child, it was living, and is now perfectly healthy. The following measurements will indicate its size. Its length was $24\frac{1}{2}$ inches, from the crown of the head to the foot; across the head from ear to ear, the distance was $7\frac{1}{4}$ inches; and around the forehead and occiput, $12\frac{1}{2}$ inches.

The mother, however, was in an alarming condition. I had directed that she should not be moved from the position in which she was left after delivery, until my next visit, as she was extremely feeble. In about four hours I saw her again; an officious neighbor had moved her up in bed; the hemorrhage was increased, and the extreme exhaustion which she suffered, threatened speedy dissolution. The pulse was small, thready, and beating 150 in a minute; the cheeks and extremities were cold; the abdomen distended, tympanitic, and painful; the countenance pale, and the voice tremulous and indistinct; external stimulants were immediately resorted to, and quinine and brandy given freely by the mouth. Two grains of quinine and a dessert spoonful of brandy were administered every hour, with animal broth, for twenty hours successively, before there was any marked improvement; then the pulse began to increase in volume, and diminish in frequency; the cheeks grew warmer; the countenance assumed a more natural expression, but the abdominal distention continued, with a tendency to syncope, so that a steady perseverance in stimulating and tonic remedies, with supporting diet, was necessary in order to ensure convalescence. The alarming symptoms have now subsided entirely, and she is rapidly getting well.

How far the history of the two cases reported may correspond, and how far they may be considered as fair examples of the use and non-use of ether, it is left to the reader to decide. The child in the last case is much the larger of the two, the mother has a more ample pelvis, she is a larger woman, bone and muscle well developed, and of mature age. The first case is an unmarried female not yet 18 years old, a short compact person. Both required the use of forceps; the waters had escaped early in both, the soft parts were rigid, and the os uteri in each scarcely dilatable. The one was delivered without pain, recovered speedily, and had not a single unfavorable symptom; the other had a tedious labor, suffered all that a woman could suffer under such circumstances, came near losing her life after the birth, and will require a longer time for recovery.—*New Jersey Medical Reporter.*