continuance of a considerable number of hours of labour-pains, the os uteri was found well dilated, but the child was not advancing, showing that the operations of the uterus were only effectual in dilating its outlet, but had no effect on its expulsive efforts. In this way, the bearing-pains were quite powerless, occasioned by restrictive causes, which, when not removed, delivery by the natural efforts is rendered impracticable. In Dr. Davis's case, no active or adequate means were used for the removal of the obstructions, and consequently it was found necessary to destroy the child's life. In my case, as soon as the nature of the labour was ascertained, the most active means were employed for the removal of the obstructions to the expulsive efforts; and in a few hours, such was the position of the child, that by means of the forceps it was safely extracted. In every similarly protracted labour, the soft parts of both the mother and the child become swollen from the congested state of the parts, which occasions a kind of impaction of the child's head; but when the distended condition of the parts is lessened, and the restraints removed from the expulsive organs, the change, in a few hours, is the progressive advancement of the child. The cessation of labour-pains under such favourable symptoms, so well described by Dr. Davis, occasions no necessity for delivery by art. My experience enables me to say, that under such circumstances patience may be exercised for a considerable time; for when the pains return, which they generally do at no very long interval, they are more vigorous; yet at all times it should never be neglected to remove the causes of delay. Neither does the difference between thirty years of age and forty-two create any substantial ground for the employment of instruments in the latter any more than in the former case; the obstructions are as certainly removable in the one as in the other: all that is requisite, in some cases, is to allow a few more hours to accomplish delivery in the older patient.

In *THE LANCET* for Oct. 3rd, 1846, (p. 373,) it is reported that Dr. Davis was called to Mrs. —, aged forty-three, in labour of her first child, and at the full term of gestation; pelvis of average size. This labour had lasted forty-eight hours, under the care of a medical friend, before Dr. Davis was called. Although this woman had continued so long under apparently relievable, yet unproductive pains, Dr. Davis reports her symptoms to be of the most favourable kind; still he left her, prescribing only patience.

Up to this period, we are not informed that any means had been used for the relief of this disastrously protracted labour. At the doctor's next visit, he reports the symptoms to be still favourable, and says that anodyne draughts of laudanum had been administered. When this case, too, which terminated fatally to the child, after very long protracted suffering, is compared with my case and its result, it must be self-evident to every inquiring or thinking mind the course which ought to be pursued in every such labour. Although my case is given as "illustrating and enforcing" my views and practice in one of the most obstinate labours of the numerous cases in the class to which it belongs; and although it is contrasted with two labours which were under the superintendence of Dr. Davis, to show the baneful effects of conducting such cases without a knowledge of the nature of the existing morbid conditions, and the suitable application of appropriate means for their removal, yet I never intended my observations to apply to Dr. Davis alone, but to all those who write on and teach the art of midwifery; for as far as my research extends, the same unmeaning mode of procedure is pursued in every country where obstetrics is taught.

Paisley, Jan. 1847.

ALPHABETICAL NOTICES

OF SUBJECTS CONNECTED WITH

THE TREATMENT OF DYSPEPSIA.

By ROBERT DICK, M.D.

(Continued from p. 89.)

Cathartics, (subject continued.) Before proceeding with this paper, it is necessary to notice, that in our last one, (at lines 33 and 55, page 89, of *THE LANCET* for January 23rd, of this year,) elaterine and croton oil should be substituted respectively for elaterium and castor oil. The dose also for the formula of elaterine, at the same page, was, by mistake, omitted, or rather, by an error, mis-stated. It consists of thirty or forty drops of the formula referred to, which (as stated) will, with some persons, act drastically.

The neutral and other salts, as purgatives, still remain to be noticed. Those principally employed are, the sulphate of

magnesia, the sulphate, bi-sulphate, tartrate, and bi-tartrate of potass, the sulphate, potassio-tartrate, phosphate, and acetate of soda.

Saline purgatives have been, and still are, often prescribed in cases not suitable for them. Almost the only cases in which they ought to form the principal component of any cathartic draught or mixture, are those of costiveness in plethoric and robust subjects, with some biliary derangement. In such cases, combined with senna or jalap, they act well, and soon remove the foetor and accumulations of the prima via. In biliary subjects, of the temperament just described, the bi-sulphate, tartrate, and bi-tartrate of potass, are peculiarly indicated.

But in subjects of phlegmatic temperament and strumous diathesis; in rheumatic, at least, chronic rheumatic subjects; in those with heart-affections, more particularly in those with structural affections of the right cavities of that organ; saline purgatives are always hazardous, often rapidly or suddenly fatal. We have observed cases in which pulmonary tubercles, indolent, and which might have been kept indolent for an indefinite period, have been converted into vomicae by a week or two of saline treatment. In many cases of recurrence of rheumatism in persons chronically liable to it, I have traced this to two or three saline draughts. Some of the most alarming cases of subsidence of the heart's action, accompanied with a cyanotic hue of face and extremities, I have seen undoubted reason to refer to the same cause. In other cases, interrupted pulse, palpitations, and that peculiar oppression which accompanies defective oxygenation of the blood, have been the results.

Even in cases of gout, and that, too, in robust subjects, saline purgatives seem occasionally to have most questionable effects.

Some scrofulous and rheumatic persons are in the habit of frequently using Seidlitz powders and effervescing draughts, and thus ignorantly do themselves injury.

It may be added, that, in general, when, after surgical operations or wounds, we wish union by first intention, saline purgatives are to be interdicted.

In the list of what may be called *dietetic* purgatives, may be enumerated manna, honey, tamarinds, prunes, figs, peaches, grapes, and raisins, cooked and uncooked apples and pears, strawberries, gooseberries, *et id genus omne*. To these may be added, lettuce, celery, &c. Before quitting the subject of purgatives, we may notice sulphur, which is a very mild evacuant, promoting the mucous secretion of the colon. The quantity of sulphuretted hydrogen gas, however, which it gives rise to in the bowels, sometimes causes a faintness, approaching to syncope, in hysteric and nervous subjects.

Chlorosis.—Amenorrhœa and chlorosis are not identical, as some loosely consider them. Nor does the one, by any means, necessarily imply the other. They are, indeed, often associated; yet while amenorrhœa may depend on another cause than chlorosis, this latter affection does not involve, as a condition of it, an absolute stoppage of the menses, though it certainly does involve a diminished flow or a change in the quality of that discharge. We have already considered the subject of amenorrhœa at page 611 of vol. 2nd of *THE LANCET* for last year.

Another relation between chlorosis and amenorrhœa may be noticed. While chlorosis may be, and often is, the cause of amenorrhœa, amenorrhœa, *in ipsâ*, probably never is, or can be, the cause of chlorosis. Chlorosis consists in, or is accompanied by, a deficiency in the blood of red globules, and of fibrin. Now a simple amenorrhœa, far from causing or promoting such a deficiency, would have a directly contrary effect.

In chlorosis, the change in the circulating fluid is probably a secondary one, the *fons mali* being pretty plainly in the nervous system. We can say little more about it, than that a certain inertia, of a simply functional kind, seems to occur in the nerves of the stomach, bowels, and uterus, accompanied, occasionally, with morbid action in the nerves of the organ first named, as manifested in the pica of chlorotic females.

Many reasons exist for suspecting that chlorosis, usually considered as specially a disease of sex, is often not so, but that the torpor of the uterus is *consecutive* of that of the colon, and is propagated, by sympathy and juxtaposition, from the latter organ to the former. In not a few cases it will be found, after the minutest inquiries, that derangements of the stomach and bowels were long antecedent to any appreciable disorder of the uterus. If so, we are not warranted in assigning to the latter priority in the chain of disease.

May we not plausibly suppose that, in some cases at least, the amenorrhœa of chlorosis is simply the consequence of a deficiency of the monthly superabundance of blood, which

ought normally (so to speak) to occur in every healthy young unimpregnated female; this deficiency being, in its turn simply due to torpor of the digestive organs, and a consequent defective supply of chyle?

Whatever the nature and origin of chlorosis may be, it is certain that the most successful treatment of it is found to consist of means addressed to the digestive organs, to which, however, is to be added the important means, marriage, which, of course, in cases of chlorosis plainly originating in the want of this, constitutes the natural and radical cure. But, as I have already observed, chlorosis has sometimes other than a sexual or uterine origin, of which a further proof is, that it occasionally occurs in married women apparently attached to their husbands, and having, seemingly, no grounds to complain on their part of the non-fulfilment of marital duty.

Pills or mixtures, including quinine, aloes, and the preparations of iron; gentian, aloes, and iron; myrrh, zinc, and absinthium; canella, cardamoms, cloves, ginger, horse-radish; ergot of rye, savine, cantharides, rue, phosphorus; wine, walking, riding, dancing; scenes of gaiety and excitement,—are some, among the various means, which we must put in force.

Chorea.—This is a singular and obscure affection, consisting of an involuntary action of the spinal motor nerves. In a few cases, its origin seems to be cerebral and mental, the involuntary action of the motor nerves being at first secondary, though afterwards remaining as a permanent, and as the sole affection. In other cases, it seems attributable to an excitable nervous temperament, coëxisting with muscular debility.

It not unfrequently also arises from chronic irritations of any kind. Thus the irritation of intestinal worms is occasionally propagated, by the sympathetic nerve, to the spinal cord. Prolonged itchy affections about the anus have also caused it.

Such being its various origins, we may judge that the unvarying and routine treatment of it by purgatives, suggested by Dr. Hamilton, of Edinburgh, was irrational and dangerous. It suited, of course, only those cases in which there were intestinal worms or irritating fecal accumulations, or torpid bowels; but was injudicious and injurious in the cases of feeble, ill-fed, cachectic, and susceptible subjects. In those cases, not uncommon, in which chorea is caused by, or connected with, sexual excitement, the practitioner must of course suggest marriage. Failing this, exercise, restrained diet, and purgatives, may be proposed; but while these, even at the best, are inadequate and unsuitable means, they may, if pushed so as to obtain the end in view, cause greater evils than they remove or prevent.

In chorea, there is generally more or less derangement of appetite and digestion, more or less irregularity in the action of the bowels. Even in cases in which there is no suspicion of worms in the intestines, we have great faith in the use, in draught and enema, of the oil of turpentine. Friction with the same over the abdomen and lumbar spine will be found very useful.

A conjunction of metallic tonics and bitter vegetable extracts, tonic and purgative, should be steadily tried. Seldom, except in chorea, traceable to want of sexual intercourse, should purgatives be employed apart from tonics. We place much reliance in the use of nitrate of silver, combined with *nuxvomica*, and continued for several weeks, purgatives being used or not, according to indication.

Chyle, chyme.—These, both alphabetically and physiologically, may be considered in connexion. We purpose not to enter here (having, to some extent, done so elsewhere) into any elaborate chemical disquisition respecting them. It may, in general, be observed, that they are the primary, and therefore the fundamental and most important, processes of the animal organism. Through them are elaborated those fluids and tissues, to whose wondrous combinations, as the condition of such combinations, Life is attached.

It is an observation of Plato, who paid no small attention to medicine, that “an error in the first decoction is never cured in the second.” The precise meaning of these words, as understood by him who used them, it is needless to inquire, but it must be admitted, that the remark applies essentially to the relations of the chyme and chyle, it being obvious that the normal constitution of the latter must be principally or wholly dependent on that of the former.

According to the most recent and authentic researches, chyme is a complex fluid. It most probably contains, in *partial* and *only* partial union, with the dietetic ingesta, the various principles forming the gastric juice, such as hydrochloric, lactic, acetic, carbonic, and, it may be, oxalic and butyric acid;

and, in addition to these, the principle called pepsin. Though pepsin undoubtedly aids in the chymification of food, yet, as it is certain that hydrochloric, and perhaps one or more of the above-named acids also most materially and essentially coöperate, hence the giving of alkaline draughts immediately before meals, or inconsiderately on other occasions, may do evil, by neutralizing the physiological as well as morbid acids. Dr. Prout judiciously recommends that, generally, the dose of antacids should not exceed ten or fifteen grains of the alkaline salts.

Bentinck-street, Manchester-square.

ON THE CAUSES, PATHOLOGY, AND TREATMENT OF DEFORMITIES IN THE HUMAN BODY.

(WITH CASES AND ENGRAVINGS.)

By JOHN BISHOP, ESQ., F.R.S.,

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No. VIII.—MECHANICAL AND OTHER CAUSES OF DISTORTION.

Distortions of the foot, (continued.)—Talipes calcaneus.—*Tenotomy.*—*Calcanec-metatarsal ligament not instrumental in the production of talipes.*—*Congenital malformation of tarsal bones.*—*Its treatment only palliative.*—*Alterations in the form of the tarsal bones produced by mechanical causes.*—*Case illustrating this form of distortion.*—*The hand liable to distortion.*—*Various positions which it may assume.*—*Theory of abnormal contraction of muscles.*—*Power of elongation in the antagonists of contracted muscles illustrated.*

BESIDES the several forms of talipes described in No. VII., in which the foot, being preternaturally extended, abducted, or adducted, gives rise to talipes equinus, talipes equino-varus, and talipes equino-valgus,—there is another form which is more rare, less permanent, and attended with less injurious effects—namely, talipes calcaneus, in which, when the body is upright, the heel only rests on the ground. In this condition of the limb, the action of the flexor muscles of the foot preponderates over that of the extensors, which is contrary to the tendency of the action of muscles in general. This form of distortion is often congenital, but may arise at any period of life, if the motor nerves of the flexor muscles are in a state of exalted action. In the earliest stages of infantile existence, when the spine is unable to support the head and trunk, the body falls backwards and forwards, unless it is supported. Infants are often suffered by parents and nurses to remain with the trunk in a flexed position, by which means the spinal cord is bent, and the anterior column more or less compressed, and forced into a curve corresponding to the flexion of the body. Under these circumstances, in conjunction with various other causes which operate on the nervous system of infants, it is not surprising that the foot sometimes takes the form here mentioned. This may happen either in one or both limbs; but, as the foot can be extended with very little force, and the powerful extensor muscles are ready to aid any mechanical means that may be employed to correct the distortion, whilst the weight of the body tends to bring the foot into its natural position as soon as the patient is old enough to walk, little difficulty is experienced in restoring the foot, by very simple methods, to its natural state. Mr. Tamplin, however, considers the section of numerous tendons necessary in these cases, and gives the following directions.

“The plan I have adopted is the following:—to pass in a small sharp-pointed knife on the inner side of the extensor communis, beneath the tendons of that muscle, and also that of the peroneus tertius, and to divide them; then to introduce the knife on the outside of the anterior tibial and extensor pollicis tendons (which you will find raised from the joint,) pass it inwardly (as it regards the leg) beneath them, turn the sharp edge of the knife to the tendons, and divide them; you will then avoid the risk of puncturing the anterior tibial artery, which, although it might be compressed easily, had better be avoided.”*

This passage affords a fair illustration of the general practice of those who believe that the section of tendons is the proper treatment in these cases of infantile distortion of the foot. But, after what has been already stated in No. III., relating to the subject of myotomy and tenotomy, it will be unnecessary

* Tamplin's Lectures on Deformity, p. 89, 90.