sibility in the theory which he offers in the present instance. We can easily believe it possible for this fatal accident to have happened in the manner suggested. It is to be observed, however, that the complaint of the patient and the appearances observed are not like those usually noticed in these cases. Generally the patient complains of feeling faint, and falls into a fatal syncope, with the usual phenomena of that condition. In the present case, the head was complained of as the seat of the distress, and this was accompanied by great lividity of the face. The facts reported are unfortunately too meagre to enable us to speak with very great confidence of either theory as the most probable explanation of the sudden death. We would refer our readers to Dr. Greene's paper in the *Journal of Medical Sciences* for much valuable information on this important subject. It contains the Kalamazoo case, above spoken of. In this patient, at the autopsy, air escaped from one of the vessels leading to the heart, from the slipping off of a ligature while removing that organ.

Another correspondent calls our attention to an interesting case of sudden death in labor, reported in the *American Journal of the Medical Sciences*, January, 1854, in which death was caused by rupture of the right pulmonary artery where it passes under the arch of the aorta.—Eds.]

RUPTURING THE MEMBRANES AS A MEANS OF FACILITATING LABOR.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—As enough, perhaps, has already been said upon the subject of the cases of "Sudden Death in Labor," and as, in my opinion, the most probable cause of the deplorable event has already been explained by an able writer, I should have deemed it inexpedient to occupy a space in your JOURNAL in reference to it, had it not been for the fact that my friend Dr. J. Gardner, in his communication of the 4th inst., has, inadvertently, no doubt, misrepresented my meaning upon the *subject of rupturing the membranes*.

Having been brought before the medical public in a false, and, as I consider, rather unfavorable light, I am induced to send you for publication the following explanation of my views upon the subject. The conversation referred to by the Doctor grew out of the narration of the following case. I was called in consultation to see a woman in labor who had given birth to a number of children without any unusual difficulty. I found that she had been in labor some twenty hours or more, and that, during half that time at least, she had suffered very much from hard, irregular pains, attended with restlessness and impatience. The attending physician told me that no perceptible progress had been made in the labor for many hours; and as he had been in attendance all night, he was not less impatient than the

woman. Upon examination, I found the os internum fully dilated; the head was resting at the upper strait, and a somewhat large bag of membranes was forced into the vagina at each pain. My advice was to rupture the membranes, which, by request, I did. The membranes were tough, and were not ruptured without some difficulty. Immediately after the escape of the liquor amnii, the pains became more efficient, the head descended into the pelvis, and it was evident that the child would soon be born. I resigned my seat to the attending physician, and in a few minutes the labor was successfully terminated.

This case was narrated as an exception to the general rule; and I certainly did not mean to be understood to say that I "was in the habit of rupturing the membranes as a means of expediting labor," without a due regard to the existing conditions of the case. The Doctor will no doubt recollect a still more recent conversation upon this subject, in which I fully concurred with him in the opinion, that when rupturing the membranes was practised as a general rule, more cases would be retarded than expedited, and that I most emphatically remarked that I was always extremely cautious about doing it in a primipara. The only difference between us is, that he mistook the exceptions for the rule, a matter of no serious importance, except that inasmuch as he has referred to me as authority, after an acquaintance of forty years, others who have not known me might be led to follow his example. The views of men of long experience must have more or less influence upon the practice of the inexperienced; hence whatever opinions are advanced, or modes of practice advocated in public journals, should be based upon correct principles and sustained by ample observations, and I am therefore unwilling to take the responsibility of having my name, however little influence it may have, brought before the public as an advocate of what I consider to be an erroneous practice. As the discussion upon the cause of the sudden death in labor has incidentally turned upon the subject of rupturing the membranes, though I really see no connection between them, I will briefly remark that, as a general rule, nature accomplishes her work best when least interfered with. Parturition is an organic function, which the Author of nature has not deemed it expedient to trust either to the volition of the woman or the manipulations of the doctor; and I am well assured that those physicians who "generally rupture the membranes" will ultimately be forced to the conclusion that more cases are retarded by it than expedited.

It is not, in my opinion, evident that under ordinary circumstances "just so much force as is expended by the uterus against the resistance of the membranes is just so much expulsive force wasted and so much time lost;" neither is it evident to me that "when the mouth of the uterus is dilated, or even dilatable, the membranes have performed every duty they can perform." On the contrary, I

am well convinced, by ample observation, that they perform an important office, in an inimitable manner, of distending the vagina, and preparing the way for the easier descent of the head, especially in first labors; and that the stimulus of distension, even when the membranes are pressing upon the perinæum, gives an efficiency to the pains that more than counterbalances any benefits derived from their rupture. Bedford regards quick births as dangerous, and advocates rupturing the membranes to retard the labor; and Dewees, to abridge it. While, as a general rule, it is the most natural, safest and most expeditious practice to allow the membranes to rupture spontaneously, it must be conceded that this rule is liable to more exceptions than most general rules of practice. The quotation from Cazeaux, whether intended as such or not, is a very good description of an exceptional case.

In addition to the case heretofore related, I will add another, though I fear this letter is already too long. On the morning of the 6th inst., I was sent for at three o'clock to attend a young woman in her second confinement. I learned, on my arrival, that she had had occasional pains all the fore part of the night. At two o'clock they had become much harder, and there was a moderate discharge of blood. The head presented. The os uteri was about the size of a silver dollar, and somewhat rigid. The membranes were tense during the pains, but did not protrude through the os. I waited four hours, making during that time two or three examinations, to ascertain the progress of the labor. The pains had now increased in severity; the os was fully dilated, and the head was still floating. The membranes were tense and apparently contained a large quantity of water, but were not forced down into the vagina by the pains. Having attended her before, I knew that the pelvis was amply capacious, and the soft parts were moist and yielding.

This seemed to be a case in which the labor might be advantageously hastened by rupturing the membranes, and the result justified the practice. A large quantity of water was discharged, the pains became more efficient, the head descended immediately into the pelvis, and notwithstanding that the child was very large, the labor terminated in less than an hour afterwards. When the child was born, the retarding cause became evident. The funis, though of usual length, was wound so many times around the neck that the part which was free, was not long enough to allow the child to descend until the capacity of the uterus was lessened sufficiently to admit of its acting more directly upon it, and as the membranes were unyielding the labor was thereby undoubtedly retarded.

In conclusion, allow me to remark, that general rules are useful, and frequently aid us in the choice of means in the discharge of our duties; but in the almost infinite variety of cases with which we meet in general practice, we should often find ourselves inadequate to an emergency if we were not familiar with their exceptions.

Providence, May 15th, 1865.

GEO. CAPRON, M.D.