Remarks.—The obstacle in this case was the obstinately rigid state of the os uteri, which possibly might have been removed, could delay have been permitted for the appropriate treatment; but the well-grounded apprehension of another attack of convulsions rendered immediate delivery imperative, and the condition of the os uteri was a contra-indication to delivery by the forceps. The bloodletting, although it did not prevent the convulsive paroxysm, was judiciously had recourse to, and no doubt prevented a more formidable attack. I did not deem it right to repeat that measure, as the patient was not robust, and the pulse had been materially altered in its character since the bleeding.

A protracted labour of fifty-three hours in a primipara, aged forty-three; a tight vaginal fold, the pressure on which occasioned much distress and restlessness, accompanied by occasional delirium: head impacted in the pelvis; delivery by craniotomy; pyrexia with bronchitis; a small vaginal abscess, and supervention of phlegmasia dolens.

January 16, 1844, at three P.M., I was requested by the surgeon in attendance to visit a patient, who had been forty-eight hours in labour of her first child, her age being forty-three. The water had escaped twelve hours previously; I found the uterine orifice three-fourths dilated; the head presented at the brim of the pelvis, and was moveable; there was no heat of the vagina, nor fever; pulse soft, 85; pains properly bearing, and frequent; the bladder had acted. We agreed to give more time. The foetal pulsation was clearly heard.

I repeated my visit by agreement at five P.M. The os uteri had become fully dilated; the head had descended into the pelvic cavity, with the face directed to the right ilium; a tight vaginal fold was now found encapping the head; the parts moist, cool; urine not passed during last four hours; the catheter passed with some difficulty, the head requiring firm upward pressure by the fingers for the purpose; however, six ounces of urine only were found. The pains continued in good force; no fever; pulse 88, and soft; skin perspiring and free from morbid heat; foetal pulsation distinct. The patient complained of severe pain in the situation of this tight vaginal fold. Opium was administered in a full dose, and further delay determined upon. At half-past eight P.M. I found no progress had been made. The head had become impacted; no further expansion of the vaginal fold had taken place. The parturient action had ceased during the last hour. The severe pain in the vagina, before alluded to, continued to harass the patient greatly; I found her exceedingly restless and delirious.

I now proceeded to embryotomy, first removing twelve ounces of urine, which had occasioned distinct intumescence above the pubes. Considerable care and slowness were, on account of the large size of the child, required in the delivery, which occupied half an hour. The placenta was expelled within twenty minutes.

The first day subsequently, our patient was very feverish, but had no pain; lochia scanty. Tartar-emetic was ordered, with camphor mixture, every four hours; the bowels were opened by an aperient; the bladder had responded. On the second day the fever continued, and an attack of acute bronchitis set in, for which we agreed that a pint of blood should be taken away from the arm, an aperient given, and the mixture to be continued. The blood taken, in due time exhibited a buffed and cupped appearance. On the fourth day, the fever and the bronchitis had entirely vanished. On the eighth day, a small abscess burst in the vagina, the patient referring her uneasy sensations to the locality of her pain during the labour, no doubt in the cellular tissue of the vaginal fold posteriorly. On the fourteenth day, the right leg became swollen,—in other words, the seat of phlegmasia dolens,—which, however, being speedily met by the appropriate treatment, that of leeching, followed by fomentations, low diet, and gentle aperients, was removed quickly, and the patient's convalescence was subsequently assisted by tonics and change of air.

Remarks.—The impaction of the head pointed to craniotomy as the only legitimate mode of delivery, and the difficulty was found to proceed from the disproportionate size of the child. The tight vaginal fold, had it alone formed the obstacle, might have been made to yield under the influence of bleeding with tartar-emetic, or these failing, it might have been cautiously divided, but the delivery by embryotomy being imperative, as explained, it would have been unjustifiable, in the absence of any other indication for those measures, to have had recourse to them, and so have weakened the patient's powers, without something like a counterbalancing good in return. The

pressure of the head on the vaginal fold alluded to, doubtless gave rise to the vaginal abscess, which might have determined in its turn the phlebitis which ensued in the lower extremity, which, however, being detected at the outset, and promptly treated, yielded readily.

A protracted labour, the result of a temporary obstacle; rigidity of the soft tissues, which yielded to depletive treatment, and the case terminated satisfactorily after a judicious delay.

August 6th, 1846, at half-past seven A.M., I was requested to visit a patient, aged thirty-five, in labour of her first child. I was informed that the liquor amnii had been discharged a week ago, and that the pains had first set in forty-eight hours ago; that the mouth of the womb was not fully dilated till two A.M. At one A.M., on account of rigidity of the os uteri, and attendant pyrexia, the patient was bled from the arm, to the extent of sixteen ounces, with the desired result of removing those conditions. Until within the last hour, the head had remained at the brim of the pelvis. I found it at the outlet. My friend, who was in attendance on the case, sent to me, under the impression that the head was impacted, but I found it simply arrested, the face being directed to the left acetabulum. It was evident, from the heated and perspiring state in which I found the patient, that she had gone through a good deal of effort. On inquiry, I found that she had not passed water latterly; at my suggestion, therefore, my friend passed the catheter, after which operation she expressed considerable relief, although only eight ounces of urine were found. I applied the stethoscope to the abdomen, and discovered the foetal pulsation distinctly over the left side of the gravid uterus, and the placental soufflet over the right. I took my leave, giving a favourable opinion as to the result. The bowels had been duly attended to; there were no head symptoms; the pulse was good; consequently nothing but time and patience were required. My friend informed me, on the following day, that the child was expelled in four hours from my visit, that time being occupied in the dilatation of the vulval opening, and the requisite extension of the perineum. The child, a boy, was slightly asphyxiated on its birth, but was readily resuscitated, and proved vigorous.

Remarks.—The efficacy of bloodletting during protracted labour under right conditions was well exemplified in this case, and the importance likewise of distinguishing between simple arrest and complete impaction of the head in the pelvis. The long previous escape of the waters, with the advanced age of the patient for a first labour, contributed to the protraction of the labour.

Russell-place, Fitzroy-square, Nov. 1848.

ON EMPLOYING INSTRUMENTS IN MIDWIFERY. By JOSHUA WADDINGTON, F.R.C.S.E., Margate.

Cases in Private Practice.

THE late Dr. David D. Davis, in his "Elements of Operative Midwifery," says,—“Of all the questions that may occur during a deliberate consideration of this subject, none can exceed in importance that of the average frequency with which we should appeal to the instrumental resources of our art. I am sorry to say that we are not in possession of sufficient documentary evidence to enable us to decide this point; whilst the evidence we have is of so unsatisfactory and conflicting a nature, as to afford us but very slender materials for useful practical induction.”

Dr. Davis concludes his references and his reasonings on this great question with the following passage:—“Upon the whole, therefore, I am much inclined to the opinion, that it cannot be absolutely necessary to have recourse to the use of the forceps or the lever more frequently than once in three hundred, or at most in two hundred and fifty cases, in order to ensure for puerperal women the greatest possible advantages attainable from the employment of these obstetric powers.”

In furtherance of the important object which Dr. Davis had in view, I cannot resist the temptation, through the medium of your widely-circulated journal, of calling the attention of the profession at large, more particularly of accoucheurs, to the following statement of facts:—My uncle and partner, the late Dr. Jarvis, was a great enemy to instrumental aid in midwifery cases, averring, “that nine times out of ten, the necessity might be avoided by prudence and by patience.”

Dr. Jarvis commenced his medical career in Margate as a general practitioner, on the 1st of January, 1788, from which time to the 1st of January, 1816, (twenty-eight years,) he at-

tended eight hundred and ten labours, of which one (the seventh) was a triplet case, and seven were twin cases, one in one hundred and fifteen. I have no record of the small number of times Dr. Jarvis used the forceps, or the vectis, or had recourse to turning; but it is certain that he never lost but one midwifery case, a Mrs. C—, from hæmorrhage, on the 12th of June, 1815, the day after her delivery.

From the 1st of January, 1816, to the 1st of January, 1849, (thirty-three years,) in conjunction with Dr. Jarvis to the 1st of January, 1827, and with the aid of a visiting assistant from that day, fourteen hundred and eighty-four labours were attended in my own practice, of which thirteen were twin cases, (one in one hundred and fourteen,) three were forceps cases, two were vectis cases, and nine were turning cases, one of which, a Mrs. B—, died from hæmorrhage on the 21st of July, 1819, two hours after her delivery. This is the only midwifery case I have ever lost.

Thus, from the 1st of January, 1788, to the 1st of January, 1849, (sixty-one years,) 2294 women have been delivered (with only two deaths) of 2316 children, (males, 1195; females, 1121;) and thus of the last 1484 labours, three, and three only, required the use of the forceps, being rather less than one in four hundred and ninety-four.

Margate, Jan. 1849.

Reviews.

A Practical Treatise on the Domestic Management and most important Diseases of Advanced Life. With an Appendix. By GEORGE E. DAY, M.D., Fellow of the Royal College of Physicians, and Physician to the Western General Dispensary. London: T. & W. Boone, 29, New Bond-street. 1849. 8vo. pp. 342.

THE special peculiarities incidental to the maladies of infancy and childhood sufficiently justify the distinctions which have been made by writers and practitioners in their discussion and treatment of these diseases. Science has profited thereby, for this judicious discrimination has shown in the powerful influence of age sources of change and modification, which, in the absence of such recognition, would have tended to create doubt and embarrassment when similar diseases, occurring in more advanced life, became the subjects of observation and treatment. But if diseases are modified by the peculiarities incidental to early life, most assuredly they cannot be unaffected by those incidental to old age. If special physical conformations, accompanied by the energetic operation of the organic functions present in infancy and childhood, impress the diseases which affect the young with their specialities, certainly the not less modified conformations of old age, with its declining or impaired processes of organization, cannot be without their peculiar operation on the diseases of the aged. And yet, to see the numerous and elaborate treatises which we possess on the one subject, and the almost total absence of written information on the other, one would have supposed that the diseases of old age were considered unimportant, or, at least, so similar to those of antecedent periods that they needed not a special consideration. A review of English writers on the subject impresses this feeling even more strongly on the mind than does a similar examination of continental medical literature. Whilst we there find many monographs on particular subjects, we have also some general standard works both in French and German, the best of which is, probably, that of Canstatt, published at Erlangen in 1839. In England, except an essay by Sir A. Carlisle, a chapter by Dr. Holland, and the articles in the cyclopædias and in the dictionary of Dr. Copland, we hardly know of any treatise on the diseases of old age. There is therefore room and ample space for a work like that before us—and well, as timely, does it seem to occupy that place. Pressed as we are by the numerous works sent forth at this season, and anxious to do to all the justice of noticing them, we cannot, however, enter as fully as we should wish to have done on analysis of the contents of this volume. It contains much that is useful and instructive, and affords abundant materials for estimating the great attention with which the author has pursued his undertaking. Having carefully perused

it, we shall make some general observations on a few of the passages which have especially attracted our attention.

Dr. Day classifies under the following heads his observations on the changes produced by age in the structure and functions of—First, the respiratory organs; secondly, the nervous system; thirdly, the digestive organs; fourthly, the organs of circulation. Under one of these headings we find the following practical and judicious observation:—

“In connexion with the functions of the nervous system, I would especially direct attention to a point which I believe to be of the highest importance in its bearings on the treatment of the diseases of old age—namely, to what we may term *the insulation of the different organs*. The bond of nervous sympathy, uniting the different organs into one living whole, seems weakened, and in some cases almost snapped asunder. In infancy, from the general sensibility of the system at large, a single lesion will give rise to numerous symptoms. In old age, the symptoms are usually more confined to the morbid organ, and even there they are often masked and obscure. A lung may be perfectly impermeable, or may even be entirely disorganized, yet the heart may afford no indication, either by its force or its frequency, that one of the most essential of the vital functions is fast ceasing.”—pp. 16, 17.

Hence the necessity of a careful examination of *all* organs when any obscurity or doubt exists.

The frequency of the pulse in the aged gives rise to an observation not in accordance with the generally received opinion, which is, that it becomes slower as life advances.

“Physiologists seem to have considered it as an established fact that the frequency of the heart’s action diminishes in advanced life. This is a great and dangerous error; I find from the data afforded by 562 healthy women, whose mean age is seventy-three years, that the average number of pulsations is a fraction above seventy-nine in a minute; and that the average pulse of 197 healthy men of the mean age of sixty-eight years is 72.5. Although the pulse is thus as a general rule above instead of below the pulse in adult life, we not unfrequently meet with cases of very slow pulse in old age. These are, however, exceptional cases.”—pp. 20, 21.

As in middle life there is much variety in the frequency of the pulsations of the heart in different individuals, so we suspect that it will be found in the aged. The subject is one well deserving further investigation. Passing over chapters which treat on the preservation of health in declining life, on the medical treatment of advanced life, on climacteric disease, on senile marasmus, on the diseases most fatal to persons in advanced life, we come to those chapters which refer to the special diseases included in that last enumerated. The author gives a table, founded on the reports of the registrar-general, of the causes which were registered as producing death in a thousand persons above the age of sixty. At the head of this list (next to old age *per se*) he finds diseases of the respiratory organs—bronchitis, asthma, consumption, pneumonia, &c., placed in this order of frequency of occurrence. Dr. Day believes that pneumonia should take the first place. He is led to this conclusion from the perusal of a memoir published by Prus, which is intended to show, that of 390 persons dying between the sixtieth and ninetieth year of age, 149 died of diseases of the respiratory organs, and of these 149, seventy-seven died of pneumonia, eighteen of consumption, ten of asthma, eight of bronchitis, the series being completed by other diseases. Dr. Day then believes that pneumonia is very frequently overlooked, both during life and after death, in the aged. He discusses the causes, progress, symptoms, and treatment of the disease in a very satisfactory and instructive manner, going in the same manner through the diseases of the various other systems, including, also, those of the urinary and generative systems; he devotes a chapter each to the treatment of skin diseases, ulcers of the leg, senile gangrene, gout, and rheumatism, and concludes with an appendix on the subject of treating neuralgia, lumbago, paralysis, &c., by the “thermic plan,” or, as it has been called, “firing”—that is, the momentary application of a warm or hot iron to the part affected. With this practice the readers of *THE LANCET* were originally made familiar by a quotation from Dr. Corrigan’s