being directed to one object, the amount of useful vision is of course greater.

[To be concluded next week.]

EXPERIENCE IN MIDWIFERY.

BY J. JOHNSON KELSO, M.D., LISBURN.

IN an experience of nearly 1100 midwifery cases, I find I have recorded, more or less extensively, notes of 700; an analysis of which, with your permission, will, with as much brevity as is consistent with perspicuity, now engage us.

In these 700 cases of labor, there were born 723 children, of which 375 were females and 348 males. Of this number, from causes to which it will be my duty presently to make especial allusion, *five* cases terminated fatally.

The number of cases of twins, was 23; of which 5 occurred in the first, 3 in the second, 3 in the fourth, 4 in the fifth, 3 in the seventh, 3 in the eighth, and 2 in the ninth, pregnancy.

The number of stillborn children was 78; of which 42 were females and 36 males. Of these, symptoms of incipient decomposition, evidencing the previous death of the foetus from some other cause than parturition, manifested themselves in six; whilst the rest may be disposed of as follows:—Pressure of the umbilical cord in breech and crural presentation, 29; the intervention of instruments, 12; tedious or lingering labor, leading to much and long-continued cerebral compression, 25; descent of the umbilical cord, 6; circumstances unknown, or not specified, 6; total, 78. This rate of mortality, which furnishes a proportion of about 1 to every 9 born alive, may appear to some as rather high; but to those who are conversant with country practice, there will, doubtless, a number of causes in explanation suggest themselves, too obvious to require from me any specification in this place.

These 700 cases naturally arrange themselves under the four following divisions of authors:—1. Natural labor. 2. Preternatural labor. 3. Instrumental labor. 4. Complicated labor.

Each group, or division, will, of course, demand for itself a separate, though necessarily brief, consideration; but previously to going into detail, the following table, in which are carefully arranged the number of hours' duration of each case, may not, perhaps, prove unacceptable:

Table comprising the Duration of each of Seven Hundred Cases of Labor.

No. of hours.—	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
No. of cases.—	10	15	30	40	81	91	83	30	25	38	22	15	21	11	12
No. of hours.—	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
No. of cases.—	16	9	10	13	10	11	13	5	6	4	5	3	6	7	5
No. of hours.—	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
No. of cases.—	3	2	2	3	4	5	4	3	2	3	1	2	1	2	1
No. of hours.—	46	47	48	49	50	51	52	53	54	55					
No. of cases.—	3	3	2	1	2	1	0	1	1	1					

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From this table it will be seen, that the greatest number of deliveries occurred in six hours from, as well as could be ascertained, the establishment of the parturient process, correctly so called; next, in 5 hours; then in 7 hours; then in 4 and 10; and so on; the process being extended to 55 hours in 1 case only.

Natural Labor.—Under this head there is obviously but little to detain us. Indeed, I may merely state, that of the aggregate number of this class of cases which I find computes 558, they all passed through their different stages to a termination, in a period varying from 1 to 40 hours. But of this number, there were about 105 cases which may be classed under the head of tedious or lingering labor; the protraction of the process in these varying from 20 to 40 hours in each. By deducting these from the sum total of the cases comprehended in this section, there will, it is evident, remain 453 cases of natural labor, properly so called, the mean duration of each of which was 10 hours.

In reference to those tedious cases, they were the result of causes not different from those which are commonly assigned, viz., disproportion between the fetal cranium and the brim and outlet of the pelvis; inefficient, or spasmodic uterine action; rigidity of the soft parts connected with the process; accumulation of feces in the rectum, &c.

The profession are generally aware, through a paper which the *Lancet* some time since did me the honor to publish, that I am an advocate, however feeble, for the ergot of rye in obstetrics. What I have ventured to express in the memoir in question, respecting the immense advantage of this uterine stimulant in those particular cases—certainly not a few—suited to its employment, a still more extended experience enables me to confirm; and in relation to my present subject, I am bound to confess that, in most of those lingering labors to which allusion has just been made, much physical suffering, and a considerable abridgment of the process, would most undoubtedly have resulted from its earlier employment. Nor can I omit here to express my equally decided conviction that to this invaluable drug I have, on more than one occasion, been, I think, indebted for bringing cases to a favorable termination, which otherwise might have required the interference of art.

Preternatural Labor.—The number of cases of this description, twins inclusive, amounted to 56; of which there were, presentation of the breech, 18; of the feet or knee, either of one or both extremities, 15; of the arm and hand, 6; of the shoulder, 5; of the face to the pubes, 4; of the abdomen, or side, 3. We proceed to glance at these different kinds of presentation *seriatim*.

Of the cases of breech presentation, 7 occurred in those of the twins, and the process progressed to a favorable termination with equal expedition with those of natural labor. Next to crural presentation, as is known, the one under consideration is confessedly the most inimical to the life of the offspring, and, accordingly, the mortality of the children from this cause was considerable. Under circumstances of this nature ingenuity has as yet been unable to devise any method by which the integrity of the circulation in the cord may be preserved unimpaired, at least to that extent compatible with the maintenance of the vitality of the child during its expulsion from

the uterus; and even the propriety here of the ergot, from the increased and continued action usually consequent on its use, is, I am free to confess, extremely problematical. Passing over crural presentation, which presents nothing to detain us, we proceed to that of the arm and head.

Brachial Presentation.—This variety of presentation, when not early detected, proves often a source of embarrassment to the obstetrician, as well as of increased risk to the patient. Death in two instances, and an obstinate metritis in another, followed, on delivery, by turning; which operation, except in one, was, after more or less difficulty, accomplished by manual aid in all. Previously, however, to the giving a more detailed account of the case in which this operation proved unsuccessful, at least under manual intervention, and which, though far from solitary, is not, I conceive, devoid of interest, I take this opportunity to remark generally, that in *all* those obstetrical cases demanding, as the preferable method of management, version, the bringing down of one foot, or extremity, when the other is not in easy grasp, is, at least to my mind and experience, quite sufficient for every object of the act; whilst, on the other hand, a contrary practice in the introduction of the hand in search of the other foot, when one has already been procured, is, I apprehend, but very rarely necessary, and if so, should never be resorted to unless the circumstances of the case may imperiously demand its adoption. But to resume.

In one of the fatal cases, death took place rather from exhaustion, the result of a protracted and harassing labor, than from any immediate injury from the operation, which was easily accomplished. She survived the delivery, which was her eighth, 54 hours; her most prominent distress being great embarrassment in her breathing, which occasionally amounted to orthopnoea, and which rendered the recumbent position quite insupportable.

The other fatal case, though properly coming under the division of laborious labor, cannot well be severed from the present section. It occurred in the practice of a gentleman of this town in 1833. In company with another consultant, I saw this poor woman, who, shocking to say, was the unfortunate victim of her uncle's lust, about 48 hours after the commencement of labor. The waters had been discharged a considerable time previously, and the right shoulder, with the corresponding arm protruding from the external parts, was found firmly wedged in the inlet of the pelvis; the external parts were swollen, dry, and somewhat tender; pulse about 128; some restlessness and anxiety of countenance. Delivery being the sole measure of safety, was at once set about; but version being found at this time impracticable, amputation of the arm at the shoulder-joint, and subsequent disruption of the thorax and abdomen, were indispensable to the completion of the process. A second child was now discovered to occupy the uterus; but previously to attempting its delivery, some time was allowed to elapse in order, under appropriate treatment, to the rallying of the then greatly enfeebled powers. This being ultimately effected, large doses of laudanum, conjoined with general stimulation, were indispensable to obviate immediate sinking. I had not an opportunity of again seeing her; but after languishing for above 70 hours, she finally sunk from, I believe, puerperal fever.

In the case of metritis, the waters having been evacuated for some time, some difficulty was experienced in turning; the woman, whose labor had been protracted to 43 hours, being of a sanguineous diathesis, inflammation of the womb was speedily set up, which only yielded to the most active treatment.

[Dr. K.'s remarks on *shoulder presentations, laborious labor, &c.*, are reserved for another No.]

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A VISIT TO THIRTEEN ASYLUMS FOR THE INSANE.

THIS is an important statistical compendium of observations on several of the principal institutions for the insane in Europe, by a gentleman who seems to possess enlarged and generous feelings towards the unhappy beings for whom these structures have been erected. The author has also made a critical examination of those at home—and thus, in presenting us with a bird's-eye view of the present condition, diurnal management, domestic conveniences, and the medical supervision, in these institutions on both sides of the Atlantic, has certainly conferred a great favor on the medical profession and the public generally.

Society, in this country, is in a transition state—advancing rapidly in intellectual and moral strength, the evidence of which is discoverable in the manifestation of a strong desire to ameliorate the sufferings of the unfortunate, and to lay deep and broad the foundations of charities that shall be commensurate with their moral as well as physical necessities. Indeed, the public sentiment, like the single opinion of a philanthropic individual, favors the most liberal expenditure in the accomplishment of this grand scheme of benevolence. A divine impulse seems to be urging the world onward to make reparation for the wrongs of past ages. The maniac no longer groans under the weight of chains, nor trembles at the sight of his fellow man. He has become an object of intense regard—and the Legislature now assumes the guardianship of those who were formerly considered in law as neither dead nor alive.

In our admiration of the progress of humanity, we must not forget to register the names of those whose active labors and researches have contributed to this expression of generosity. Pliny Earle, M.D., Resident Physician of the Friends' Asylum for the Insane at Frankfort, near Philadelphia, is the gentleman to whom we are indebted for the pamphlet already alluded to, of 144 pages octavo, and bearing the following title, viz., *"A Visit to thirteen Asylums for the Insane in Europe; to which are added a brief notice of similar institutions in transatlantic countries, and in the United States, and an essay on the causes, duration, termination and moral treatment of insanity, with copious statistics."* It would have been exceedingly difficult to concentrate more that is strictly profitable to the general inquirer, or instructive to a mere professional man, within such narrow limits. That it was wise to withhold more, if the author had materials, is very certain, since a pamphlet will find its way where a