before any benefit was manifested. It is true that the pain was relieved by the abstraction of blood; but it was above six weeks before the sight improved; and when the improvement commenced, it was so gradual, as certainly to confirm the opinion, that it resulted from absorption of the newly-deposited material, whatever that might be, rather than from any altered action in the part; and, consequently, the exhibition of large and repeated doses of mercury is prejudicial to the patient, as it is unnecessary to keep up profuse salivation for so long a period as that required for cure. I have found much less beneficial and permanent results from active and rapid salivation in these cases, than where the system is slowly and gradually brought under the influence of the remedy, as in the present instance. In some forms of inflammation of the eye, where disorganization of structure is urgently threatened, it is true that the sooner the patient is salivated the better; but you must remember, that in the case under consideration, the amaurosis was more symptomatic or functional than local, depending upon injury of the brain and membranes, and not on any disease of the delicate organ itself; and moreover, that when mercury is administered rapidly, it is not with a view of promoting absorption, but of arresting the action going on, preventing the deposition of adventitious matter, and also preventing any alteration of structure.

"The following case will further illustrate the benefit of the mode of treatment I am recommending to you, and it further shows, that even, under very unfavourable and unpromising circumstances, we ought not to be discouraged from persevering in our endeavours to benefit our patients.

"In October, 1845, I was consulted by the friends of a young gentleman, about twenty-one years of age. It appears that he was always considered of weak intellect, and that, during the summer of 1845, whilst travelling abroad, he was thrown from his horse and received a violent blow upon his head, producing concussion of the brain. He was carried home, and attended by a surgeon, who ordered leeches to his feet, and prescribed some medicine, by which means he recovered from the immediate effects of the injury. After this, I am informed, he was desired to live well, to take wine, and nourishing diet. This certainly does not appear the best mode of proceeding, as was subsequently proved; for, in the course of a few days, he was attacked with acute inflammation, became delirious, and so violent as to require several men to hold him in bed. These symptoms were subdued by bleeding &c., but he sunk into a sullen, drowsy state, from which he could not be roused, and in this condition, after the lapse of a few weeks, he was brought to England, and seen by some of the first physicians and surgeons of London, who considered the case as one of confirmed lunacy, and, consequently, beyond the hope of cure. As I was at the time attending his brother, the latter requested my opinion before any permanent measures were taken. I found him lying upon a sofa, presenting pretty much the same appearances as a person just recovering from the immediate effects of concussion. He was sullen, drowsy, would scarcely speak when spoken to, and then merely 'Yes' or 'No.' His pulse was quiet, face rather flushed, but not particularly so; his conjunctivæ were slightly congested and the irides sluggish; pupil rather more dilated than natural, and if placed in front of a window, and his eyelids closed, when again opened the pupil was at first slowly contracted, but immediately afterwards as slowly dilated, although still exposed to light. By being patient and gentle with him, I at length learned that he suffered a dull, oppressive pain in his head, and that he could not see clearly; there were no signs of paralysis except a slight weakness of his upper extremities, of which I did not take much notice, as it might have resulted from his long illness. Judging from the previous history, as well as from present symptoms, I concluded that he was suffering from the effects of concussion of the brain, which, having been injudiciously treated, had been followed by inflammation, from the effects of which he had not recovered, and I therefore gave my opinion that he was not a confirmed lunatic, but that by care and proper treatment he might be cured. I heard nothing more of the case for six weeks, when I was again sent for to see him. He was then nearly in the same state as at my first visit. He had, in the interim, been placed under the care of a surgeon, who, I was informed, had coincided in my views, but had ultimately expressed the opinion that nothing further could be done. Upon inquiry into the treatment which had been pursued, I found that it had been confined to the introduction of a seton into the neck, and an occasional aperient, with low diet. I ordered five grains of blue pill every night, to be continued until the gums were affected, when he was to take the medicine every alternate

night, (as I merely wished to keep the patient under its influence without producing profuse pyalism,) and a common black draught, when necessary, and the seton to be continued. By steadily pursuing this plan, in the course of two months there was evident improvement, and after seven months he returned to his home in the country, cured, and I understand that he has lately been taking a walking tour through Wales, in perfect health.

"In conclusion, I would observe, that you may always form a pretty correct opinion of the condition of the brain and its membranes, after accidents to the head, by the action of the irides. So long as that peculiar action which I have here pointed out remains,—viz., the sluggish contraction, followed by equally sluggish dilatation of the pupil, under the influence of light,—so long, you may be assured, that the mischief remains, and that the patient is liable to inflammation and other evils; but when the iris acts freely, and the pupil, when exposed to light, contracts, and remains so under the same influence, and there is no pain, you may fairly presume that you have cured your patient, and have removed all cause for apprehension. I invariably am guided by this sign; all pain may have subsided, but the patient remain very far from cured; but by attending to the condition of the irides, and their modes of contraction, I do not remember a case in which I have had reason to doubt its value in enabling me to form a correct opinion of the case."

Original Papers.

THE MANAGEMENT OF LABORIOUS LABOURS.

By JOHN CRAIG, M.D., Paisley.

IN *THE LANCET* for 19th December, 1846, under the head "Correspondents," it is said,—"*Dr. Craig, (Paisley.)*—We do not think the insertion of *Dr. Craig's* courteous letter would fulfil his wishes; we should prefer a good case, illustrating and enforcing his views."

A few days after having perused the above, a case came under my care, in every respect, I think, fitted to satisfy the most sceptical mind regarding the incalculable advantages to be derived to the parturient woman and her offspring by a thorough knowledge of the causes which obstruct the expulsion of the child, in the usual run of protracted labours, and also, by a full acquaintance with those remedial means which, when duly applied, operate for the removal of these obstructing causes. I have repeatedly noticed, through the pages of *THE LANCET*, and that after long and careful observation in numerous instances, that no case of labour of the description under consideration will continue more than a few hours, unless some considerable morbid cause of delay be present. Now these morbid conditions of the expulsive apparatus, which extend the duration of the labour often for nights and days, are all more certainly removable than in any other severe form of disease, and may, in almost every instance, be so far removed, that delivery may be safely effected in from ten to fifteen hours, even in the most obstinate cases. I shall only notice here what is already known to all those who practise midwifery—namely, that those authorities who have written on the subject of protracted labours have done little more than stated the fact, for, up to the present moment, no authors of any country, to whose writings I have had access, have ever endeavoured to show the true nature of those causes which generally arrest the propulsion of the child; and consequently without a knowledge of these causes they cannot with any certainty prescribe a remedy.

I shall now notice the case which has already been referred to as illustrative of the absolute necessity of obstetricians being well acquainted with the nature of the causes which obstruct the passage of the child, and with the means suited for the removal of these causes, in order to do justice to the parturient woman; and, to all ordinarily well constituted minds, no language ought to be so powerful in enforcing these views, as the verification that unless such knowledge be possessed, and unless such means be applied, the lengthened unassuaged suffering, the mutilations and death, with the accounts of which every work on midwifery is so prolific, must continue to be the fate of thousands of child-bearing women and their infants, which, by a consistent mode of procedure, might be averted.

January 4th, 1847, noon. I was requested, for the first time, to visit Mrs. —, who was in labour of her first child. She is about thirty years of age, and previous to her marriage had been frequently complaining of a disordered state of her stomach and bowels, but for six months previous to the com-

mencement of labour her health was good, although there was always considerable uneasiness in the pelvic region, and for three days and nights previous to my visit, this state had been much aggravated, and had deprived her of sleep; indeed, from her own account, for twenty-four hours before I was called, she had been suffering under frequent but regular labour pains.

On examination per vaginam, the os uteri was found to be well dilated, but the head of the child had not began to enter at the brim of the pelvis. The pains were frequent and of short duration, but had no effect in advancing the child. The woman's skin was cool, pulse soft, and of the natural strength and number of beats; tongue clean; no thirst; appetite little; bowels open; urine regularly passed. From these favourable symptoms, a speedy labour was expected. After waiting with the patient, however, for two hours, watching the inefficacious effects of the pains on the child, it was evident, from the duration of the labour before I was called, that strong obstructing causes were present.

Although, from the favourable symptoms already noticed, some would maintain that there was no indication which demanded the interference of the practitioner; yet, in this very case, the best of all indications for relief presented—namely, the continued unproductive exhausting pains. As the dilatation of the os uteri, by such pains, was sufficient proof that the woman had been long in labour, I did not hesitate at this period to commence the use of means for her relief, being now fully satisfied that active means would be required. And in such cases, although the bowels may be in a soluble state, still they are often loaded with retained feculent matter. On this account, the first step in the treatment was a strong purgative clyster, administered by myself; for no other than the responsible and anxious practitioner should be entrusted with an operation, so advantageous when properly conducted, under such circumstances. The clyster operated well, which it seldom fails to do when so prepared and administered. The pains after the operation of the clyster were considerably improved, and in less than an hour the head of the child began to occupy the entrance of the pelvis. From this period, however, the pains resumed their former inefficiency, when sixty drops of a solution of morphia were administered. No alteration during the next hour was observable, and other sixty drops were prescribed.

During the next hour after the second dose of morphia, the child was slowly but sensibly advanced. Again, however, the inefficiency and harassing effects of the pains exhibited themselves, when sixteen ounces of blood were taken from the arm. The blood on cooling was dark-coloured, and covered with a slight buffy coat, showing that the obstructing causes to delivery consisted, in part at least, of congestion and inflammation—conditions which, in all such cases, operate powerfully in producing torpor and inefficiency in the actions of the expulsive organs, and named by some powerless labour; but it is labour pains, whose powers are restrained by disease, which may be removed. Up to this period, the woman remained nearly in the same state as when I first called, only she had more thirst, and the pulse was slightly accelerated. As the pains continued frequent, teasing, and very unproductive, a third and similar dose of morphia was given an hour after venesection. I have never, in any case, given a greater quantity of laudanum or morphia, and it is only in the most obstinate cases that so much is required; but when necessary, the dose should never be less than sixty drops.

If this woman had been seen earlier, a more free bleeding would probably have been advantageous; but in so advanced a stage of continued distress, the woman not being robust, and the child no doubt enfeebled, a larger bleeding, in all likelihood, would have endangered its life. About two hours after the third dose of morphia had been administered, the head of the child had advanced considerably within the pelvis, but not yet within reach of the short forceps, as little or no progress had been made during the last hour. The woman on the whole showing symptoms of fatigue, a drachm of ergot of rye in powder was infused for half an hour, and given to the patient. At the end of half an hour after it was administered its effects upon the pains were scarcely perceptible, and now the same quantity of ergot was repeated. Shortly after the exhibition of the second dose of ergot, the pains were evidently more severe, and the intervals of ease between the pains were shorter than before it was given; but it is very seldom we meet with so distinct intervals of relief after such large doses of ergot have been used. When the patient has been treated, as noticed in this case, before the ergot of rye has been administered, it is very seldom that

so little effect is produced by it as occurred in this instance; for at the end of six hours after the exhibition of the first dose, the head of the child had not advanced so as to distend and separate the labia. During the last four hours of this period, no sensible improvement took place, and on applying the forceps, the child was, after considerable effort, delivered, fourteen hours and a half after my first visit. I would have delivered the woman at least two hours sooner than it was done, but the relatives were not fully reconciled to the operation until the time it was performed. From the nature of this labour during its whole course—namely, frequently repeated ineffectual pains, in addition to the delay in delivery after the use of the ergot of rye, itself a frequent cause of infantile death, I entertained no hope that the child would ever be born capable of being resuscitated; but the lessening of the obstructions, especially the spasmodic actions of the uterus, before administering the ergot, is favourable to the preservation of the child. On delivery of the head, the scalp was much swollen, and the face had for some time a lifeless aspect; indeed, such is the state of many children when born under the varied circumstances in such labours, that no one could imagine it possible to restore animation; yet some accoucheurs maintain that they are confident, by means of the stethoscope, the lifeless state of the child may be ascertained before birth, when the principal reason against perforating its head is removed. As many children, then, are born without any mark of life, it is impossible, by any instrument, or any means that we are at present acquainted with, to know, before birth, whether really the child may be capable of restoration or not; and as such children are often resuscitated, the absurdity of depending on stethoscopic information on such occasions ought not for another day to be tolerated. Similar observations were made by me, condemnatory of such visionary notions, several years ago, and as the self-evident abuse is again revived, it appears to me dutiful to show its fallacy.

This is the only case in which I have found it necessary to use the forceps, or any other instrument, for several years; and no inconsiderable number of cases have occurred, during these years, which required all the requisite means to effect delivery without instruments, yet all the labours terminated within fifteen hours after my first visit to the woman in labour. This case, then, is one of the most obstinate that occurs in the form of protracted labours under consideration; and even when such cases are actively and appropriately treated, they may be terminated safely in a few hours, both to the mother and her child, by means of the forceps. But I have no difficulty in saying, that if this woman had been seen and actively treated within the first twelve hours of her labour, the forceps would not have been required. There is considerable resemblance in this case to one attended by me several years ago, and is reported at page 234 of the *Accoucheur*, Appendix to Cases. This case, after long-continued labour, was delivered by means of the crotchet; but had it been anything like so actively and appropriately treated as the one of more fortunate termination, it also, I think, might have ended in a similar manner; for subsequent labours proved that the capacity of the pelvis was sufficiently ample to allow a fully matured fœtus to pass. In comparing the case whose nature, treatment, and termination, I have so fully detailed, with many of a somewhat similar description, reported in *THE LANCET*, but whose nature seemed not understood, and whose inert treatment I loudly protested against, no one can for a moment hesitate regarding the propriety of the mode of procedure pursued in the former in preference to that pursued in the latter.

I shall, for the present, only briefly notice two of the latter cases. In *THE LANCET* for March 28th, 1846, under the head, "Contributions to Midwifery," by Dr. Hall Davis, is the first case to which I shall advert. In this case, we are told the woman was forty-two years of age, of a stout habit and firm fibre, in labour of her first child. She had enjoyed good health. Dr. Davis was sent for on Dec. 18th, 1845, four p.m. True pains had first set in at three a.m. on the previous day, (Wednesday.) At two p.m. of the same day, the orifice of the uterus had become obliterated. The pains entirely left her at one p.m., (Thursday,) three hours before Dr. Davis's visit, but not suddenly, having latterly gradually lessened in force and frequency. "I found" (says Dr. Davis) "the expression of countenance good; the face congested from the effects of previous efforts; skin moist and hot; pulse 100 and soft; no heat of vagina; a puffy protuberance of scalp; the head impacted, the bones felt slightly overlapping." Under these circumstances, the delivery was effected by the crotchet. This case bears considerable resemblance to the one lately attended by me, and which has been just detailed. In both cases, after the

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