compound pill of colocynth with hyosciamus—make good combinations. Every one, however, will have his own favourites. The doses should not be large, but small, and frequently repeated—at least twice a day; and, except under some peculiar circumstances, pills are much superior to the fluid medicines. Injections, too, are at times useful; but it is very strange what little comparative effect they have.

The best directed medicines will, however, cause little good results unless they be combined with other means. The diet should be regulated so as to be the opposite of what is called a dry diet; and with this a system of frictions to the abdomen should be perseveringly carried out; and also bandaging, so as to give a steady support to the parts, should be enjoined. As a means of improving the tone of the muscular coat of the intestines electricity has been recommended, and in suitable cases would, no doubt, be of benefit; as would also all those measures which have a tendency to improve and invigorate the constitution. But these points are so obvious that they do not call for any further notice here.

ART. II.—*On the Induction of Premature Labour in the Sickness and Vomiting of Pregnancy, with Cases.* By S. L. HARDY, M.D., F.R.C.S.I., Physician, Accoucheur to, and Lecturer on Midwifery and Diseases of Women and Children, Steevens' Hospital; Physician to the Institution for Diseases of Children, Pitt-street, &c.

VOMITING, one of the most usual accompaniments of pregnancy, and considered so beneficial when within certain limits, occasionally becomes so violent, long-continued, and prostrating, as to endanger the safety of both mother and child.

Some cases of this nature yield to treatment—others, to a certain extent, are so far manageable as to enable the patient to complete her full term of utero-gestation—whilst a third class are so violent and uncontrollable as to require the induction of premature labour to rescue the unfortunate sufferer from a wretched and certain death.

Two cases lately came under my notice of very severe vomiting during pregnancy. One in private, the other in hospital practice. In the first premature labour was spontaneous; in the second it was induced. Both patients were saved.

CASE I.—On the 14th of February last I was called to visit a lady, who expected her confinement about the 12th of March. She was extremely delicate—nearly the only member of her family who had not fallen a victim to consumption. She had given birth to several children, who were so feeble that but few survived. She had taken a carriage drive but two days previous to my seeing her, which was followed by violent spasms of the uterus. Several days passed before this attack subsided. Diarrhea and vomiting then set in. The former was amenable to treatment, but the latter was so violent and frequent that the strength rapidly gave way. Every means of treatment failed to afford more than temporary relief; and in addition to vomiting, the secretion of fetid gas in the stomach was most distressing.

The patient now became most desponding, and so reduced in strength and flesh, that great fears were entertained for her safety, and a question arose as to the course best to adopt in respect to her confinement.

On the 26th of February a consultation was arranged to be held, but at 4 o'clock, a.m., pains set in; labour proceeded without sickness of stomach or any untoward symptom, and at 5.25 a.m., a female child was born (seemingly about three weeks premature). The placenta came off a few minutes after, and the uterus remained well contracted; and when Dr. Churchill met me at 12 o'clock (by appointment, on the previous day) we found mother and child doing well.

From this until the 10th day the recovery progressed so favourably that the relatives of the patient, supposing all danger gone, informed her of some household arrangements, which had the effect of exciting her so that when I was sent for at 11, p.m., she was highly maniacal. The nurse-tender (a remarkably good one) she supposed was going to poison her. The pulse was very little above the natural standard, but her countenance depicted extreme terror and distress. Under the soothing influences of removing the nurse-tender from taking charge of her, and a large opiate, she had a good night's sleep, and was quite herself next day. Nothing whatever again occurred of maniacal symptoms throughout her convalescence; but there was extreme nervousness, which a look or word was sufficient to call forth into the greatest agitation—she then trembled violently, and became bathed in perspiration. This gradually subsided, and she was able to drive out, having got safely through all the dangers of her pregnancy and confinement.

However, the disease of which she seemed so likely to be the

victim at last began to develop itself. There was no cough, but a steady failing of strength, perspirations, loss of appetite, and occasional diarrhœa.

Percussion over the upper part of the left lung gave a dull sound, and at length the symptoms of phthisis rapidly appeared, the lung becoming throughout affected until her death.

CASE II.—In March last a woman, aged twenty-two, was admitted into Steevens' Hospital. She stated herself between six and seven months gone in her first pregnancy. In the early months there was no nausea or sickness, but during the last month she had suffered extremely from violent vomiting, with constipation. The very emaciated appearance she presented caused doubts to be raised as to her condition; which were set at rest by the distinctly audible sounds of the fetal heart.

Burning in the epigastrium, with great thirst, were very distressing, and sickness, more or less troublesome, until the 30th of March, when, at 6 o'clock, a.m., dark fluid was ejected, with blood, in large quantity, and the burning sensation became intolerable. The fetal heart's sounds were weak and slow. Under the repeated administration of morphia and creosote some ease was procured, with a little rest in sleep. On the 31st her pulse, which on the previous day was extremely weak, had improved; but her condition was very uncomfortable, and she felt low and desponding. The fetal heart was inaudible, and the globular shape of the uterus could be distinctly perceived, by the hand, when passed over the abdomen. There had been no vomiting from 6 o'clock this morning.

I ruptured the membranes at 10.30, a.m., the head presenting. Uterine pains set in at 4.30 o'clock, p.m.; vomiting returned at 6, p.m., and so reduced the strength that it was necessary to deliver immediately, which Dr. Tynar, resident surgeon to the hospital, accomplished. The child, a female, appeared to have been a short time dead. After recovering from the shock of delivery, under the liberal use of brandy, opium, &c., she improved considerably during the night. Next morning some dark fluid was vomited, but not of the character of what had been previous to delivery. The stomach then gradually received and retained mild nourishment. On the third day there was diarrhœa, which was easily restrained. Until the sixth day pain in the cardiac region, with a troublesome cough, distressed her. She then progressed

most favourably, and left hospital, recovered, on the 12th of April. Three weeks afterwards she presented herself, and had become so fat and improved in appearance that some did not, at first, recognize her.

Sickness of stomach, in the early months, was absent in both these cases; neither of the patients having complained of anything until far advanced in pregnancy. Dr. Ramsbottom remarks that when vomiting is entirely absent utero-gestation does not proceed with its usual regularity and activity. The vomiting of early pregnancy has been adduced, by Sir H. Marsh, as illustrating the nature of transmitted affections of the stomach. "No evidence of the transmission of disease" he says, "can be more convincing than that which is derived from the early stage of pregnancy. It illustrates, first, the true nature of transmitted disease; secondly, the either total or almost total absence of indications derivable from the real source and origin of the transmitted malady. That which strikes one as most wonderful is the fact that at an unexpected moment, the position and condition of the uterus being changed, all the suffering is terminated."^a Those remarks, though made as to the changes which take place in the early months of pregnancy, may be applied also to the present case. The vomiting, which persisted notwithstanding every effort to restrain it, ceased immediately on the condition of the uterus being altered by delivery.

Irritability of stomach is observed in several affections of the uterus besides during pregnancy; the treatment being sometimes, by mistake, directed to the stomach instead of to the proper seat of the malady. This is known in the case of polypi. I lately removed a small polypus from the uterus of a patient who had been previously under treatment for eighteen months. Attention was altogether directed to the stomach as the seat of the malady. The removal of the polypus, which was effected by torsion, was followed, for two days, by aggravation of all the symptoms; they then entirely subsided.

Sir H. Marsh met with a case of nausea and vomiting so severe that life was despaired of. "The countenance was ghastly, the prostration death-like; disease of the uterus was discovered; the uterine treatment was successful."^b

Dark vomit—or, as it usually is called, coffee-ground—in midwifery practice is considered indicative of serious derangement, or

^a Sir H. Marsh's Transmitted Affections of the Stomach.

^b Observations on Transmitted Disease.

of grave injury to some internal organ. In rupture of the uterus, for instance, it forms a prominent symptom. It was present in Case II. When the patient mentioned having vomited blood before her admission, it was supposed this was owing to the violence with which the contents of the stomach were ejected. However, she made the same remark when in hospital. I never, on any former occasion, saw so large a quantity of this peculiar fluid expelled. In four hours two very large chamber utensils were filled with it. That the danger it indicated was extreme there could have been no doubt, judging alone from the distress, prostration, and agony of the patient. The effect of such a secretion, drawn from the system so largely, was in itself alarming, when, according to the analysis of Dr. Moore, in his examination of coffee-ground vomit, we find it to consist *chiefly of blood*, mixed with epithelium.

In deciding upon the necessity of inducing premature labour, the urgency of the symptoms must be fully considered, so as not to fall into the error of either unnecessary haste or of culpable delay.

A glance at the foregoing case (No. 2) is sufficient to show that in every particular the symptoms were extremely severe. They were numerous, and may be said to fully come up to the signs which, according to M. Dubois, indicate the proper period for resorting to the induction of premature labour.

He states those signs as:—1. Almost incessant vomiting, by which all alimentary substances, and sometimes the smallest drop of water, are rejected. 2. Wasting and debility, which condemns the patient to absolute rest. 3. Syncope, brought on by the least movement, or mental emotion. 4. A marked change in the features. 5. Severe and continuous febrile action. 6. An excessive and penetrating acidity of the breath. 7. The failure of all other means.^a

Dr. Murphy,^b in his observations on this subject, well remarks:—“In four cases of excessive vomiting, followed by exhaustion, *three* were lost through hesitation and delay, and *one* was saved by promptitude in inducing miscarriage.”

Dr. Churchill^c mentions a case where, after giving several doses of ergot, and passing a bougie into the uterus, it was four days before the ovum was expelled, and the patient was reduced to a most alarming state of exhaustion.

^a Gazette Medicale, No. 23.

^b Murphy's Midwifery. Second Edition, p. 94.

^c Churchill on Diseases of Women. Fifth Edition, p. 630.

In Case I. the spontaneous coming on of labour was most fortunate, as the patient's state was so alarming that I believe the induction of labour would have been considered imperatively necessary to save her life.

The maniacal attack in this case, where the strength was so reduced by suffering, was a cause of some anxiety; but, coming on at so late a period as the tenth day, and the pulse being so little disturbed, hopes were entertained that it would subside, as it did after refreshing sleep, induced by opium.

It has been remarked that extensive tubercular disease of the lungs has sometimes prevented sea sickness in persons who when in health had suffered severely from it. In pregnancy one of the worst cases of sickness I have seen was in a consumptive patient. She, like the one of Case I., was nearly the only member of her family who had not been carried off by it. It was her first pregnancy. She suffered so very much from sickness and vomiting that the induction of labour was in contemplation, but her spontaneous delivery removed the necessity for resorting to this course of treatment. Some months after she died of rapid phthisis.

In the treatment of vomiting, whether of pregnancy or arising from other circumstances, the attitude of the patient is a matter of much importance. M. Beau considers the horizontal position as one of the causes of bilious vomiting, and in his treatment of such cases makes his patients sit upright, with the head and shoulders as much elevated as possible.* The horizontal is that preferred in the vomiting of pregnancy, and it is also found of very great benefit, when judiciously adopted, in preventing sea sickness. With the latter object in view this position should be taken before the sailing of the vessel.

Of external remedies ice is one very grateful to patients. It may be enclosed in a bladder, or a piece of it placed in the cup of a sponge, may be as frequently applied over the epigastrium as the disposition to sickness arises. In a case, lately under my care, of violent pain in the stomach and vomiting (not arising from pregnancy), ice used in this way, and given with infusion of mint internally, quieted the attack after the failing of other remedies. It is very pleasant and beneficial when given in coffee.

Creosote and morphia, in combination, internally, are frequently serviceable. They answered remarkably well in Case II., when all

* *Gaz. des Hôp.*—*Med. Press*, April 27, 1864.

other means had proved unavailing in affording relief from the incessant vomiting, violent straining, and intolerable sensation of burning complained of in the epigastrium; also in procuring several hours' rest in sleep.

Dr. Simpson found the inhalation of laudanum to quiet the severe sickness and vomiting of a pregnant lady, and to procure sleep, after that ice, prussic acid, and other remedies had failed. He recommends oxalate of cerium in various forms of obstinate vomiting. I have frequently given it in such cases with decided advantage, alone or combined with sedatives, such as prussic acid, &c.

Where the strength has been so greatly reduced by sickness and vomiting, extreme caution should be observed as regards diet and the use of aperients after delivery, until the constitutional vigour has become somewhat restored, and the stomach be capable of receiving and digesting suitable food. This precaution was particularly necessary in the foregoing cases.

In Case II. the patient eagerly desired chicken, which she took in preference to any other kind of food. It was given in very small quantity. Broth she disliked. Wine was given, diluted, and little at each time. Aperients were withheld, fearing their effect upon her when so weak, fortunately, as the attack she had of diarrhea exhausted her strength very considerably.

Before delivery had come on in Case I., for some days, when nutriment could not be retained by the stomach, it was thrown into the rectum in very large quantities, and with very decided advantage. This was more easily accomplished after morphia or opium, in any form, had been given, either to procure rest in sleep or to restrain diarrhea.

After delivery, wine was nearly the only thing the stomach could receive for the first two or three days. Champagne and Sparkling Moselle, iced, were particularly grateful.

To enumerate the many and various remedies, both in diets and medicines—together with the numerous external applications which have been resorted to in the sickness and vomiting of pregnancy—would, in itself, testify how very intractable many of those cases are, whilst it would more enhance the value of a method which, when *timely* and *judiciously* resorted to, has the so very immediate effect of not only rescuing the patient from pain, wretchedness, and, it may be, even death itself, but of restoring a constitution, otherwise healthy, to the proper performance of its wonted functions.