The death of an author who has held an important position before the public, seems frequently to attach an undue, or at least, an increased weight to his opinions, and much as we feel disposed to deal kindly by the memory of the departed professor and very extensive practitioner whose labours have been canvassed, justice to the profession demands the statement that, as a record of personal experience, this work is meagre to a degree that is surprising when the opportunities of the writer are considered; and that, as a compilation, its details cannot be considered sufficiently ample to possess a very great degree of interest.

R. C.

ART. XIII.--*Facts and Cases in Obstetric Medicine, with Observations on some of the most important Diseases incidental to Females.*

By J. T. INGLEBY, Member of the Royal College of Surgeons, London; Senior Surgeon to the General Dispensary; Surgeon to the Magdalen Asylum; and Lecturer on Midwifery at the Royal School of Medicine, Birmingham. 8vo. pp. 296. London: Longman & Co.

It is gratifying to perceive that Obstetric Medicine is beginning to engage the attention of physicians to an extent corresponding with its great importance. Certainly no department of the healing art has been more neglected, even by those whose especial duty it was to cultivate and improve it. Within a few years, it is true, we have been furnished with several truly valuable treatises on the diseases peculiar to the female sex, calculated to supply, in some degree, the very great deficiency which had previously existed. The writings of Gardien, Capuron, and Duparcque among the French, and of Mansfield, Clarke, Gooch, Blundell, and some others among the English, and Dewees in this country, have introduced more correct views in regard to the causes and nature of the diseases of women, and discarded, in some measure, the empirical means formerly too generally relied on for their cure. The field nevertheless is a broad one, and abundant space for cultivation remains in it still, for all such as may be disposed to toil for its fruits. An educated mind, trained to observation, and controlled by a proper regard for the opinions and experience of others, when associated with the industrious habits of such a writer as Mr. Ingleby, will never fail to excite a due degree of interest for any subject upon which its labours are employed. This particularly is true in reference to the work before us. The author, although not connected with any large hospital, gives proofs in the numerous cases which he cites, of extensive observation, derived from his private practice, and the large consultation business which a high character among his neighbouring practitioners has secured to him. In these respects, his experience is drawn from the same sources as that of Dewees. Such

opportunities are not of very common occurrence; while facts so derived, in our estimation, are greatly preferable to the conclusions drawn exclusively from hospital reports, not only from the admitted character and experience of the observer, contrasted with the youth and inexperience of those upon whom the labour of recording the histories of cases commonly devolves in public institutions, but also from the broken down constitutions and irregular habits of such as ordinarily resort to the wards of the latter; circumstances which it is well known often so mask and complicate diseases, and modify the effects of remedies, as to afford but dim lights for general guidance. The work, of which we have given the title above, is comprised in seven sections. The first three, and a portion of the sixth and seventh, have been published before, "but now appear in a revised and greatly enlarged form."

The first section is occupied with the consideration of *puerperal convulsions*. Certainly no subject of deeper importance occurs within the range of obstetric medicine. On this account, and to enable our readers to appreciate the author's views, we shall notice the prominent points connected with it, with less than our accustomed brevity.

"The term *puerperal convulsions*," the author thinks, "should be confined to cases occurring in paroxysms affecting the contractile tissues generally, and, in many respects, resembling epilepsy, although the attack cannot be regarded either as apoplectic, epileptic, or tetanic, but partaking more or less of the character of each of these diseases."

The circumstance of blood-letting proving so efficacious in *puerperal convulsions*, in the author's opinion,

"Militates strongly against its genuine epileptic character, for bleeding in common epilepsy is usually injurious; neither is the subject of *puerperal convulsions* left exposed to attacks of chronic epilepsy."

"The hysterical species, in its mode of attack, duration, degree, violence, and the perfect recovery of the patient on the subsidence of the fit," he remarks, "is so very different from eclampsia, that a man must want common sagacity to confound the one with the other. As for the apoplectic species, without sanguineous effusion, it is really a distinction without a material difference; it differs only in degree, and usually appears during labour."

The author unites with Dr. Blundell in attributing convulsions, "in most cases, to increased action of the cerebral vessels:" although he admits, with Andral, "that states of anæmia, as well as of hyperæmia, are equally productive of convulsions."

"Allowing, therefore, for complications and variations of constitutions, the more important convulsions of the *puerperal* state may be referred to two principal and opposite conditions of the system; either an excited or turgid state of the vessels of the brain (often promoted by improper diet, and a neglected state of the bowels during gestation) or by loss of blood, as after a dangerous hemorrhage. There is also a third state, subordinate to those just mentioned, and which seems more immediately dependent upon excessive sensibility of the uterine fibres, since it generally happens under an irregular and highly painful action of the uterus during its dilatation."

That the different "conditions of the system" pointed out by the author, do strongly predispose to convulsions, will be admitted by all who have had much experience in the management of parturient women: but it does not appear to us that the intelligent author has

clearly indicated the lesions, or organic changes which constitute the pathology of these "different conditions," nor, consequently, the discriminating signs by which they may be discerned. Without this knowledge we cannot hope to arrive at a rational and successful plan of treatment.

The following observation we doubt not will appear to our readers, as it does to us, extraordinary and unreasonable, viz:

"Not only does the attack usually occur in first pregnancies, but, what is remarkable, with very few exceptions, almost always when the presentation is natural. Where the presentation is preternatural, there is little cause (says Collins) to dread the attack."

That convulsions happen much more frequently during first than during subsequent labours, is consistent with reason and every day experience. The more violent and protracted efforts of the uterus necessary during a first labour to overcome the natural rigidity of the soft parts, with the anxious uncertainty usual in those who have never experienced such suffering, are alone sufficient to account for the more frequent occurrence of convulsions then than subsequently. But that a *preternatural presentation* should afford any immunity from such attacks, we cannot for a moment concede. Convulsions during pregnancy and labour, are not of very frequent occurrence; neither are preternatural presentations; and the concurrence of the *two unusual circumstances* in the same case, is likely to be rare indeed. But as the labour is certainly rendered more difficult in preternatural presentations, the danger of convulsions and every other bad consequence must be proportionally increased. In fact, the author admits this position when he afterward says that "convulsions which arise after the os uteri has acquired a moderate degree of dilatation, may sometimes be traced to malformation either of the pelvis or head of the infant." Now such malformations do not predispose to the attack of convulsions, excepting so far as they increase the duration and intensity of the uterine efforts.

Entertaining the opinion we have quoted, that puerperal convulsions are to be attributed to "increased action of the cerebral vessels," the author advocates blood-letting both as a preventive and curative means. "Even under a strong predisposition to convulsions," he remarks, "the attack may generally be prevented by bleeding, daily laxatives, a simple diet, and mental quietude." Whenever the face and extremities become œdematous in the latter months of pregnancy, or

"Whenever a woman has been the subject of puerperal convulsions, the necessity for adopting these precautions in a subsequent pregnancy, especially towards its termination, and for maintaining tranquillity of the circulation, must be obvious. Generally, however, as depletion is now practiced, its efficacy in removing the paroxysms and permitting gestation to proceed, is either not acknowledged, or not estimated according to its high and practical importance."

After the high authority of Hamilton, Denman, Dewees and others, in favour of copious bleeding, adduced by the author himself, we cannot admit that the efficacy of the remedy "is either not acknowledged or not estimated according to its high and practical importance."

The natural inference from the remark would seem to be, that *he* bleeds with an unsparing hand. Like some others of equally high pretensions, it is to be feared that in this respect he is an ultra advocate for a remedy which is certainly not less potent for evil than for good.

Reposing the highest confidence in its value, in vigorous constitutions, or in those not already greatly debilitated by sedative causes, we are, nevertheless, satisfied that we have seen it carried much too far, even in the most favourable subjects. Admitting with Blundell, as we do, that the proximate cause of the disease consists in a turgescence of the cerebral vessels, it should never be forgotten that that condition is not unfrequently associated with an opposite state of the vascular system in other parts, and that large bleedings under such circumstances are more likely to aggravate than to relieve the evil. The testimony of Gooch, that he never saw a single patient die from convulsions, "unless the lancet had been unemployed, or employed insufficiently," is expressed in strong terms; but in our opinion, in respect to very large bleedings, the experience of Merriman, Mauriceau and Madame Lachapelle, is at least of equal force in favour of a more restricted use of the lancet. The experience of the sagacious Denman, cited by our author, that the heart may be unusually flaccid, while there is extreme fulness in the cerebral vessels, should admonish us on this point. Although the patient may not be immediately destroyed by the excessive depletion, her life will be endangered from effusion consequent upon it, in the ventricles of the brain or other important cavities.

On the propriety and importance of artificial delivery, the author makes the subjoined judicious remarks:

Quoting from the paper of Mr. Symonds, contained in the *London Lancet*, "Instructed by my own experience, and fortified by the authority of such writers as Denman, Blundell and Gooch, I should say with the latter, take care of the convulsions and let the uterus take care of itself."

"In this," says Mr. I., "as a general principle, I quite concur; but exceptions to it may arise. When the attack appears during actual labour, our line of practice is clearly defined; we must moderate excessive action, and deliver on the first favourable moment. But should the convulsions *precede* labour, the practice pursued by Dr. Joseph Clarke (very similar to that recommended by La Motte) is the most rational that can be followed, viz., to trust to nature's efforts, aided by medical treatment, until the patient's life appears to be *immediately* endangered by the continuance of the disease, and then to interfere in the speediest and safest manner to promote delivery. The circumstances which justify interference, demand an impartial and dispassionate consideration, and should embrace the state of the uterus, the presentation of the fetus, the period of gestation, and the violence of the symptoms."

The author is of opinion, that

"The want of success in delivering, generally arises from one of two causes; the first, delivering too early, before the uterine orifice has undergone sufficient relaxation; the second, postponing the delivery until effusion has taken place, or a fatal impression been made upon the brain. Previous to delivery being attempted, sufficient relaxation of the uterus must therefore be obtained by

bleeding or emetic medicines in nauseating doses, purgative enemata, and perhaps the application of belladonna to its orifice, otherwise we incur the risk either of an apoplectic seizure, or a laceration of the uterus or vagina."

Although the preceding remarks contain nothing that is particularly new, they at least inculcate sound practice, which is of far more importance.

The remarks on convulsions are closed by an account of thirty-five cases, which occurred under the notice of the author and his friends. Some of these happened during pregnancy, many during labour, and others subsequent to delivery; the greater number of the patients recovered. Of those cases which terminated unfavourably, but few were examined after death, in consequence of the opposition on the part of their friends. This shows a state of feeling in that country very unfavourable to the prosecution of pathological inquiries, the more to be regretted, because of the number and intelligence of those capable of conducting such investigations, to the honour of science and the benefit of the human race.

Of the autopsies reported by the author, effusions in the ventricles of the brain, and sanguine congestions of its vessels, were very commonly observed; we recollect, indeed, but a single exception.

In a note subjoined to this section, Mr. Ingleby speaks in the highest terms of "tartarized antimony in the sthenic form of eclampsia, the attack taking place within a very short period after delivery."

"The agency of this medicine," he observes, "is of singular value; for, whilst it lowers inordinate action, it does not produce those distressing secondary effects which follow large bleedings. Although the emetic tartar cannot be regarded altogether as a substitute for bleeding, the repeated employment of the lancet becomes in a great measure unnecessary, provided, indeed, the influence of the medicine is maintained over the system until the activity of the disease is overcome."

The *second section* is "on malposition of the uterus, ovary, bladder, and urethra, both in the impregnated and unimpregnated state, in connexion with retention of urine," and contains many interesting facts and judicious remarks; but nothing particularly novel or striking.

Section third treats of "obstructions in the soft parts to the progress of labour." The subjects which it embraces are organic defects, as tumours—labial, vaginal, and uterine; contractions of the orifice and canal of the vagina, protrusion of the bladder and rectum, &c. The consideration of these properly belongs to the department of special surgery. Although somewhat desultory in its character, the section is creditable to the industry and sound practical knowledge of the author.

The *fourth section* is "on induction of premature labour in cases of organic disease."

Dr. Merriman long since laid it down as a rule, that the inducement of premature labour by art ought to be strictly confined to cases of distorted pelvis. Dr. Ashwell has extended "the principle to cases in which tumours have formed within the uterus, or in connexion with enlargement of the ovary, and also to extraneous growths in the

vicinity of the uterus, such as are liable to inflame during gestation, or calculated to offer a formidable obstacle to parturition."

Mr. Ingleby, while he seems to think the rule prescribed by Dr. Merriman may be advantageously extended, entertains doubts whether the facts furnished by Dr. Ashwell in support of his views, "afford sufficient data to establish as a general principle, the adoption of the proposed measure in similar cases" to those contained in his paper. The section before us is devoted to a consideration of the various circumstances under which "the proposed measure" may be deemed advisable, and embraces some interesting facts; but we have not discovered that they have led the author to very distinct or methodical conclusions. So numerous are the diseases to which the human female is liable, and especially her genital organs, and so various the circumstances of individual cases, that it is impossible to lay down any very strict rules for their management. We can only agree on general principles; but at last, every case of malformation, or structural change, must be examined and decided on its own merits, under the guidance of an enlightened experience.

"The fourth section is "on laceration of the uterus and vagina."

The occurrence of laceration of the uterus and vagina, has hitherto been regarded as extremely unusual. In the United States but very few cases have been recorded. There is reason, however, to believe that too frequently it takes place without being suspected; particularly among the inmates of almshouses and the operatives of large manufactories. According to our author, "their comparative frequency, which is by no means well ascertained, is said to vary from one in three hundred to one in four thousand cases." Of the sixteen thousand four hundred and fourteen deliveries in the Dublin Lying-in Hospital during the mastership of Dr. Collins, thirty-four suffered lacerations of this kind, being an average of one in four hundred and eighty-two.

Mr. Ingleby is "disposed to regard their occurrence as much more frequent than is generally believed, and as connected with sudden instances of death." "On general principles," he observes, "it might be inferred that lacerations would arise more frequently in first than in subsequent labours; but the contrary, I believe, is the truth." In proof of this position he cites several very respectable authorities, and Ramsbotham in particular, who "never met with an instance of ruptured uterus in a first lying-in." The following remarks of the author on this subject, contain his views of the cause of this difference.

"An opinion has prevailed that the uterus will sustain with impunity a more powerful contraction in a first labour than its textures are afterwards equal to, that these textures become impaired by frequent child bearing, and easily lacerate, but the deduction is unsupported by evidence. In the disease termed *malacosteon*, the sacral promontory undergoes a sensible change in its figure, antecedent to any apparent softening of the pelvic bones in general, and the reason is obvious. This yielding, which is at first very slight and is arrested after delivery, returns with a recurrence of pregnancy, rendering each act of parturition more difficult. Thus we understand why lacerations occur more

frequently in women who have borne children, than in primiparæ; and the explanation is far more consistent with the principles of physiology, than to ascribe the injury to attenuation of the uterine tissues."

The author, however, does not deny that rupture may arise from a diseased condition of the uterus or vagina; and he expressly mentions cases in which it occurred from convulsions, and irregular contractions of the uterus. He also points out with great force the danger of suffering a patient to struggle unavailingly, where the disposition between the head and pelvis is such as to forbid the hope of speedy delivery by her own unaided powers.

"It is impossible," he remarks, "to read attentively many of the cases hitherto recorded, without being able to trace the laceration to a *direct* impediment affecting the progress of labour. Impaction, properly so called, is inseparable from danger, and may be regarded as a test of the practitioner's skill and discernment."

The justness of these observations must be admitted by every one. No experienced practitioner can have failed to observe many deplorable instances of long continued uterine efforts, exhausting if not destroying the patient, where it was impossible for the head to pass through the pelvis; and if lacerations have not more frequently occurred, it is perhaps scarcely less a subject for regret than surprise—regret, for the poor subjects who, instead of being speedily relieved by the hand of death, have only been doomed to suffer further torments, without a better result.

In the *sixth section*, which is on "*inversion of the uterus*," we find little that is new, although much to commend.

The author is an advocate for the return of the uterus, even after a considerable lapse of time. In support of his views, a very interesting case is related, in which he succeeded in the reduction eight days after delivery. He "found her nearly without pulse, exsanguine, comatose, delirious on being roused, and apparently moribund." The patient recovered.

The *seventh and last section* is "*on the signs and symptoms of pregnancy—their obscure and deceptive characters—their complication with disease, and the signs which denote the extinction of life in the fœtus.*"

The subjects embraced in this section alone, if fully considered, would occupy a volume; of course the present commentary is necessarily brief, being comprised in about sixty pages. Much of this likewise consists of matter already before the public, arranged according to the author's peculiar views, and illustrated by facts drawn from his own experience. From the latter we shall select a few points of more prominent interest. In addition to the swelling of the breasts and areola around the nipple, as indicative of pregnancy, he adds two other changes, which we have not been accustomed to notice.

"The first consists of a very scaly state of the cuticle covering the areola; the second, in a discoloration, not very unlike the areola, and partially affecting the whole surface of the breasts. The breasts present a curious mottled or checkered appearance, of an irregularly brown hue, with intervening spaces, defined in extent, circular in form, and as white as the skin over the body in general. The last mentioned appearance is strongly presumptive of pregnancy."

According to the author's observations, although a single attack of hemorrhage may not only destroy the embryo, but also the mother, in the early weeks of pregnancy, "a protracted hemorrhage may not necessarily destroy the fœtus or terminate in abortion, notwithstanding the well known tendency." "Or the fœtus may perish, and yet be retained in utero until the ninth month." In relation to twin cases, we find the subjoined curious statements, which are deeply interesting in many respects.

"Whatever may be the condition of the dead fœtus, the tenantry of the living one, even up to its maturity, may in no respect be affected. A few weeks ago, on examining a mature placenta, the expulsion of which was attended with severe hemorrhage, a fœtus of four or five months' growth, flattened, but not putrid, was found within the membranes, closely adherent to the uterine surface of the mass; and yet a full sized living child, in connexion with this placenta, had just been expelled. It is singular that, although the placenta consisted of one solid mass, (not two placenta connected by membrane,) one half of the mass, and the small fœtus attached to it, are reduced to a white substance, the line of demarcation between the dead and the living portion being very apparent. It could not have been exposed to atmospheric influence. When abortion happens in the middle months of gestation, the retention of the placenta is of frequent occurrence. On the expulsion of a twin, three, four, or five months old, having its own proper membranes and placenta, the uterine orifice may close quite as promptly, without any suspicion being raised of the presence of a second ovum; and if the woman be corpulent, the bulk of the uterus may not be easily determined. After the expiration of a given period, varying from a few hours to a few days, the uterus will probably expel the second ovum, and thus a charge of ignorance may be most unjustly and vexatiously preferred against the practitioner; a circumstance which I know to have occurred. In cases similar to this a difficulty respecting the vitality of the fœtus yet in utero is likely to occur. On the expulsion of a large mole or a diseased ovum from the uterus the same difficulty may arise, supposing a fœtus enclosed in its proper membranes to be still retained. Of this complication my own practice has furnished a striking example. After a long continued hemorrhage, a diseased placenta (of the grape kind) was cast off, but without any apparent fœtus; the os uteri closed, and, to the surprise of all parties, the patient was delivered a few weeks afterwards of a mature child and secundines. From this case, and several others of a similar kind, we see the propriety of carefully ascertaining the *bulk* of the uterus whenever any large substance has quitted its cavity—the practitioner's reputation may suffer by the neglect."

We have quoted the preceding observations, not only because of the infrequency of the circumstances detailed, but for the important practical instruction contained in the closing remark.

The author speaks in terms of great confidence of the stethoscope in determining the existence of pregnancy, as well as whether the fœtus is a living one; but some of his observations are rather calculated to lessen its importance, at least when compared with other means. Thus he remarks that he has in repeated instances distinctly detected the placental soufflet (on one or both sides of the uterus) and the pulsation of the fœtal heart, by means of the stethoscope, as well as by the naked ear. "But the soufflet is common," says the author, "to several diseases, and is, therefore, an uncertain evidence of pregnancy, although Drs. Ferguson and Kennedy think otherwise."

The sound of the foetal heart, he contends, "is never with *certainty* heard before the fifth or sixth month," at least he has not been able to distinguish it at an earlier period.

"In a case of Cæsarean operation the foetal heart could not be heard to pulsate, notwithstanding a most minute examination by several practitioners. The patient persisted, however, that she felt the child move, and it was extracted alive."

If the foregoing facts be established, the value of auscultation, in reference to obstetrics, is greatly diminished. For it must be a rare case indeed, when an experienced practitioner cannot detect the existence of pregnancy before "the fifth or sixth month," without the stethoscope, or any other means of auscultation. And as to the matter of the child's life influencing the course of practice in difficult cases of labour, we hold it to be greatly overrated.

The propriety of the rule which prescribes that the life of the mother must never be jeopardized for the welfare of the unborn child, will hardly be disputed by any one. This being admitted, it is only where we desire to abridge the sufferings of the patient, as in cases where it is supposed that the forceps or long continued uterine efforts would enable her to deliver herself that it becomes a point for consideration. In such a case, if assured of the child's death, a resort to the crotchet, by lessening the head, will facilitate its delivery and shorten the patient's sufferings. But here an experienced practitioner rarely fails to discover whether the child be alive by ordinary means; and it is precisely the situation in which it is admitted that auscultation is least to be relied on, in consequence of the position of the child among the bones of the pelvis, and the controlled state of its circulation from the action of the uterus upon it. Let us not be understood as discouraging stethoscopic or other means of auscultation in our art—far from it—we only wish to guard the inexperienced from an implicit reliance upon it, in *opposition* to other evidences; or in a too confident dependence upon it, in the *absence* of confirmatory proofs. Let no man puncture the cranium of a child, because he cannot discover the beating of its vessels—other evidences and weightier reasons are necessary. Let it be recollected that some of the most eminent members of the profession have occasionally failed to discover either the placental soufflet or beating of the foetal heart, where time and events proved their existence. Mr. Ingleby cites Ryan, Capuron and Velpéau of this number, and he might have greatly extended the list. We should not deem these cautionary observations necessary, but auscultation is not only *new*, but *fashionable*; and we have lived to see that if some men "prefer old errors to new truths," there are others not less attracted by novelty, who are prone to rely too sanguinely on new means and hastily formed opinions.

R. M. H.