"I find rupture of the uterus almost always; after describing a case of a lady, it, says, "This state of pain and distress was succeeded by faintness, two causes, hæmorrhage and pain. are attended with another, which is sudden loss of labour-pains. There is a inclination in the uterus to keep them but they are sure to sink."

Dr. Davis's "Obstetric Medicine" says, The fatal event sometimes takes place in a course of ten minutes or a quarter of an hour after the accident. More frequently the patient survives for six, eight, or twelve hours; but in the great majority of cases she dies within twenty-four hours after the receipt of the injury. The author has known several instances of persons who had survived three, four, five, and six days. Steideler relates a case of a patient who lived till the seventh day, and one of Dr. Garthshore's patients lived till the twenty-sixth day after the accident." Dr. Davis relates one or two cases also in his practice where they eventually recovered.

This most melancholy accident may arise from various causes. Thus it has happened from moral causes alone; and Dr. Davis relates a very interesting case arising from disappointment of pecuniary relief; but in his case the most extraordinary feature was, that of the peritoneal membrane being the only part implicated. Dr. Burns says, "Rupture of the uterus may be the consequence of mental agitation, but in most cases it is owing to external violence." Dr. Perna's patient attributed her accident to fright, and Dr. Underwood's referred her's to mental agitation.

Violent and energetic contractions of the uterus itself will sometimes produce spontaneous rupture, and also irregular and forcible contractions on some projecting part of the child. M. Dugès states that double uterus has been the cause, occasionally, of uterine rupture.

This injury to the uterus may be caused by the hand in the act of turning. Thus, in performing this operation, too much care cannot be taken in keeping the hand in a perfectly passive state during the contractions of the uterus, and in using manual dexterity during its relaxed condition.

The too forcible use of instruments is another cause. I was called the other day to a case where a surgeon was using the forceps, and on examination I found the os uteri very thick, and not dilated larger than half-a-crown; with every pain he used extension, and dragged the uterus down to a considerable extent. I suggested the removal of the instruments, which, being done, and small doses of tartar-emetic being administered (for the parts were in a rigid and highly-inflamed state), she, in about two hours, delivered herself naturally.

The above was a case in which rupture of

the uterus might readily have ensued by the unnecessary instrumental interference. Had there been malposition in the first instance, rectifying the position, together with the application of belladonna to the cervix uteri, to allay the rigidity, and small doses of tartar-emetic, perhaps also an opiate, would have been the means of affording nature an opportunity of effecting her own design.

Another very reprehensible practice, and one which is likely to lead to this catastrophe, is that of trying to force the edges of the uterus back into the pelvis during a pain. Many medical men have told me that they do so, and thereby expedite the delivery. I know sometimes it can be done, and it is very easy to force the edges of the uterus behind the pubis whilst the child's head is bearing, especially if the edges be thin, and in a very relaxed condition; but I feel sure that this practice must be attended with great risk where they are in a rigid state.

February 8, 1842.

ON OPIUM-SMOKING AMONG THE CHINESE.

By G. H. SMITH, Esq.

Communicated by Dr. J. JOHNSON.

[Read before the Westminster Medical Society, February 12, 1842.]

Mode of preparing the opium for smoking. Causes of the prevalence of the habit. Mode of smoking. Description of a smoking-shop. Effects of the opium on the smoker. Influence of the habit on the health, vigour, and conformation of the Chinese. Note by Dr. Johnson.

THE great extent to which this destructive vice is carried on in this island, and in the straits and islands adjacent, together with the almost utter impossibility of relinquishing the dreadful habit, when once acquired, opens an immense source of revenue to the East India Company, who monopolise the sale of all quantities of opium under a chest, as well as that of arrack, seree, toddy, bang, &c. The annual average revenue of this monopoly, or "REVENUE-FARMS," as they are called, for ten years past, has amounted to 4822*l.* sterling. But the quantity of opium smuggled is immense and incalculable. Benares opium is that chiefly used by the farmer for the preparation of "chandoo" (the composition smoked), on account of its weight and cheapness; but the consumers prefer the Patna opium, because it has a finer flavour, is stronger, and its effects more lasting.

The following is part of the mode of preparing the chandoo. Two balls are as much as one man can properly prepare at once. The soft inside part of the opium-ball is scooped out, and the rind is boiled in soft

water, and strained through a piece of calico. The liquor is evaporated in a wide vessel, and all impurities carefully skimmed off, as they rise to the surface. The same process is gone through with the soft opium extracted from the ball; and all being mixed and evaporated to the consistence of dough, it is spread out into thin plates, and when cold, it is cut into a number of long narrow slips. These are again reduced to powder, redissolved, again evaporated, and ultimately rolled up into balls, and a good deal resemble shoemaker's wax. In this state it is fit for smoking, and is at least twice the strength of crude opium. The CHANDOO, when once smoked, does not entirely lose its powers, but is collected from the head of the pipe, and is then called "TYE-CHANDOO," or fæcal opium, which is made into pills, and swallowed by those whose poverty prevents them from smoking the CHANDOO itself.

In Penang, the opium-smokers are the Chinese, the Malays, and a very few of other nations, chiefly the native Portuguese. It is calculated that 10 per cent. of the Chinese, $2\frac{1}{2}$ of the Malays, and about 1 per cent. of other natives, are addicted to the vice of opium-smoking. The poorer classes smoke in the shops erected for that purpose, but the wealthier orders smoke privately in their own houses. The practice is almost entirely confined to the male sex, a few abandoned prostitutes of the other sex partaking of the vice. A young beginner will not be able to smoke more than five or six grains of CHANDOO, while the old practitioners will consume 290 grains daily!!

The causes which lead to this dreadful habit among the Chinese are,—First, their remarkably social and luxurious disposition. In China, every person in easy circumstances has a saloon in his house, elegantly fitted up, to receive his friends, with pipes, chandoo, &c. All are invited to smoke, and many are thus induced to commence the practice from curiosity or politeness, though few of them are ever able to discontinue the vice afterwards.

Parents are in the habit of granting this indulgence to their children, apparently to prevent them from running into other vices still more detestable, and to which the Chinese are more prone than, perhaps, any people on earth. There is another cause which leads great numbers of young men into the practice of opium-smoking, a belief, founded, it is said, on experience, that the said practice heightens and prolongs venereal pleasures. It is, however, admitted by all, that opium-smokers become impotent at a much earlier period of life than others. In painful or incurable diseases, in all kinds of mental or corporeal sufferings, in mercantile misfortunes, and in other reverses of fortune, the opium-shop is resorted to as an asylum, where, for a time at least, the unfortunate

may drown the recollection of his cares and troubles in an indescribably pleasurable feeling of indifference to all around. The Malays are confident that opium-smoking inspires them with preternatural courage and bodily strength; it is, therefore, resorted to whenever any desperate act is in contemplation.

The smoking-shops are the most miserable and wretched places imaginable: they are kept open from six in the morning till ten o'clock at night, each being furnished with from four to eight bedsteads, constructed of bamboo-spars, and covered with dirty mats and rattans. At the head of each there is placed a narrow wooden stool, which serves as a pillow or bolster; and in the centre of each shop there is a small lamp, which, while serving to light the pipes, diffuses a cheerless light through the gloomy abode of vice and misery. On an old table are placed a few cups and a tea-kettle, together with a jug of water, for the use of the smokers. At one side of the door the sub-farmer, or cabaret-keeper, sits, with chandoo, pipes, &c. for the accommodation of his customers. The place is filled with the smoke of the chandoo, and with a variety of other vapours, most intolerable to the olfactories of an European. The pipe, as may be seen, is composed of a shank and a head-piece, the former made of hard and heavy wood, fourteen inches long by three inches and a half in circumference. It is bored through the centre, from the mouth-piece to the head, where there is a kind of cup to collect the "TYE-CHANDOO."

The smokers generally go in pairs, and recline on the bedstead, with head resting on the wooden stool. The mode of proceeding is as follows:—First, one of the pair takes up a piece of chandoo on the point of a short iron needle, and lighting it at the lamp, applies it to the small aperture (resembling the touchhole of a gun), in the head of the pipe. After a few whiffs he hands the pipe to his friend, who lights another piece of chandoo at the lamp; and thus they go on alternately smoking till they have had sufficient, or until they are unable to purchase any more of the intoxicating drug. The fume is always expelled through the nose, and old stagers even draw it into their lungs before it is expired.

During this time, they are at first loquacious, and the conversation highly animated; but, as the opium takes effect, the conversation droops, and they frequently burst out into loud laughter, from the most trifling causes, or without any apparent cause at all, unless it be from the train of thoughts passing through their excited imaginations. The next phase presents a vacancy of countenance, with pallor, and shrinking of the features, so that they resemble people convalescing from a fever. A dead silence precedes a deep sleep, which continues from

hour to three or four hours. In this the pulse becomes much slower, softer, smaller than before the debauch. Such a general process almost invariably observed among the Chinese; but with the Malays it is often very different. Instead of placidity that ushers in the profound sleep, the Malays frequently become outrageously violent and quarrelsome, and lives are occasionally lost in these frightful fits!

The CHANDOO is sometimes employed for the purpose of self-destruction; but from its strong smell and taste, it is never used as a stimulant for others. It does not appear that sudden death is ever produced by an overdose of chandoo when used in smoking. When an inordinate quantity has been extended in this way, headach, vertigo, and nausea are the effects, and are only relieved by vomiting.

When a person has once contracted the habit of opium-smoking, he finds it extremely difficult to discontinue the vice; yet there are many instances of its being conquered by resolution of mind. In such attempts it is most dangerous to approach the opium-shops, as the smell of the chandoo induces an irresistible desire to indulge more in the pernicious habit: neither can opium-smoking be suddenly abandoned without some substitute, as the most serious and even fatal consequences would ensue. The best substitute is a tincture of the "TVE-CHANDOO" (which is about one-fourth the strength of the "CHANDOO" itself), made with LAMSOO, a spirit made from rice, and taken in gradually-diminished doses, till the habit is broken.

By a continuance in this destructive practice, the physical constitution and the moral character of the individual are deteriorated and destroyed, especially among the lower classes, who are impelled to the commission of crimes, in order to obtain the means of indulging in their dominant vice.

The hospitals and poor-houses are chiefly filled with opium-smokers. In one that I had charge of the inmates averaged sixty daily, five-sixths of whom were smokers of chandoo. The baneful effects of this habit on the human constitution are conspicuously displayed by stupor, forgetfulness, general deterioration of all the mental faculties, emaciation, debility, sallow complexion, lividity of lips and eyelids, languor and lack-lustre of eye, appetite either destroyed or depraved, sweetmeats or sugar-cane being the articles that are most relished. In the morning these creatures have a most wretched appearance, evincing no symptoms of being refreshed or invigorated by sleep, however profound. There is a remarkable dryness or burning in the throat, which urges them to repeat the opium-smoking. If the dose be not taken at the usual time, there is great

prostration, vertigo, torpor, discharge of water from the eyes, and in some an involuntary discharge of semen, even when wide awake. If the privation be complete, a still more formidable train of phenomena take place. Coldness is felt over the whole body, with aching pains in all parts. Diarrhoea occurs—the most horrid feelings of wretchedness come on; and if the poison be withheld, death terminates the victim's existence.

It is generally remarked, as might, *a priori*, be expected, that the offspring of opium-smokers are weak, stunted, and decrepit. It does not appear, however, that the Chinese, in easy circumstances, and who have the comforts of life about them, are materially affected, in respect to longevity, by the private addiction to this vice, so destructive to those who live in poverty and distress. There are many persons within the sphere of my own observation, who have attained the age of sixty, seventy, and more, and who are well known as habitual opium-smokers for more than thirty years past. It is a well-known fact, that the present Emperor of China was a slave to the pernicious habit of smoking opium for many years; but that, by great moral courage and perseverance, he weaned himself from the vice, and has ever since become a most violent persecutor of those who are addicted to the indulgence. He accordingly issued edicts of severe punishment against the smoker, vendor, importer, and all concerned in the traffic of opium; and, finding these ineffectual, he made the crime capital, and punished it with death. Whatever may be said in favour of the opium traders, and against the policy or justice of the Chinese emperor, I am convinced in my own mind that the real object of his edicts was the good of his subjects, and that he hoped, however vainly, to eradicate a vice destructive alike of the health and morality of those who become its victims. But his Majesty's government acted on very different principles; namely, the most selfish, venal, and mercenary. It is a notorious fact, that many, perhaps most of the officers, employed in preventing the importation and smuggling of opium, are themselves opium-eaters, or opium-smokers, and consequently that they wink at the illicit trade, or take bribes of opium or dollars for the introduction of the drug. It is well known now, that in several of the southern provinces of China opium is cultivated to a great extent, without any check from the local authorities, and, doubtless, without any knowledge of the emperor himself. The propensity to opium-smoking is becoming so universal and so irresistible in China, that no sumptuary laws, however sanguinary, will be able to stem the torrent. In Penang excessive duties have only increased the thirst for opium; and what is worse, they have quadrupled the number of murders and

other crimes committed in order to obtain the means of procuring the drug!!

Pulo Penang, Straits of Malacca.

NOTE BY DR. JOHNSON.

The foregoing paper has been laid before the society, partly because the subject is curious, and little known in this country, but chiefly for the purpose of offering one or two practical suggestions to the members.

First. I think it will be admitted that the Chinese mode of taking opium, by smoking or inhalation, induces the peculiar sedative effects of that drug more powerfully and more speedily than when taken into the stomach.

Second. There can, I believe, be little doubt, that these effects are produced chiefly, if not entirely, through the medium of the nervous system, and not by digestion, absorption, and the circulation.

Third. It does not appear that the casual or temporary smoking of opium is more dangerous or injurious to the constitution than that of swallowing the drug, whether in substance or solution. On the contrary, I believe it is less so, and not so likely to impair the functions of the stomach, liver, and bowels, as when directly applied to the digestive apparatus.

Fourth. The *habitual abuse* of a drug, by which, in fact, it is converted into a poison, is no argument or reason against its occasional exhibition as a remedial agent.

Fifth. If the above observations be admitted as rational, I see no reason why we should not employ the Chinese mode of inhaling the fumes of opium, in certain dangerous and painful maladies, where the common mode is found to be inefficient, and attended with great derangement of the digestive organs. It is clear that we can very seldom induce that profound sleep and insensibility to all mental misery and corporeal pain, by opium taken into the stomach, which we find to be produced by the inhalation of its fumes acting directly on the brain, through the medium of the nerves. Might not the Chinese mode, then, be adopted in tetanus, hydrophobia, tic-douloureux (especially of the facial nerves), violent spasms, and painful diseases that defy the power of opium taken in the common way?

The various preparations of morphia might be easily smoked by means of a common pipe, and the powerful effects induced in a very short space of time, without the possibility of their being rejected by the stomach, or prevented from acting energetically on the sensorium, and throughout the whole nervous system.

Specimens of the chandoo, tye-chandoo, and the smoking-pipe, were exhibited.

KING'S COLLEGE HOSPITAL

TUMOUR OF THE UPPER JAW.—EXCISION OF THE SUPERIOR MAXILLARY AND MALAR BONES.

SARAH ANN FIELD, aged 12, was admitted under Mr. Fergusson on the 25th of January, 1842, with a prominent swelling on the right side of the face, in the situation of the superior maxillary and malar bones. She states that when four years old her mother first observed a slight swelling in the bone: this swelling seems from her account to have been in the canine fossa. At first it was supposed by her mother to be the effect of cold, but as it gradually increased, application was made to several practitioners, by whom, however, no effectual means for reducing the tumour were recommended. The swelling continued gradually and slowly to increase until about six months ago, when its progress became more rapid. Her parents were now most anxious that an operation, if that were possible, should be performed upon it: she was herself equally anxious, and having several months since been led to expect that the disease would be removed by such a proceeding, she had within the last three weeks been much disappointed at being told that such treatment was impracticable. Her parents having been dissuaded from an operation, had resolved to take no further opinion on the case, but had lately, however, been again induced to seek additional advice. At present there is great protrusion of the cheek and distortion of the face, the right eye being thrown upwards and forwards, while the mouth, much elongated, has its right side thrown downwards. The lower margin of the orbit seems firm and hard, and the skin in this situation appears of a darker hue than is usual at this period of life. The soft parts of the cheek seem in a healthy condition, and glide easily over the swelling. On looking into the mouth, the semicircle of teeth on the right side projects considerably downwards, and has caused a corresponding depression on those opposed to them in the lower jaw: they slope slightly inwards, and are firmly fixed in the tumour. The hard palate on the right side is much lower than on the left; the palatine plate of the palate bone, together with the soft palate behind, seem healthy: there is a marked line of distinction between the right and left palatine plates of the upper jaw bones. The finger can be passed behind the tuberosity of the superior maxilla, and by thrusting its point behind and above the velum, the posterior boundary of the tumour can be felt. The nose is thrust over to the left side, and the right nostril is completely filled by a projection of the tumour. The zygomatic process of the temporal bone seems quite healthy, as does also the external angular process of the