joints; with them the bone is always dislocated, and their manipulations restore the limb to its normal condition, such manipulations consisting in overcoming by sudden flexion or extension any impediments to the free motion of joints which may be left behind after the subsidence of the early symptoms of disease or injury. That successful results have been obtained by these irregular persons, where legitimate surgery has failed, is sufficient reason for investigating the subject from the point of view of the bone-setter.

Dr. Hood considers that the cases usually experimented on by the bone-setters are those in which the immediate effects of disease or injury have passed away, which are, in fact, stiff in consequence of the disease and rigidly enforced rest; sprains which have been treated in the same manner; rheumatic and gouty joints; displaced cartilages and tendons, and the like. The cases in which they attain their successes are those in which some restraint of movement, due either to an injury or to the rest consequent upon it, or to both together, admits of being overcome by manipulation.

In the succeeding two chapters, Dr. Hood proceeds to describe in detail the actual methods of manipulation employed for the various joints of the body. We regret he has not given these descriptions quite the fulness and clearness which their importance seems to demand. The last chapter is devoted to the analogous methods employed for treating affections of the spine.

The book of Dr. Hood is well and carefully written; it presents views which are decidedly new, but which many would consider as bearing the stamp of heterodoxy. On the other hand, the volume induces thought, and will furnish food for the reflective practitioner, and new methods of operating for the practical surgeon.

Selected Papers.

CHOLERA, AND ITS RELATION TO PREGNANCY AND CHILD-BIRTH.

By CARL PROEGLER, M.D., AUFORA, ILL.

As we may expect the approach of cholera again, it will not be without interest to a good many physicians, who have not had occasion, perhaps, to study that fatal disease, for me to endeavor to give some of my experience. It was during an epidemic

in the southern part of Germany (Munich), that I had occasion to make the following observations:—

Pregnant women may get cholera in any stage of pregnancy, as the following statement will show. These patients were admitted up to a certain day. (In speaking of month, I mean lunar month.)

Of 36 pregnant women admitted, 5 were in their 10th month; 4 in their 9th; 3 in their 8th; 4 in their 7th; 2 in their 6th; 3 in their 5th; 8 in their 4th; 3 in their 3d, and 4 in their 2d.

There is no month with a certain immunity, and no certain predisposition; and the question whether cholera in pregnancy is more fatal than otherwise, will be rather difficult to decide.

Certainly any disease complicated with pregnancy is itself more grave, and certainly we may think that a non-pregnant woman without cholera will sooner get well than a pregnant woman with it. It is certainly very hard to decide at the first glance what grade of infection a cholera patient has; and I remember a good many patients brought to the hospital with nothing else than slight diarrhoea, who would with the utmost care die in collapse. As in other cases, so with patients, pregnant and with cholera, the infection is the only thing decisive for the duration and cure. We lost 21 out of 36—mostly extreme cases.

Cholera in pregnancy is almost similar to that without it. Only the pains experienced by those affected with asphyxia (collapse) along the region of the kidneys seem to be, with pregnant women, more severe. It is rather difficult to decide about the causes of these pains, whether they are seated in the kidney itself, or whether they are only sympathetic pain arising from the rectum. It may be possible that with pregnant women, pains occur in the state of asphyxia by painful contraction of the uterus; pains across the kidney may simultaneously arise.

Three times I have seen death ensuing with protracted asphyxia; seven pregnant women died with asphyxia of a shorter duration, and eight in the cholera typhoid (collapse). There is nothing abnormal in these deaths compared with cases of non-complicated cholera. Cramps which can be noticed with other non-complicated cases occurred rather frequently with pregnant women, but were probably due to uræmia.

We have seen that pregnancy does not modify the causation of cholera; let us now see how much pregnancy and child-birth will be influenced by cholera.

My diary shows that cholera not very seldom interrupts pregnancy. Of the twenty-one deaths by cholera, we had eight which died before death of the fœtus.

In the eight cases nature accomplished premature delivery. Of the remaining fifteen, five aborted. Delivery especially comes on more easy in the latter months than earlier. Of all the women who were delivered, there were only two in the third month of pregnancy; all the rest were in the seventh, eighth, ninth and tenth lunar months.

Of the other women not delivered and who died, only four had passed the sixth month, and they became in so short a time asphyxiated, died so soon after cholera set in, that nature, if I may say so, had not time to commence the act of delivery. Of all those who did not abort and lived through, none of them had passed the fifth month.

In accordance with Bouchat and Deasche (see the latter, *Epidemic Cholera*, page 295), it was impossible to make exact observations, because we would get the cases where no fœtal life could be traced. I could not discover, like Deasche, first more frequent pains and afterwards gradually wearing away; it was apparent that pains were retarded and pains themselves not strong enough.

Pains commence in pauses of thirty minutes to one hour, lasting only a few seconds, but are of little use, because the woman pain hardly, as the common saying is, "bear down;" delivery is, in consequence, delayed more so than generally with multiparas, where there is no mechanical impediment. There are few exceptions, and I have seen very good pains in two cases. After delivery the uterus contracts well. Only in one case have I seen slight hæmorrhage on account of atony of the uterus, which was easily controlled by cold applications and sec. cornut in 10 grain doses.

In women who have been delivered by sectio Cæsarea, I noticed that the contractility of the uterus after death was not in accordance with the spinal muscles (*Wirbelmuskeln*).

I noticed on those patients post-mortem contraction of the muscles, especially at the extremities, and also at the *mm. pectorales*, but the uterus, after delivery of child and placenta, was flabby-like. I had no means of using electricity, else I would have tried to compare the muscles of the uterus with the other muscles of the body. The involution of the uterus in the puerperium is a good one, if not complicated with typhoid.

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Three times I noticed diphtheritis vaginæ resulting in death; only one came to dissection, and in this it was found that diphtheritis was involving the uterus.

We used the same mode of treatment with pregnant women as with other patients. The patients were rubbed with ice, cold applications to the abdomen, and wine and soda water internally; but in slight cases, for preventing abortion, we did not use cold applications as freely.

There are certain indications where an active course on the part of the accoucheur should be pursued. Pregnancy itself, and especially complicated with cholera, is more dangerous than occurring alone, therefore I think the indications are to deliver as speedily as possible. As soon as the head presents and the forceps can be applied, the delivery ought to be made as quick as possible, even if the os is not quite dilated and the head not so high up. I think it safe to have resort to the forceps, especially when the pains are slow and rather weak, and perhaps the state of the mother encourages hope of recovery.

If the pelvis should be too small, craniotomy should be resorted to. I could not notice that the mortality was less with forceps, and I lost two cases where asphyxia passed off in the typhoid state, but I do think, that in such a fearful disease as cholera, every resort is admissible which promises benefit. The mortality in cholera asphyxia is about 100 per cent. if you let nature bring about delivery. And I do believe it the duty of the accoucheur, if he gets his patients soon enough and fœtal life is not extinct, to try to save both mother and child.

Premature delivery, sectio Cæsarea, forced delivery, turning, &c., would be the indication to save mother and child.

For premature delivery the cholera attack does not leave time—the fœtus dies sooner than you can deliver; to try the sectio Cæsarea with a pregnant woman with cholera asphyxia, would bring the life of the mother in jeopardy for the questionable life of the fœtus—the Cæsarean section itself being almost as fatal as cholera; forced delivery (forceps) is hardly any better, but should be tried, because in cholera there is everything to gain and nothing to lose; the same I can say with turning.

As noticed before, the prognosis for the fœtus in pregnant cholera women is very unsatisfactory. I have not seen a case where, after asphyxia set in, the fœtus would live. The prognosis is a little more favorable in cases where the mother has

gone through a hard attack of cholera without asphyxia.

The nearer the development of foetal life the less are the chances of its recovery; in the seventh lunar month every foetus may be considered lost, if delivery has to be accomplished by nature.

Pains invariably cease as soon as purging sets in; but, on the other hand, I found the foetus yet alive in a beginning state of collapse. The changes of the dead foetus in utero are the same—it macerates and decomposes. It is very hard to determine whether the liquor amnii will diminish during an attack of cholera. As far as I can remember, the quantity was the same in a case of Caesarean section, even greater. The question as to what destroys the foetus will be equally difficult to answer.

I dissected almost every foetus which was not decomposed, or saw it dissected. But one post-mortem resembles the other. I shall give here the post-mortem, and each one may form his own opinion. I confess that I first took what I saw for cholera, but now I have changed my opinion, because our greatest pathologists have seen the same, and in children where there was no cholera.

Opening the abdomen you will find the ileum rose colored, especially the upper part, the lower part with a greenish hue; the same with the duodenum, which color was still greener. About three and a half inches of the ileum were filled with a colorless, whitish, dead epithelium. The lower part of the ileum with same pale green tenacious mass, getting darker towards the duodenum. In cutting the upper part of the ileum, a watery fluid escaped with some white flocks; the membrane on the upper part rose-colored, the vessels strongly injected; the membrane of the stomach rose-colored, with some streaky ecchymoses. The contents of the stomach contained opaque-colored fluid, intermixed with white stripes.

Strong subpericardial ecchymoses of the heart, especially in the neighborhood of the coronary nerve. Thymus greatly studded with ecchymoses.

Subpleural hæmorrhage on the lungs; lungs without air, and the lower parts strongly filled with blood.

In the bronchii nothing resembling vernix caseosa; liver extremely pale and bloodless; spleen, nothing remarkable; kidneys, a strong line of demarcation between the cortical and medullary substance; the first a little yellow, the latter filled with blood of a dark blue red color.

Brain very soft, filled with blood.

Bladder—a small quantity of pale yellow urine.

It cannot be denied that the result is very similar to what we see in cholera dead in the adult, and it explains the view Güterbock took in saying the foetus dies with cholera.—*Chicago Medical Journal*.

EXTERNAL PRESSURE IN TEDIOUS AND POWERLESS LABOR.

By T. CURTIS SMITH, M.D., Middleport, Ohio.

In the *New York Medical Journal* for January, 1871, page 98, there is an article taken from the *Lancet* for October, 1870, treating upon this subject. It is a well written article, and claims to advocate a new practice in tedious and powerless labor. Its author, W. S. Playfair, M.D., of London, is, no doubt, a man of great professional ability. But is it really a new practice? Von Ritgen suggested it in 1856. Kristeller carried it into practice in 1867. Dr. Barnes, of London, also says: "This resource should not be lost sight of. In certain cases it may obviate the necessity of using the forceps, or it may stand in good stead when instruments are not at hand." Dr. Playfair publishes several cases in which it was effectual in expediting labor and avoiding the use of forceps. Particularly was it so in one case, where the uterine contractions were very feeble and ineffectual to expel the foetus.

The question of external pressure was brought up during a recent discussion on the use of obstetrical forceps, held in the Meigs and Mason Academy of Medicine, in this vicinity. Dr. C. R. Reed remarked that since he had read Dr. Playfair's article, he had used pressure with benefit in some tedious cases of labor. Dr. D. C. Rathburn stated that he had always used it, and was taught to do so in the lectures he listened to while a student, and had practised external pressure for twenty-five years. As for myself, I do not remember the time since I commenced attending obstetric cases that I did not use it. I was aware of no authority that recommended it directly, but it seemed so reasonable to make external pressure, that I did so without thinking or questioning whether I had authority for so doing, and without dreaming of its being a new or unusual practice. I am thus led to conclude that it has been often practised by others with as little thought about it as I had. We do many things not