Cranial cavity viewed from above.

- 1, 1, 1, Integuments of the head.
- 2, Cerebrum.
- 3, Pons Varolii.
- 4, Foramen magnum of *anterior* occipital bone.
- 5, 5, Nerves supposed to be the non-ganglionic portion of the fifth pair.
- 6, A slender nerve, occupying the situation of the sixth, coming from the spinal marrow, and running out at a foramen in the petrous portion of temporal bone—it is wanting on the left side.
- 7, 7, Portio mollis and dura.
- 8, 8, Petrous portion of temporal bone.
- * Foramen magnum of *posterior* occipital bone.

It would be interesting to ascertain the cause of such anomalies as that now described, but I will not detain the reader by entering into an examination of the theories of the original germ being imperfect, or of its becoming so after impregnation, against both which there are many weighty objections. I am inclined to the opinion of Tiedemann and Béclard, that several of these anomalies depend on the want of certain portions of the nervous system, which we have good reasons for supposing to be formed before the other parts of the body, and therefore let us enumerate the missing nerves in the above monster, and observe if the parts are also wanting to which they would have been distributed in the normal state. First. There were no olfactory nerves, and there was no ethmoid bone or nasal cavity. Secondly. There were no optic, motores oculorum, or trochleares nerves, and there was only one eye, which would have been, in all probability, immovable and useless. Thirdly. There were no ganglionic portions of the fifth pair, and there were no jaws, teeth, or tongue. Fourthly. There was only one nerve of the sixth pair, and the principal distribution of this nerve to the abductor muscles of the eyes was not required, while its small twig, which is connected with the sympathetic, is, probably, that which we observed. But the first cause of these anomalies is as yet beyond our knowledge.

OBSERVATIONS ON ANÆSTHESIA IN MIDWIFERY.

[IN REPLY TO A LETTER OF DR. MOFFAT.]

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My attention has been directed to an article in a late number of *THE LANCET*, in which my name is mentioned; and as remarks are made (evidently under authority) concerning the inhalation of chloroform in midwifery, and its chief promoters, I am induced to offer some observations upon the subject.

It is said that Dr. Simpson, in anticipating the objections that are made to anæsthesia in midwifery, no doubt judged of the fate of it by that of similar "innovations;" but something very powerful in opposition to a practice must be already known to its promoters, to cause them to publish arguments against objections not yet proposed; and the question at once arises—Why, if no impediment was thrown in the way of inhalation in surgical operations, should it be anticipated in midwifery, unless there are cogent reasons against its employment in the one, which did not militate against it in the other?—reasons, however, totally disregarded by Dr. Simpson, who considers, that in the few instances in which he has exhibited chloroform he has been enabled to gain such experience as will allow him to publish to the world that it may be employed with impunity in all cases of natural as well as artificial delivery.

In the operations of surgery anæsthesia has been fairly tested; its utility has been proved, and few operations are now performed without it. How much is learnt from this! Within a fortnight of its introduction it was employed with due care by the most eminent surgeons in London. Their testimony was favourable to its employment, and from that time it has gained ground in the estimation of all. Not so, however, in midwifery: the most strenuous efforts have been made to enforce its use; exaggerated reports have been published; births under its influence have actually been advertised; means most unprofessional have been employed to bring it into use; but its reception by those really able to judge as to the propriety of employing it has been decidedly unfavourable, and instead of progressing it has declined in their estimation.

By common observation, therefore, it becomes evident that some insurmountable impediment exists to the use of chloroform in midwifery; but how much is this strengthened by the conduct of those who uphold the principle of it? How great must be the resistance offered to it by medical opinion, and by the conscientious convictions of parturient women, when it is considered necessary to make such extraordinary exertions to keep it before the public, and when a physician finds it incumbent upon him to publish a pamphlet expressly for the purpose of overthrowing the religious objections urged against it!—a circumstance proving distinctly the validity of the objections, for had they not been based on a valid foundation, so many vague arguments as are contained in that pamphlet would not have been thought necessary to overthrow them.

It occurs, if women are willing to suffer pain rather than act against their convictions, why should such strenuous endeavours be made to overcome them? If inhalation produced any other benefit than that of allaying pain,—if it ensured the patient's safety, or expedited delivery, it then would be possible to understand the motive of any one who was himself convinced of its efficacy in these respects for strongly urging his objections to the religious feelings entertained against it. But when we know, that since the time of Eve, pains of labour have been endured by women—that the most severe suffering for hours does not necessarily endanger life—that women express their dislike to the use of it, and are willing to suffer pain, is it not unjustifiable that such efforts should be made to coerce them to act contrary to their inclinations?

Erroneous arguments, however, have been put forward, to prove that life is preserved by the use of anæsthetic agents in midwifery, and Mr. Travers has been quoted as an authority for affirming that women die from the prolonged pains of labour. That women *will* die from their effect, no one will deny, and that they *have* done so is certainly true; but to esteem this as a proof of the usefulness of anæsthesia is showing an ignorance of the means always at the command of those who scientifically practise midwifery, which, if properly employed, will, in all cases, effectually prevent the occurrence of death from the prolonged pains of labour. But no one much engaged in midwifery can have failed to mark the distinction between the natural pain of labour and that artificially produced. Dr. Denman's opinion of the effect of prolonged labour-pain has been used also as an argument in favour of allaying it; but let other passages from that celebrated author be quoted, in order to show his estimation of interference with, and his consideration of the state of, natural parturition. He says,—“In everything which relates to the act of parturition, nature, not disturbed by disease, and unmolested by interruption, is fully competent to accomplish her own purpose; she may be truly said to disdain and abhor assistance. Instead, therefore, of despairing, and thinking they are abandoned in their distress, all women should believe, and find comfort in the reflection, that they are at these times under the peculiar care of Providence, and that their safety in childbirth is ensured by more numerous and powerful resources than under any other circumstances, though to appearance less dangerous.” Would Dr. Denman, it may be asked, holding these opinions, have sanctioned the indiscriminate, unjustifiable, and wanton exhibition of so powerful an agent as is now attempted to be forced into practice?

But Dr. Simpson's estimation of pain is not in accordance with that of much more able judges. They do not consider that in all instances it is to be allayed—that it is to be avoided at a sacrifice and the risk of life; and this is their feeling even regarding suffering from disease. How much more strongly, therefore, does their estimation of pain attendant upon the natural process of parturition differ from that of Dr. Simpson. “Christians,” says a theologian, perhaps unequalled in learning, “may bear to look at it without undue apprehension, for the very infliction which touches the heart and imagination has been invested by Almighty God with a new and comfort-

able light, as being the medium of his choicest mercies towards us; pain is no longer a curse with us—a necessary evil to be undergone with a dry submission or passive endurance, but may be considered even as a blessing of the Gospel, and being a blessing, admits of being met well or ill.”

There are many circumstances that could be named which would be barriers in the estimation of conscientious men to coercing the employment of inhalation in midwifery; but I am borne out by numberless opinions, formed from the most extensive experience in London practice, in saying, that a feeling of aversion, to use no stronger term, pervades the minds of females of rank and education in this country, almost without exception, to the use of it; and it will be a difficult matter, except in an occasional instance, where fallacious promises of its effects captivate the weak-minded, to find any woman seeking an intoxication that renders her, of all people, ignorant of the birth of her child, until told by her medical attendant (its effeminacy would better have suited the nurse) that what she sees is “her own live baby.”

By the great advocates of anæsthesia in midwifery, all considerations not according with their own are considered futile; they have not hesitated to risk human life in using agents which, for anything they knew to the contrary, might have made their patients victims to their hardihood; they regard not as warnings the several deaths that have already resulted from them; but they designate as immoral the caution and judgment exercised by others less reckless than themselves.

It is a tribute of praise certainly due to the medical profession in London, that in a note to one of Dr. Simpson's numerous pamphlets, surprise is expressed, that with but few exceptions anæsthesia had not been employed in midwifery in the metropolis—a circumstance tending to strengthen public confidence in London practitioners, and an assurance that by them human life is not recklessly hazarded, and that they are not desirous of coming under the denomination of “experimentalists,” as others have done, and to bring upon themselves just condemnation. There are always those who, having nothing to lose, seek to gain reputation by adopting novel practices and vague theories, from whatever source they originate; but amongst others extensively engaged in practice, all that is not strictly legitimate is discarded; and this is the fate that the attempt to introduce anæsthesia in midwifery everywhere is meeting with.

The fallacy of the assertion, that these agents accelerate labour, has been amply proved by many persons. I have myself witnessed the entire cessation of the progress of the foetal head, in consequence of the paralysis (caused by inhalation) of the voluntary expulsive powers; and in one of the largest metropolitan hospitals where it has been employed, it has been found invariably to retard delivery.

Very many instances might be recorded of the ill effects of anæsthesia, and although concealed with great precaution, all by degrees are becoming known, to the discomfiture of the promoters of its reckless employment. But when it is known, that in numerous experiments, cleverly undertaken and recorded, the inhalation of chloroform, if proceeded with beyond a certain point, invariably resulted in death,—when we have evidence of the uncertainty of its influence in the fatal termination (totally unintended) of the experiment made during Mr. Brande's lecture at the Royal Institution,—when, also, we are aware that human life has actually been sacrificed by it, when exhibited after the most approved principles, is not surprise, not to say, disgust, excited by the reckless commendation of it, and the unjustifiably authoritative manner in which it is directed to be employed in all cases of midwifery? and can we fail to be aware that human life will again be sacrificed by its use in the hands of the inexperienced, who, from living in the country, are unable, like the metropolitan practitioners, to make their own observations, and to distinguish between what testimony is to be depended on, and what to be discarded? When some few fatal cases have been recorded, the conduct of the cautious practitioner will be fully appreciated.

I am referring to no opinions originating in London,—regarding them the very opposite language may be used; and the observations of Dr. Snow deserve the highest commendation. From having most frequently witnessed his mode of administering anæsthetic agents, I can safely bear testimony to the absence in him of that heedlessness so marked (judging from their writings) in the conduct of some other practitioners.

My endeavour has been to point to the danger that must ensue from the too ready belief of all that has been said of anæsthesia in the reports of its prejudiced supporters; but I in no way recommend its hasty abolition in midwifery; for in

some few cases it may by time prove highly beneficial, particularly in those requiring artificial delivery; but as yet it is in its infancy,—its effects, both immediate and ultimate, are unknown, and under any circumstances its exhibition requires the utmost consideration; for the experience of one or two practitioners does not prove its efficacy; and when evidence is before us that a one-sided view has been taken in describing its effects, we can only wait until others more to be depended on give their authorized and really substantial decision regarding it.

But does it show a healthy state of the profession, when discoveries in medicine are made the medium for general agitating purposes, instead of being tested and employed as agents for the relief of mankind, and for the advancement of science? Is it right that the ordinary journals of daily news should be the sources through which information of medical improvements is given to the profession? Was the use of the stethoscope, or the discovery of Bright's disease of the kidney, first made known through the columns of the *Morning Post* newspaper?

It will perhaps be better to say but little concerning the fulsome praises contained in the article to which I have alluded. It is sufficient to remark, however, as the subject has been adverted to, that general observation would lead to other conclusions—that the constant desire for publicity, as the performer of some new operation, the deliverer of women by some novel process, and the author of extravagant and totally inapplicable remedies for uterine diseases—the repetition of pamphlets, correspondence with newspapers, and the absence from home, sometimes to attend exclusively single cases of midwifery, at others to exhibit the wonderful effects of chloroform for the amusement of individuals—would have given the impression of a narrowed, rather than an extended practice.

Let those who think to rise by agitation “take heed lest they fall;” for a time it may seem to answer, but we have many living examples of its ultimate failure. Let them learn to what was owing the reputation of Denman, Osborn, and Clarke, and what has upheld those who eminently practise their profession at the present day—their names have never appeared in advertisements as patronizing the inventions of stay-makers, nor have they permitted them to form the prominent features of druggists' announcements; their conduct has never tended to convert their profession into a trade; nor has it been in any way derogatory to their characters as gentlemen and men of science. Let, then, their position be better understood; let more respect be shown to them in future; and let not again their wise caution and proper judgment have applied to them such offensive terms as “apathy” and “indolence.”

P.S.—Since the foregoing remarks were sent for publication, the paper by Dr. Simpson, in the number of *THE LANCET* for February 12th, has added strength to my arguments.

If chloroform was exhibited at Newcastle to an improper subject, the justification rests in the repeated commendation of it by Dr. Simpson as an agent in all instances, and after the frequent assertions regarding the simplicity of its action, the safety of its use, and the hours that its influence may be kept up with impunity, no little surprise will be created by the suggestions of such very active remedies, in cases of danger, as have now, at the eleventh hour, appeared.

In this last publication, more than ever, is manifested the partial estimation of chloroform,—unaltered, even, when death has resulted from it. The arguments are too futile to call for contradiction; it is sufficient to notice, that Dr. Simpson has failed to prove that the cause of death, in the instance alluded to, was any other than the direct effect of this most dangerous agent.

Hertford-st., May-fair.

REPORTS OF CASES.

By G. BORLASE CHILDS, Esq., F.R.C.S.E., London.

Scirrhus of the sub-maxillary gland, and its successful removal by operation.

CASE 1.—Miss N—, aged thirty-five, of scorbutic habit, applied to me, March 8th, 1847, in consequence of a large tumour, situated beneath the left inferior maxilla, extending from the symphysis to the angle of the jaw. She had perceived it twelve years previously, when it appeared about the size of a small hazel nut; it had since been enlarging up to the present time; its shape was ovoid, and it felt pulpy to the touch, conveying to the finger the same sensation as is expe-