

To the Editor of THE LANCET.

SIR,—I beg to forward to you a copy of a petition against the Pharmacy Bill, which was agreed to at a meeting of the Medico-Ethical Society of Warrington, and has been sent to G. Greenall, Esq., member for the borough, for presentation.

I am, Sir, your obedient servant,
JOHN ROBSON, Hon. Sec.
Warrington, May, 1852.

The Petition of the Medico-Ethical Society of Warrington, to the House of Commons, in Parliament assembled,

Showeth,—That your petitioners are legally-qualified medical practitioners in the town and neighbourhood of Warrington, and that they have examined a Bill now before your honourable House, entitled “a Bill for Regulating the Qualifications of Pharmaceutical Chemists.”

That your petitioners are well convinced that great evils have arisen from, that health is tampered with and life lost in consequence of, the common practice of druggists prescribing over the counter, and visiting patients, and that if the Bill in its present shape becomes law, while the druggist will not in any way be better qualified to act as a medical practitioner, the new status given by the Bill will be the means of deceiving the people, and of aggravating the present evils indefinitely.

That no provision is made to secure good and genuine drugs for the use of the public, as in the Apothecaries’ Act, which contains clauses giving a right of search to the officers of the Society, with a power of destroying impure or adulterated drugs, and of fining persons having such in their possession; and your petitioners submit that if such clauses were necessary in the Apothecaries’ Act, they are still more imperative in the Pharmacy Bill.

That by another clause in the said Act, an apothecary substituting any drug for the one actually prescribed, is liable to fine and other penalties therein enumerated, but no such provision is contained in the present Bill.

Your petitioners, therefore, humbly request your honourable House to adopt such measures as may be necessary for preserving the rights of the medical practitioners, for preventing the use of improper or adulterated drugs, for securing an accurate dispensing of all medicines, for protecting the health and lives of the people, and for avoiding those inconveniences which always arise from endowing corporations with the powers of the legislature.

And your petitioners will ever pray, &c.

Signed on behalf of the Society.

ON ARTIFICIAL DILATATION OF THE OS UTERI.

To the Editor of THE LANCET.

SIR,—Your useful periodical presents a recently published communication on Artificial Dilatation of the Os Uteri, which has excited strong animadversions on the part of some friends of mine who have had a long acquaintance with *practical* midwifery; and the opinion has been freely expressed, that the paper in question is very likely to be eagerly read, and the practice as eagerly adopted, by those inexperienced “tyros” to whose memories it is ever more especially commendable that “a meddlesome midwifery is bad.”

Suffer me to offer a few words on the subject generally, premising that my remarks are founded on the observation of living action during an active period of five-and-twenty years, rather than upon the dicta of books and authorities.

In the first place, then, as to natural labour somewhat protracted as to its duration, it will not commonly be found that the delay is the result of physical impediment, such impediment being solely unnatural rigidity of the neck and mouth of the uterus. Why should it be expected that any unnatural rigidity should affect the muscular structure of that part of the uterus exclusively? The truth is, that in such cases the whole structure of the organ is physiologically in the same state, the fact being that the pain is often seemingly disproportionate to the apparent feeble action of the uterus, and referable to other causes in addition to contraction, even of an irregular kind. Acquaintance with a few hundred cases in practice will convince any person, that if a soft, lax, and dilatable state of the os uteri is producible by the tearing, wedge-like action or rotatory motion of the fingers on the anterior lip of the os uteri, such dilatation would have occurred quite as readily, and much more advantageously, without any interference at all. *The foetal head is the natural dilator of the os uteri*; and what body so appropriate, its form, its size, enabling it so accurately to adjust itself to the inner surface of the cervix? Introduce the fingers, and then the whole natural economy is disarranged, the pressure is dragging, partial, local, and grossly un-

natural, and its only effect (as far as I have seen) is to induce renewed, useless, irregular pains and spasm of the muscular fibre in contact with the meddlesome fingers,—to say nothing of the dry, irritable, swollen, and hot state of the vagina and vulvæ induced by this *detestable* and unscientific practice—a custom which surely originated, and has been highly recommended, by some officious and ignorant aged females of the past generation of “Goody Groaners.” The results remain to the present day. The surgical attendant in many districts, and especially in country practice, is expected to sit with his patient during the long mid-night hours of the first stage of labour. At every trivial pain the gossips encourage the sufferer to call on the surgeon to “do something;” and he is thought careless, if he neglect to do or seem to do something. The bad practice of a past age has sanctioned and rendered necessary, as far as female notions of necessity go, a frequent officiousness; and your correspondent, not in the spirit of a mere *placebo*, would give the surgeon “something to do” in reality, that, to my mind, were best left undone. I cannot find words sufficiently expressive of the impropriety of needlessly interfering with a structure so exquisitely irritable and delicate as the gradually expanding cervix uteri; for this, in many cases of merely protracted labour, is no overcharged description of the state of parts, concerning which no previous experience can demonstrate how much manual interference they will bear with impunity. It is true, that the unnecessary introduction of the hand into the uterus, either professedly for the purpose of dilatation, or for the almost general practice of the hasty extraction of the placenta, is borne, in the majority of instances, as calmly, in the after history, as if the uterus were not a vital organ; but it is also true, that many women on whom these execrable habits are practised, perish afterwards from very unaccountable and undefinable irritative fever. For the state unscientifically denominated “rigidity of the os uteri,” instead of attempting mechanical and awkward dilatation with the fingers, (from below upwards, instead of as with the head from above downwards,) I have always thought, if any thing were done—which female impatience ought never to precipitate—the *loss of a little blood*, an opiate, and an interval of cessation from useless and wearying effort, far the best practice. To tease the uterus with the fingers, at a moment when a female is seemingly, though not really exhausted, is worse than unscientific—it is the act of a cruel, ignorant old woman. It may be done so as to leave its impression, not on the parts certainly, but upon the minds of ignorant women, that such exertions have been highly scientific and indispensable.

As to the idea suggested by your correspondent of “slipping the os uteri over the head,” it is such an absurd delusion, that a smile is all it is worth; a young practitioner may fancy he can accomplish it. If he could, what has he gained? The position of the head in the pelvis remains the same; and the ease with which he may suppose he is accomplishing this feat, arises from the certainty with which the head is descending, and obliterating the os uteri, without his permission.

In conclusion, if it were possible to effect dilatation of the os uteri with the fingers, little would be gained; and where it has been supposed labour has been expedited by the practice, the result would have been less officious, far more natural, far safer and better, and just as speedy, had the practitioner contented himself with following the advice of Dr. Blundell, and thrust his hands, not into the patient’s uterus, but into his breeches’ pocket.

I must apologize for the length of this communication; but in truth it is time that natural labour should be left to itself, and not converted into a surgical operation. Present practices only pander to the ignorance of the people; they are degrading to an educated man, and unworthy of a scientific intelligence.

I remain, Sir, yours very respectfully,

JOSEPH ASHBURY SMITH, M.R.C.S.

Glossop, Derbyshire, April, 1852.

HÆMORRHAGE FROM TOOTH-DRAWING.

To the Editor of THE LANCET.

SIR,—Reading in your valuable journal of April 24th, a case in which an infant died from hæmorrhage of the gums after scarification, I am induced to relate a case which occurred in my own practice, with a gentleman, for whom I extracted the fangs of a first molar, some three or four months since, when profuse bleeding ensued; and although all the styptics were used, and plugs of lint forced into the cavities, yet it continued for seven hours. I now thought it quite time to devise some means, if possible, to arrest it, particularly as my patient was becoming weak; and it struck me that gutta percha would be just the thing. It scarcely required or had a minute’s consideration before I had a piece well softened in hot water, which I moulded