itself, the opposing surfaces, adhering together closely. Some unusual adhesions of the cæcum. On drawing up the small intestines, a quantity of pus was observed in right side of the pelvis. This had been contained in a sac formed by adhesions of the intestines with the surrounding parts. The interior surface of the parts forming the sac was gangrenous. The pus contained in it healthy. The abscess had no connexion with the intestinal canal. The cæcum and a portion of the ileum were opened. They contained loose fecal matter. The rugæ presented a gangrenous aspect, although the texture seemed uninjured.

I have omitted to give any account of the treatment in this case. To have given it would have unnecessarily added to the length of the communication. I have given an outline of a disease of no very common occurrence, the treatment of which however must always proceed on general principles.

On a Species of Premature Labour. By WALTER CHANNING, JR. M. D.

IN the fourth volume of the Transactions of the Association of Fellows and Licentiates of the King and Queen's College of Physicians in Ireland, is a paper on a species of Premature Labour. The following extract has the writer's account of it:

"A lady, apparently healthy, conceives and carries her child in the usual way, till about the seventh or eighth month of pregnancy, she by degrees ceases to perceive the motions of her child; and in about *ten days* or a *fortnight* after this event, she falls in labour, and a *fœtus*, evidently dead for some time, is expelled. This often happens three, four, five, or six times in succession, or perhaps more frequently, to the same patient, and about the same period of pregnancy. The first time such accident happens, there has generally been some cause to weaken the patient, during gestation; but, in the subsequent instances, it rarely happens that any adequate cause can be assigned. Women who have borne many healthy children have sometimes fallen into this pernicious habit, and continued it for a length of time, and afterwards had *living* children. A memorable instance of this kind occurred in the lady of a Viceroy in Ireland, about thirty years ago. In such cases, it is evident that miscarriage happens in consequence of the *fœtus* dying in utero."

The cause of this is ascribed either to deficiency, or excess of blood in the mother's system, most frequently the first; or

to an acrimony in the fluids of the mother. "By the imprudence of husbands," says the author of the paper, "a venereal taint has been sometimes acquired, which required the use of mercury, and which has been insufficiently employed. The wives of such are particularly liable to the disease in question, although no unequivocal venereal symptoms should exist." "The most likely method then, of preventing the death of the fœtus in utero, is to consider whether in the mother's constitution, there be symptoms of redundant, deficient, or acrimonious blood."

"I have only to remark under the second head, that, in some such cases, I have had reason to think very small bleedings, at distant intervals, of use, although little indicated by symptoms. Was this by creating a tendency to plethora? This is an effect of which venesection has been accused. Symptoms of acrimony in the fluids are more equivocal and uncertain, as well as the means of correcting it.

"In the *unimpregnated* state, sulphureous mineral waters, goat's whey in the proper season, tepid bathing, strong decoctions of sarsaparilla, and slight mercurial courses, may be tried. Where there are no decided syphilitic symptoms on *either* parent, and a healthy child in existence, and assurances of no subsequent exposure to recent infection, it appears rather unreasonable to press the use of mercury to any extent, and indeed it will seldom be submitted to."

A request was made by the Association, that any facts tending to elucidate this subject, might be forwarded to them. Dr Beatty read a communication from which the following are extracted:

"In my case book, to which I have referred, I find that in August, 1812, I attended the wife of a staymaker, who was delivered of a putrid child in the seventh or eighth month, which, she said, was the third that she had borne dead. I discovered so much of venereal affection, as to recommend that they should put themselves under the care of some experienced surgeon for the use of mercury. They applied to Mr Colles; and when she was pregnant in the following year, Mr Colles told me that they had not continued a sufficient time under his directions to satisfy him they were cured of the venereal complaint; which I found to be the case in July, 1813, when I delivered her again of a putrid child in the eighth month. I then declared that I never would attend her again, until Mr Colles told me that he was satisfied with the result of the mercury used. They again returned to him, and fully attending to his directions, in October, 1814, I attended her, when she

bore a living girl at the full period of gestation. She has had several living children since.

"In October, 1816, I delivered the wife of a cavalry officer of a putrid child on the eighth month. The gentleman had been on the Continent with his regiment, without his wife, and had contracted a slight venereal complaint, of which his surgeon considered him well before his wife joined him in France. I could not detect any venereal symptom in the parents, but was so satisfied with the cause of the child's death, from the peculiar appearances on the body, that I recommended them to consult some eminent surgeon; and Mr Todd was called in, who met the regimental surgeon with me, and advised the use of mercury, which was regularly persevered in by both for several weeks. After this course pregnancy was soon the result, and in November, 1817, I had the gratification of attending her when she had a living girl. She has had several living children since."

"I have," says Dr Beatty, "met with several cases wherein very delicate women have borne dead children at the seventh month, but not putrid; and have, where I did not suspect venereal taint, constantly succeeded in avoiding the accident by a rigid confinement, even to one floor, and by a very strict attention to keep the bowels gently free, from the earliest period of gestation to the end of the eighth month; and several, to whom I gave permission to go out at that time, have thanked me, saying they were never so happy as in their confinement, and would not accept of my offered emancipation. I do not remember a single instance where good health, good looks, and a continuation of bearing living children, were not the rewards of the confinement."

I was very much struck with the above paper. It brought at once to my mind a lecture, which I heard many years ago, from the late Dr Wistar, Professor of Anatomy, in Philadelphia. My notes from that lecture, are so precisely similar to the above, that one would not only not fail to be struck with the coincidence, but if such a thing were possible, might charge the *anonymous* writer in the Transactions with a gross plagiarism. It is of course impossible that this should have been the case.

Gardien has written much to the same effect, or noticed a peculiar state of the fluids, as among the causes of abortion. He says, "*Il est d'observation journaliere que les femmes infectées depuis long-temps du vice vénérien accouchent souvent avant terme et d'enfans morts ou mourans: ils sont toujours maigres et comme macérés par les eaux de l' amnios.*" Un

traitement convenable, dirigé, d'après les circonstances qui compliquent la grossesse, eût prévenu ces accidens."* Gardien indeed, confines his remark to women. The writer of the article we have quoted from, considers the cause, in many cases at least, of the acrimony of the fluids in the mother, to have existed originally in the husband, and Dr Beatty, in his communication, succeeded in removing the predisposition to premature labour by appropriate remedies administered to both. This was precisely the course pursued by Dr Wistar, and he reasoned in the same way. In his cases he was equally successful.

I have met with cases in which the predisposition to premature labour existed in a remarkable degree, and where it did not seem at all to depend on the cause just spoken of. At least it was removed, or disappeared under a course of treatment, which does not ordinarily remove a venereal taint. In one of these cases, a foreign voyage, and residence abroad, produced changes so beneficial, that the usual period of pregnancy was attained, and healthy children born. This female was much exhausted by repeated premature labours, following each other with great rapidity. In another case the mother seemed very healthy, and did not lose her health by miscarriage. She carried the foetus eight months, in some of the cases. The children when born, were of standard dimensions, and had the appearance of being well nourished. They were not born alive. This patient carried her eighth child to the full time. It was born alive, and lived. The mother died afterwards without being again pregnant.

There is a species of abortion which has received more attention than the above, which is equally unmanageable, and sometimes fatal in its consequence. It occurs in the early months, about the time for the third appearance of the catamenia, had not this function been suspended by conception. Boerhaave, Saccombe, and especially Dr William Hunter, have described this species. Saccombe supposes it to be owing to the occurrence of conception very soon, or immediately after a catamenial period is over. The uterus at this time is in a state of unusual excitement, which determines much blood to it, and by excessive nourishment of the foetus, an undue development of the foetus is brought about. I have thought this species might be explained in another way. The catamenial function has been regularly performed for some years. It has been quite healthy in its periods, and quantity. Conception takes place

* *Traité d'accouchemens, de maladies des Femmes, &c.* Par C. M. Gardien, D. M. &c. &c. Tome second, p. 125.

and suspends this function, and when well sustained, it perfectly compensates its absence. It may happen that the periodical function is not thus compensated, or rather that there is a stronger disposition in the womb to restore in itself what has been accidentally suspended, than to allow the new state of things to continue. It does this, and abortion is the consequence. This explanation is supported by the time at which this species most frequently occurs, it being at or near a catamenial period. Out of ten cases noticed particularly by Boerhaave, nine happened at the period. It is supported by the practice which has been found most successful in these cases. This has been small bleedings in the first, second, and third months, once or more. The determination to the womb, has in many cases, been prevented by this course, and the foetus carried to the full time.

Bloodletting in these cases will not always succeed. I have distinctly in recollection one case, in which it was practised, where numerous abortions had been suffered. In the last attempt, it seemed to promise a favourable issue. The foetus was carried to the fifth month. Great irritability, however, was manifested in the system for much of the time. It increased with the progress of pregnancy; convulsions at length occurred, and were fatal. In this case pregnancy was positively a disease. It had cured itself to be sure, by the process of abortion. But under this the system was sinking, and it was a sound practice which attempted to prevent farther exhaustion, by preventing abortion. In this case it should have been mentioned that hemorrhage, to an extreme degree, attended labour, whether premature or otherwise. The patient had in some instances, carried the child the full time. Her system had been disturbed originally by the frequency with which this had been the case.

There is another species of abortion, if a single case may make a species. It is believed it is not of infrequent occurrence. The individuals who furnish these cases, are married late in life; have been luxurious livers; and have habitually used but little active exercise. They have good health; are fleshy, if not plethoric. I have observed the following to occur in such a case. The individual is between thirty and forty before marriage. Becomes pregnant. In a few weeks after, and without apparent cause, is seized with slight discharge of blood from the uterus, then with trifling pains, which gradually become stronger, and at length the ovum is thrown off. This occurs at first about the second month. Another pregnancy takes place, and the foetus is carried rather longer, and is then expelled. The third

may remain in utero through the third month or longer, and afterwards the fœtuses go to the full time. I have known three abortions to occur after this manner, and then four successive pregnancies to go on without disturbance, and living children born. This species differs from the last in this; that the succeeding pregnancies advance farther and farther, and this too where no special means are employed. And in these individuals the general health remains good. We might, in such cases, look for abortion to become habitual. It is not so. Pregnancy advances farther and farther, as was said, in the succeeding cases, as if the uterus acquired new powers of continuing the function, by having already sustained it. I have met with but one distinct case of this kind, and it may be that this belongs to that variety of the writer in the Transactions, in which the general health is too good for healthy pregnancy.

Case of Laceration of the Uterus without Pain. By DR E. W. CHENEY.

[Communicated for the New-England Journal of Medicine and Surgery.]

ON the 12th of December, 1822, I was called to visit Mrs C. aged about 35; mother of three children, the eldest about 16; the youngest, 8. She was now pregnant, and I found her considerably reduced by uterine hemorrhage. She informed me that she did not expect to be confined until the last of January; that she had hurt herself very severely, by slipping, while drawing a pail of water from a deep well with a pole, and that the hemorrhage immediately followed. After the usual remedies had been employed, she was tolerably comfortable for some days. On the second day of January, 1823, I was again called to visit her. I found her again very much reduced by flooding, which had continued, with intermissions, for the last three days. From what I could learn from her attendants, the quantity of blood lost, had not been very large, but the effects were alarming: the patient being continually faint; the extremities cold, and the countenance ghastly. Considering an examination immediately necessary, I had her, for that purpose, merely turned on her left side, any motion seeming to increase her faintness. In this position, I could not reach the head of the fœtus. I then had her placed nearly erect, by which her faintness was somewhat relieved. I could now distinguish the head of the child through an irregular opening, which I supposed was the os uteri, in a partially