MIDWIFERY.

53. *Double Uterus—Twins.* By M. HOHL.—A delicate woman, aged 30, *en-ciente* for the second time, became subject to slight and transitory hemorrhages during the first three months of pregnancy. At the beginning of the seventh month, hemorrhage returned, and recurred in fourteen days. Both sides of the abdomen were convex and distended, but there was depression along the mesial line, from the umbilicus to the pubes. Here percussion caused a tympanitic sound; on either side there was dulness. The uterus, which could be examined through the abdominal parietes, was divided into two parts, an inch and a half above the symphysis pubis, the right being larger than the left. Both were convex externally, concave internally, and presented the usual characters of the gravid uterus. The two cornua extended above the level of the umbilicus, and were sufficiently large for the hand to feel different parts of the foetus; in one, the beatings of the foetal heart were heard. The vagina was normal; the neck of the uterus single, short, but larger than natural; it was about an inch wide. The two cornua could be felt superiorly opening into the cavity right and left. The orifice of the right cornu contained the placenta. Across the opening of the left cornu, the other placenta was felt. This, then, was a case of twins in a bicorned uterus. The two placentaë were implanted in the neck; one was disengaged, and the hemorrhage resulting from this disposition was sufficiently serious to call for interference.

M. Hohl determined promptly to bring on delivery. He introduced the hand first into the right uterus, seized the feet, and dragged away the child without difficulty; the placenta followed at once. He repeated the same experiment, successfully, on the opposite side. The two infants, who weighed about three pounds, died after a few inspirations.

The woman suffered from an attack of pleurisy, but she recovered in four weeks.

The accuracy of the diagnosis was verified subsequently by examination both with the hand and the uterine sound.—*Med. Times and Gaz.* April 22, 1854, from *Prager Vierteljahrschr.* 1853. Bd. 4.

54. *Chloroform in Midwifery.* By S. W. J. MERRIMAN.—Mrs. Manning, aged 28, Irish, rather depressed from want of proper comforts, and from a harassing cough, was found by me about 3 A.M., Nov. 21, 1848, in strong labour with her fourth child, though only third pregnancy. The os uteri was fully dilated, the bag of waters half way down the vagina, and the head lying in the natural position (vertex to right acetabulum) above the pubes; the pains very frequent and severe, all indicative of a speedy termination to the labour.

The membranes broke almost immediately, but the head did not descend as I expected; it seemed as if the pains propelled it against the pubes, and not in the axis of the brim.

This condition having lasted an hour without any progress being made, though the patient's sufferings were very great, I requested the assistance of Mr., now Dr., Hawkesley, and submitted to him the question, whether we should administer chloroform, then recently much vaunted as a safe agent in parturition.

Both of us had strong feelings against its indiscriminate use; but it seemed to us that, if anæsthesia was ever to be induced with propriety in a natural labour, this was a fair case in which to try its efficacy. It would, we hoped, relieve the patient from those pains which agonized her so much, while the natural labour pains would proceed in their regular course, and shortly bring the child into the world. Dr. Hawkesley, therefore, administered the chloroform by a mouth-piece, closely resembling that used by Dr. Snow, and the patient speedily passed into the third stage of narcotism of that eminent physician. For a moment the pains ceased, but they presently returned with the same strength as previously, and forced down a scalp tumour, but did not propel the head itself, though it frequently appeared to descend a little. Moderate pres-

sure, applied at first by the hand, and afterwards by means of a binder, was used to direct the head more backwards, but ineffectually.

Two hours elapsed in this manner, at the end of which we determined to try the effect of ergot, in inducing a consentaneous action of the whole of the uterine fibres. Three successive doses of the infusion of ergot were therefore given, but, instead of an increase of pains, they subsided, and presently ceased altogether. At this time a pain, of which the patient had previously complained, appeared to be settled in the abdomen, over the fundus uteri. She had retchings from time to time, bringing up not more than a teaspoonful of dark fluid. She was exhausted, but there was no collapse; the pulse was quiet, and of a fair strength. We gave her forty minims of Battley's laudanum, and left her at half-past 8 A. M.

At half-past twelve noon, I saw her again; she had had no pains, but complained much of tenderness of the abdomen over the fundus uteri; the vomitings continued as before, but rather more fluid was thrown up; the pulse small but regular; still nothing which could be called collapse. I was somewhat alarmed at not being able to feel by the "toucher" any part of the child's head; but, as the case did not appear to be very urgent, and I had to attend some patients at a considerable distance, I called upon Dr. Hawkesley to request him to visit the poor woman in a short time. This, however, he was prevented from doing till nearly 5 P. M., when he gave her two grains of opium and two of calomel, and ordered her saline draughts, with tinct. opii $\mathfrak{m}\mathfrak{x}$, every two hours. I now returned, and, after consulting together, we applied to Dr. Chowne, the principal physician to the Charity, who very promptly attended, passed his hand into the uterus, which he found largely dilated, but not ruptured, seized the child by the feet, and completed the delivery (footling) at about 6 $\frac{1}{2}$ P. M. The placenta followed forthwith, and the uterus contracted firmly as its contents were withdrawn, but there was no attempt at any contractions to expel the child or the placenta.

My patient required very great attention on my part, and I am happy to say that by degrees she recovered sufficiently to go out. The details of this subsequent treatment are not necessary here, and are given at full length in *The Record*; suffice it to say, that it consisted mainly of salines with more or less laudanum in each dose, some calomel, and several enemata to act on the bowels, and dispel wind which distended her very much. The vomiting gave place to purging on the evening of the 24th, and an improved condition began to show itself in her about that time. On the 26th, milk appeared in the breasts; on the 29th, chalk and catechu became necessary to stay the diarrhoea, and shortly afterwards she had a tonic consisting of infusion of gentian with sal volatile.

"Jan. 11, 1849.—She has been twice down to the next floor, and talks of going out next week; feels a bearing down and pain in the left groin after standing a little, but this appears to be the effect of weakness; she has a little leucorrhœa, and reports a slight catamenial period a few days ago." About a year afterwards, I heard from a neighbour that Mrs. Manning had been placed in a lunatic asylum, but my informant could give me no other particulars.

The fact that chloroform can and does induce inertia of muscular fibre, both voluntary and involuntary, when given in a sufficient dose, is now well-established; I have, therefore, no hesitation in expressing my belief that the relaxation of the uterus in the case of Mrs. Manning was brought about through the inertia caused by deep inhalation of the chloroform, and I was anxious to bring the case before the Fellows of the Society, as a proof that chloroform may produce alarming results in midwifery practice, and that, if given at all, it should be in small quantities only. Time, however, did not allow any lengthened details, and I was obliged to be content with a very brief allusion to the case.

In my *Arguments Against the Indiscriminate Use of Chloroform in Midwifery*, published in July, 1848, I advocated its omission altogether, as in olden times, but said that I could conceive cases in which its use might be allowed. The case I have described seemed to afford an opportunity for testing the soundness of my conceptions, and the confidence which could be placed in the panegyrics bestowed upon its use by accoucheurs in various parts of Great Britain.

The result of my experiment I have described, and it was of so decided a character, that I have not used chloroform since, except in some cases of operation; and in several instances in which I have been compelled to use the forceps to deliver the child, the arrest having been at the outlet, I have performed the operation without any resort to anæsthesia, and I have never had cause to regret my indisposition to place my patient in what I must call an unnatural condition.

The more I hear and see of the use of chloroform in midwifery, the more I am convinced, that though it may occasionally be useful, and even desirable, in the small quantities now administered in London, in bringing about a relaxation of a rigid os uteri, as mentioned by Dr. Gream; or in larger doses to relax the rigid contraction round the body of a child impacted in the pelvis in an arm presentation, where turning must be accomplished, or the child be eviscerated, its administration is not desirable in ordinary cases; and that whenever it is administered, great attention should be paid to its effect on the sensorial functions, lest a serious injury should ensue to the patient, a caution which can only be properly carried out by the administration of the anæsthetic being confided to a second practitioner, who shall not take part in the superintendence of the actual birth.

P. S. Dr. Chowne has just informed me, that Mrs. Manning "devoted herself (after regaining her strength) to religion, fasting, etc.; that she appeared odd in her ways, but remained sane up to the end of four months. At the end of two months more, making six from her confinement, she was in a lunatic asylum."—*Med. Times and Gaz.* April 22, 1854.

55. *Cases of Hysteria and Spurious Pregnancy.*—Dr. ALEXANDER KEILLER related the following remarkable case at a meeting of the Medico-Chirurgical Society of Edinburgh, April 5, 1854. Dr. K. first saw the patient, Elizabeth Berry, on the 14th September, 1838, in Dundee. She was then nineteen years of age, and her symptoms were those of uterine derangement, with hysteria. The abdomen was tympanitic; pain was complained of in the right side; there were acid eructations; the bowels were confined, and the catamenia suppressed. On inquiry, it was found that she had always been a delicate child, and even in infancy had suffered from an enlarged belly. The catamenia appeared in her fifteenth year, and had become irregular, apparently in consequence of a severe bruise which she had received shortly after their appearance. He lost sight of her till about nine months afterwards, when he learned that she was considered to have been in labour for many days, and that she was attended by an unqualified practitioner, who regarded the case as one of such extreme difficulty, that the Cæsarean section was proposed as the only means of relief. On the 25th June, he was asked to see her, and rather to his surprise found that he could not detect any uterine tumour. The os was completely closed, and the usual mammary signs were wanting. The uterus was of the usual unimpregnated development, and of course the idea of pregnancy was at once dismissed from his mind. The abdomen, however, was enlarged, and tender to the touch. The pulse was 120, full and bounding. The girl was evidently in a state of nervous excitement. He ordered an opiate and turpentine enemata, etc. The abdomen continued to enlarge, and the nervous symptoms to increase in severity, notwithstanding the liberal use of narcotics and other remedies. The pain was not relieved, and her supposed labour screams disturbed the whole neighbourhood. On August 20, she commenced to vomit bloody mucus, which, from its accumulation, prevented sleeping and threatened suffocation. The menstrual discharge was noted to have appeared on the 15th September, but, as usual, to have been a mere show. The pulse was still 120. Four ounces of bloody mucus were passed from the mouth. On the 22d of the same month, she was carefully examined. When erect, the abdomen presented an enormous enlargement, but no fluctuation or enlarged organ could be detected. Its left side was larger than the right. There was marked spinal irritation, and the left lower extremity was found slightly contracted on the trunk. In the upright position the pulse was 160. The contraction of her limb increased in extent, and she soon began to vomit her food. All her symptoms, however, began to decline in severity in