

they are mostly deficient even in the poetical imagery prevalent in Ireland, which explains the occurrence of infantile paralysis so common during dentition upon the ground of supernatural agencies—such infants being called “fairy struck.”

Bridge-street, Blackfriars, Feb. 1860.

## ON THE USE OF CHLOROFORM IN A CASE OF LINGERING LABOUR.

By F. DUMARESQ ROSS, Esq., M.R.C.S., Guildford.

I WAS summoned at ten P.M. on the 29th December, 1859, to attend Mrs. L—in her first confinement. On my arrival I was informed that she had had slight pains all day, which had become stronger, but still recurred at long intervals. On examination I found the os uteri situate high up, looking directly backwards towards the sacrum, and not dilated to more than the size of a sixpence. Through the os (the membranes being entire) the vertex of the child could be distinctly felt. She was a woman of middle height, generally healthy, but of an excitable temperament. She had suffered little inconvenience during pregnancy save from loss of appetite, which had persisted to the last.

Dec. 30th, Ten A.M.—The pains during the night had been strong, but had recurred irregularly. On examination, there was tenderness of the parts; the os uteri was of the same size as last night, the lips being very thin. At each successive pain, the head, or rather the membranous cyst, was forced with violence against the undilated os, which caused considerable pain. I now gave her a full dose of opium, and injected a quantity of warm water into the rectum. This was followed by the escape of some hardened fæces, and she seemed to feel a little temporary relief. Leaving her for a few hours in hopes that she might obtain a little rest, I returned at four P.M., but found her sufferings in no way mitigated, and the os uteri still obstinately undilated. To try antimony seemed the best plan; accordingly I sent her a mixture containing in each dose fifteen minims of antimonial wine, a dose to be taken every hour until nausea supervened.

On leaving her house I met a brother practitioner of this town, Mr. Henry Taylor (to whom I am much indebted for his valuable suggestions in this case,) and on my mentioning the case of Mrs. L—to him, he told me, that he had found chloroform invaluable in a similar case some time since under his care; I therefore made up my mind, that should antimony fail in bringing about a better state of matters I would give chloroform a trial.

At seven P.M. (30th) I again saw her, and found that the second dose of the mixture had brought on most distressing vomiting; but still, on examination, the os uteri was no greater in circumference. I now ordered her beef-tea at shorter intervals than those at which she had been taking it for the last eight or ten hours. Her condition at ten P.M. was as follows:—Countenance anxious, tongue inclined to dryness, pulse rapid but feeble. She had passed urine freely; the vagina was hotter and less lubricated than at previous examinations; os uteri still about the size of a sixpence; lips thin, dry, and tender on pressure; membranes entire. I gave her about eight ounces of beef tea, with a little brandy, and about eleven P.M. commenced putting her under the influence of chloroform. For the first hour she seemed distressed at each return of the pains, but during the last hour and a half was wholly insensible. On coming to, at the end of two hours and a half, her condition was in every respect improved; the os uteri had dilated to the size of about a half-crown; lips tumid, moist, and less tender; vagina well lubricated; the pains recurring about every twenty minutes.

31st, Eleven A.M.—The pains had continued since the time of last note pretty regularly up to about two hours ago, since which time, though strong, they have been irregular, and most irritating, without, however, doing much service. The os was dilated but very little more than at the time of the last note. As symptoms of exhaustion seemed once more coming on, I deemed it advisable again to put her under chloroform, and commenced doing so at half-past twelve P.M., keeping her under its influence for an hour and a half. At the end of this time she seemed much refreshed; the os was more dilated, and the pains recurred at intervals of fifteen minutes. The pains

continued steady and good up to ten P.M., when symptoms of exhaustion again supervened, the pains becoming irritable and irregular. Not wishing a third time to put her under the influence of the anæsthetic agent, I redoubled the doses of beef-tea, but to no purpose; and for the last time, at half-past eleven, I put her under the influence of chloroform, and continued it for an hour. At the end of this time labour set in in good earnest; in half an hour the membranes ruptured, and in another half-hour a fine boy was born. There was some considerable hæmorrhage, and a little difficulty was experienced in removing the placenta, as the uterus seemed inclined to contract irregularly. The mother and child have both done well, no bad symptom having arisen after this protracted labour of about fifty hours' duration.

After this somewhat tedious but necessary recital, I would remark that in this case the reputed remedies seemed powerless in bringing about the dilatation of the os uteri. There is a remedy which has obtained in some quarters considerable repute, but which was not tried—viz., venesection—a remedy which, to use Dr. Ramsbotham's words, is “powerful, but not devoid of danger;” and the same authority, in speaking of this expedient, says that, as there must be a certain loss of blood after the birth of the child, and as it is not known what that loss may be, “it would be wanton to take blood from the arm without grave occasion, when the few ounces we may have voluntarily abstracted, had they been preserved, might have turned the vacillating beam of life in the patient's favour, and have snatched her from impending death.” I feel convinced that had I bled my patient sufficiently to have made an impression on her system, the result would have been very different from that which ensued. Opium seemed to have no effect, and antimony appeared to make matters worse, by hastening exhaustion. With respect to chloroform, in this case its effects were unmistakable and most salutary. The principal object of placing her under its influence a second and third time was to obtain for her what she stood so much in need of—sleep, and to her it was a restorative of no ordinary value.

February, 1860.

## A Mirror

### OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

#### KING'S COLLEGE HOSPITAL.

EXTENSIVE DISEASE OF THE SHOULDER, WITH NUMEROUS  
ABSCESSSES; EXCISION OF THE JOINT; RECOVERY  
WITH A USEFUL ARM.

(Under the care of Mr. FERGUSSON.)

THE infrequency with which the parts entering into the formation of the shoulder are removed at the present day, as contrasted with the elbow, the hip, or the knee, necessarily invests the operation with some amount of interest. The subject of excision of joints has been fully illustrated for the last few years in our “Hospital Mirror,” and we take some credit to ourselves for having most fully entered into it, and thus been the means of exciting the attention of the profession generally to its consideration and adoption. Excision of the knee, the hip, and the elbow are now established operations in surgery, and so is excision of the ankle. With regard to the wrist, further experience is required to pronounce a positive opinion, although it has been practised with success by Mr. Fergusson and by Mr. Butcher, of Dublin, to whom surgeons are much indebted for their labours in this branch of surgical science.

With regard to the shoulder, there is no doubt upon the question of its propriety, only that the cases are few which present themselves as demanding the operation; and the reason