

of stimuli, such as wine, spirits, opium, &c., and the exhaustion consequent on long and painfully-protracted labour, from whatever cause it may have originated,—all of which have a tendency to diminish or suspend the proper actions of the uterus, in conformity with the principles above advocated.

2 *b. Deficient uterine excitement.*—The stimulus or irritation which should be normally applied to the os uteri is frequently insufficient to excite the muscular contractions of the uterus, in which case the labour may not come on at the time expected; or, having come on, the paroxysms will be found only at distant intervals, and at the same time inefficient. A variety of causes or circumstances may be influential in producing it, as—

a. A want of proper insensible contraction, and consequent stimulus on the orificial parts, and which may be dependent on various circumstances—for instance, an abnormal inirritability of the os uteri itself.

b. Premature evacuation of the liquor amnii, which will necessarily leave the uterus, for a time, in a relaxed state, until the tension and pressure on the orificial parts have been restored; hence the importance of the rule previously advanced (THE LANCET, page 6 of the present volume) with respect to artificial rupture of the membranes.

c. An abnormal presentation of the child's head or the presenting parts to the orificial parts, such as is frequently the result of malpresentation or deformity of the pelvis; or an oblique position of the os uteri, in which case it will be found occasionally placed near the promontory of the sacrum, out of the reach of the finger, or nearly so, and entirely removed from the axis of gravitation. This obliquity is not improbably innate or original in the constitution of the female, and capable of being transmitted hereditarily; hence women whose mothers have experienced this kind of labour will themselves be incidental to it; where it exists, there will always be lingering labour at the commencement, and the progress will be unsatisfactory, until the os uteri becomes more or less dilated, and central in its position.

d. Another cause is a pendulous state of the utero-abdominal tumour, which occasionally overhangs the pubis, and reaches almost to the knees of the patient, particularly in multiparous women; here the pressure downwards of the uterine contents is intercepted by the pubis, so as to fail to excite the os uteri; in such cases, labour may be almost indefinitely postponed.\*

The most important and general principles of treatment in all the above states of defective action are involved in what has been so lately advocated in a preceding paper, (THE LANCET, pages 32 and 33 of the present volume,) with respect to the excitement of labour. In many cases, indeed, all that will be necessary is to wait with patience for the supervention of a spontaneous and renewed energy, taking care, in the interim, to regulate properly the mind of the patient: everything possible should be done to obviate depressing emotions, and encourage hope and confidence. To further these indications, the lying-in room ought to be kept at a moderate temperature; mild and nourishing refreshment should alone be administered, avoiding all excessive stimuli, particularly in the form of spirits, wine, and beer, or highly stimulating medicines; the object being not to over-excite and eventually depress the system. Otherwise, if nature should not satisfactorily rally, and the defective action continues, so as from circumstances to make an active treatment desirable, the following plan, from whatever causes the delay may be induced, may be adopted—namely, the firm application of the bandage, combined with friction and orificial stimulus; and even a cautious and delicate attempt to assist the dilatation of the os uteri with the finger will not unfrequently be productive of the most satisfactory results.

If the defective action be connected with an oblique position of the os uteri, the finger may be introduced, and an attempt made to draw it down into the axis of the pelvis, which, independently of such result, will contribute to dilate the orifice and promote more vigorous action. The author has met with many cases in which, by the means above detailed, he has been enabled to terminate the labour both speedily and happily, when otherwise the delivery would probably have been continued and distressingly lingering.

When a pendulous abdomen delays the supervention of labour, a properly adjusted bandage, so contrived as to bring the presenting part from over the pubis into the axis of the pelvis, has, within a few hours, been followed by energetic labour.

(To be continued.)

\* See Evidence in the Gardner Peerage Case.

## CAMPBOR AN ANTIDOTE FOR THE POISON OF STRYCHNINE.

By I. PIDDUCK, M.D.

IN Mr. Cooper Forster's paper, on Poisoning by Strychnine, he states that "no antidote is known." The following case will help to supply the deficiency of our knowledge in this respect:—

J. W—, pianoforte-maker, a weakly man, of intemperate habits, accustomed to work in a hot workshop, and to exposure to cold on his way to and from work, was the subject of severe attacks of rheumatic gout. After one of these gouty rheumatic attacks he was suffering under dyspepsia, neuralgic pains, and general debility. For the relief of these symptoms strychnia was prescribed, in the dose of a *sixteenth* of a grain three times a day. By mistake, at the chemist's, (one of the first in London,) the grain of strychnia, with sugar, was divided into *six* instead of sixteen powders.

The first dose taken in the evening produced severe twitchings of the muscles; but the second dose, early in the morning, threw him into violent convulsions. The messenger who came for me said he was dying. Immediately on discovering the mistake, and witnessing one of the frightful paroxysms, I prescribed twenty grains of camphor in six ounces of almond mixture, one-fourth to be taken every two hours. The first dose so completely quieted the convulsions that there was no need of a second.

Cases of this kind rarely occur, and I have only this one to adduce, but the incompatibility of strychnia and camphor proves, *pro tanto*, that the one is the antidote to the other. As a general rule, to which there probably may be many exceptions, the poison and the antidote severally are to be found in the three kingdoms of nature.

July, 1852.

### REPORT OF AN

## INTERESTING CASE OF VACCINIA AND VARIOLA IN AN INFANT.

By T. C. BEATTY, Esq., M.R.C.S. & L.A.C.,  
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*Distinct small-pox in the mother at the time of delivery; her recovery. Vaccination of the infant on the fourth day; vesicles matured on eighth day. Appearance of eruption of confluent small-pox at same time; death of the infant twelve days after vaccination.*

On the 27th of October last, I was summoned to visit Mrs. M—, who was in daily expectation of the birth of her first child. The symptoms which presented themselves were, headache, vomiting, and pain in the lumbar region, with "bearing down." Considering these symptoms as precursory of labour, I prescribed a little simple febrifuge anodyne mixture, and directed that I should be sent for if she should be any worse. On the following day, Mrs. M— was very poorly, and on the next (the 29th), at six P.M., was delivered of a daughter.

The case was a tedious and severe one, but requiring no especial comment, excepting the appearance on the neck, face, and arms of a plentiful crop of very suspicious-looking spots, becoming so much developed during the excited circulation of severe labour, that I had no difficulty in diagnosing them to be variolous. The following day there could be no doubt that my patient was the subject of variola in a *distinct* form, but of at least average severity. The disease went through its usual stages, and ended in perfect recovery, leaving, however, a few marks of its visitation. To give the infant a chance, she was carefully vaccinated on the morning of the fourth day after her birth. True vaccinia was the result; and yet, on the eighth day after she was vaccinated, when the vesicles were fully matured, the little patient was very ill, and showed signs of an eruption under the skin, which proved to be *confluent* small-pox, of which the little creature died four days after. Several of my medical friends think the case unique; all consider it exceedingly interesting and instructive. If it sheds any light upon the *questio vexata* of the present day, I shall be rejoiced by its publication.

I see it has escaped me to mention, that after I had vaccinated the child, I enveloped the arm round the punctures with linen, securing it in situ with a bandage, to prevent any variolous matter being communicated from the mother through the punctures or abrasions of the cuticle.

I resist the temptation of making my own comments upon the case, being anxious to have the opinions of other men. Perhaps, however, I may be allowed to say that I consider the most *salient*