

powerful and, in proper hands, useful means, if used rashly or injudiciously, an injury instead of a benefit.

It is probable, but it as yet remains to be proven, that as the actinic rays are, if not wholly, at least chiefly, concerned in producing the peculiar effects of light upon growth and vegetation, so their exclusion would perhaps have the desired result of retarding the development of the pustules without so completely arresting their progress as total darkness, and that the other rays might be sufficient to avoid that depressing effect upon the mind which seems to me to have much to do with the fatal result.

In the meantime, however, the clear deduction from these thoughts is, that though this mode of treatment is very useful in the lighter cases of unmodified, and in all cases of modified small-pox, yet it should be used with great caution in the graver cases of a confluent character; for we must not forget that the outward manifestations do not form the whole of the disease, and that, grave as may be the consequences of their unchecked career, there are more serious forces behind, for which these form the outlets, and as it were the safety-valves of the system.

Manchester, June, 1871.

A CASE OF INDUCTION OF PREMATURE LABOUR,

IN AN INDIVIDUAL WHO HAD BEEN DELIVERED NINE MONTHS PREVIOUSLY BY GASTROTOMY, AFTER RUPTURE OF UTERUS AND ESCAPE OF CHILD INTO ABDOMINAL CAVITY.

By J. H. TYLECOTE, M.D. &c.

It may be in the recollection of some of the readers of THE LANCET that on Nov. 5th, 1870, I reported a successful case of "Gastrotomy after Rupture of the Uterus and Escape of the Child into the Abdominal Cavity." I am now, through the kindness of Mr. Hopkins, of Stone, who ably managed the case, in a position to give an account of a subsequent parturition in the same individual, which, though less fortunate in its results than the previous one, is not the less interesting, inasmuch as it renders the history of the case more complete.

On March 8th, 1871, Esther N—, the woman above referred to, called upon me, after walking a distance of more than four miles, to consult me as to her approaching confinement, which she expected to take place about the end of April or middle of May. She stated that she had only menstruated once since her confinement in June of last year, when gastrotomy had to be performed in consequence of the escape of the child into the abdominal cavity through a rent in the uterine walls. Her general health since that time had been extremely good, and all she complained of was "a feeling of aching and soreness at the bottom of the womb."

In a conversation on the case with Mr. Hopkins a short time previously, it was decided that the induction of labour between the seventh and eighth months was desirable; as affording to the mother a fairer prospect of recovery, and to the child a greater probability of being born alive, than if gestation were allowed to proceed to the full term. For, by adopting the proposed course, not only would extreme distension of the uterus be avoided, but less resistance would be offered by the immature fœtus, and the risk of prolonged and violent uterine action would be thereby diminished.

Our reasons for proposing the induction of premature labour having been explained to the patient, she agreed to submit to the necessary treatment.

On March 13th, therefore, Mr. Hopkins commenced operations by Dr. Tyler Smith's method, of the alternate injection into the vagina of warm and cold water four times daily. The preference was given to this particular plan over the many other methods that have been recommended for the purpose, as being most likely to soften and relax the vagina, os, and cervix uteri, and thus facilitate the passage of the child with the least expenditure of uterine effort.

March 16th.—I saw the patient with Mr. Hopkins. The

douche had been continued during the preceding three days. She had experienced a slight pain in the back the day before. There was a muco-sanguineous discharge, and the vagina felt soft, sodden, and relaxed; the os uteri admitted the finger to the first joint, and the lips and cervix were soft and yielding. Examination externally found the abdomen exceedingly pendulous, and the cicatrices resulting from the operation performed at her previous confinement were well marked and of a brown colour. That showing the line of the incision measured nine inches and a half in length, and at this part the parietes were thin and yielding. The movements of the child could be felt with the hand placed on the abdomen, and the sounds of the foetal heart were distinctly heard in the left iliac fossa with the aid of the stethoscope. We decided that the douche should be continued for another day, when, if labour had not made any further progress, the membranes should be ruptured with a catheter. The abdomen was directed to be supported with a flannel binder, and the patient to lie on her back in the semi-erect posture, in which position delivery was, if possible, to be effected, with the view of avoiding obliquity of the uterus, and thereby diminishing the risk of irregular pressure. For this valuable suggestion I am indebted to Dr. J. Braxton Hicks, whose able opinion on the case I consulted, and who kindly gave me many useful hints as to its management.

18th.—I received the following report from Mr. Hopkins: "I am glad to tell you that our patient was delivered this morning about 1 A.M., but the child was stillborn. I continued the employment of the douche until 6.30 P.M. of yesterday, and about two hours after she sent to say that pains had commenced soon after I had left the house. On visiting her, I found the os well dilated, and pains regular. The presentation could not be detected until the membranes were ruptured, when Dr. Fernie felt a hand. The child was turned, and soon born. After the expulsion of the placenta there was very great hæmorrhage, which we had much trouble in arresting, and for some time feared for the poor woman, who was greatly exhausted. She has, however, now rallied, and is going on satisfactorily."

19th.—Was going on favourably at the morning visit; but during the day got up and went down stairs, notwithstanding the strictest injunction that she was not so much as to raise her head from the pillow. This imprudent act produced a slight recurrence of the hæmorrhage; whereupon she returned to bed, and died on the sixth day after delivery, with symptoms of increasing exhaustion—such as blanched and pinched countenance, rapid feeble pulse, clammy perspirations, and some tympanites, which however disappeared before death. There was some secretion of milk, and the lochiæ were natural. She had neither rigors, heat of skin, nor abdominal pain or tenderness.

An autopsy could not be procured, notwithstanding that the priest's influence was brought to bear upon the husband. The precise cause of death, and the actual condition of the parts consequent on the rupture of the uterus nine months previously, must therefore remain matters of conjecture.

Sandon, Stone, May 10th, 1871.

THE EFFECTS OF CHLORAL HYDRATE.

By ROBERT MUNRO, M.A., M.B., M.C. EDIN.

CHLORAL HYDRATE has been introduced to the medical profession under the very highest possible recommendation, and I believe it will permanently take its place among those drugs that have really benefited suffering humanity. It is, indeed, in its way, a triumph to scientific medicine; for it had been announced, from the nature of its composition, that it should produce those soporific effects which experience has now shown it to possess. Under these circumstances it is only natural to expect that it would be lauded as the panacea for all the ills that flesh is heir to, and that it should be largely used before attention would be drawn to its deleterious effects.

Having observed several cases recorded in THE LANCET in which its administration proved injurious, and even