

ART. IX.—*On the occasional Occurrence of Mental Incoherence during Natural Labour.* By W. F. MONTGOMERY, M.D., Professor of Midwifery to the King and Queen's College of Physicians in Ireland.

PERHAPS I cannot more appropriately introduce the remarks which I have to offer on this subject, than by quoting, as a preliminary observation, one prefixed to a highly instructive and valuable paper on vaccination, lately published by Dr. Maunsell in this Journal, his words are : “ a very limited experience must be sufficient to expose to any thinking person the fallacy included in the supposition, that the difficulties and perplexities of a practitioner are chiefly to be met with in the more dangerous and rare cases of disease.” Now, if there be one subject more than another, to which such a fallacy is found to extend its influence *injuriously*, it is that of natural labour, the laws, circumstances, and phenomena of which are usually considered as matters of such constant and common-place uniformity, that it is deemed quite enough to have ascertained, that a labour is natural, to enable us to anticipate every symptom that will arise, and understand every circumstance likely to occur during the whole of the process ; in short, that as soon as we have *been present* at a few cases, we may with a safe conscience rest satisfied, that we know all that is to be known of the matter, and adopt the comfortable maxim, “ *ex uno disce omnes*,” a rule of discrimination which we might, with just as much propriety, attempt to apply to the human head and face, and assert their universal similarity, because there is in all an assemblage of the same parts ; but even in those which are to the careless observer indistinguishably alike, how easily does the quick and practised eye of the anatomist detect imperfection of structure or irregularity of arrangement, or the phrenologist or physiognomist recognize the characteristic differences which distinguish the philosopher from the sensual voluptuary or the vil-

lain ; so also will the skilful painter discover and appreciate varieties in proportion or expression, which as perfectly distinguish one individual from another, as if they belonged to different species ; and by such nice discrimination of these more delicate points, and his power of treating them correctly, does he earn for himself well-merited praise and high reputation ; and so it is or ought to be in our profession ; and my belief is, that there are not to be met with any two cases of labour, which, if carefully observed, will be found precisely alike ;* nor any one case which, when attentively watched, will not present to us some interesting variety of circumstance, or suggest some new idea, thereby adding to that stock of knowledge, which is to render us afterwards more certainly useful to our patients, and consequently assist us in advancing to professional eminence, by means which are at once the most creditable, safe, and certain. It is by no means my intention to trespass on the time of the reader or weary him, by even an enumeration of the symptoms or aggregation of circumstances, which usually present themselves in natural labour, with which, I will take for granted, that he is already perfectly familiar ; but I may be permitted to advert to one fact vitally connected with our subject, for the purpose of shewing how slowly some, even of the circumstances apparently easily known, became objects even of consideration, much less of knowledge. I allude to the relations which the head observes with regard to the pelvis, as it descends through that cavity and issues from its outlet : now, strange as it may appear, it is nevertheless not more strange than true, that although men of great talent and observation were employed in the practice of midwifery, and distinct treatises were written on the subject, so far back as the beginning

* Such also, and even more decided, was the conclusion to which Denman's experience and talents led him ; " we may," says he, " probably never meet with any two labours in any respect exactly similar." p. 284. ed. 5.

of the seventeenth century,* when the works of Ambrose Paré were collected and translated, when the great Harvey practised midwifery, and wrote his "*Exercitationes de partu*," and when Ruysch was elected Professor of Midwifery by the States of Holland, still no idea was entertained of the true mechanism of the passage of the head, nor was even an attempt made to explain it, until the middle of the eighteenth century, when Sir Fielding Ould, then master of the Dublin Lying-in-Hospital, published his view of it in 1742;† in fact, we had no full, clear, and satisfactory account of it, until Nægelé of Heidelberg published his "*Mechanism of Parturition*" in 1829.‡ And yet I need not here insist, that on the correct and intimate acquaintance which we possess of these relations, and our expertness in detecting them by examination, depends altogether our capability of managing or correcting malpositions, and of applying and using instruments with advantage and safety. Still I regret to believe, that there are many, very many who consider it quite sufficient to have ascertained the presenting part to be the head, to satisfy them that all is right, and who, to use the words of Dewees, "commit the whole charge of the labour to the management of nature, if the head present, *no matter how*, and as she is usually successful, however hard the struggle, never stop to inquire whether they could have aided her efforts or abridged her toils;"§ never considering

* I am aware, that there were publications of even earlier date, as for instance, "*The Byrthe of Mankyade, or the Woman's Booke*," in 1540, but they are not of any authority.

† Before that period it appears to have been taken for granted, that because the head issued from the pelvis with the occiput towards the pubis, and the face to the sacrum, it passed into and through the pelvic cavity in the same position, which was accordingly designated as the "*situs capitis rectus et equus*." See figure in Mauriceau, vol. i. edit. 1712, p. 243, and also Deventer's 8th and 9th plates, French edit. 1734, pp. 95-6.

‡ Nægelé's book was printed in Germany in 1822, but it was not known in this country until the publication of Dr. Rigby's translation in 1829.

§ *Compendium of Midwifery*, page 237, par. 577.

that there are at least five varieties of relation between the head and the pelvis, each of which is accompanied with a corresponding difference in the circumstances of delivery, and, of course, may require a very different mode of management.

If in dwelling even thus long on matters so familiar to most of my readers, I have trespassed on their patience, I can only urge in extenuation, the extreme importance of the subject of natural labour, which Denman tells us, "*was the last thing well understood in the practice of midwifery;*"* and the engrossing interest with which it is invested, as being not alone a delicate branch of professional inquiry, but also a process whose results so powerfully influence our domestic happiness, and are associated with some of the purest and tenderest feelings, which spring from and cement the most sacred of our social relations.

I shall now proceed to notice the particular symptom of incoherence during natural labour, to which I wish to call attention ; and I am the more anxious to do so, because, as far as I am aware, it has not been described by any writer on midwifery. It is well known, I presume, to every one who is conversant with the management of labour, that the period of that process at which the os uteri becomes fully dilated, and is put severely on the stretch by the head passing through it, is one of extreme distress and pain to the patient, who generally at that time is much agitated, experiences a smart rigor, and vomits ; but in addition to these and other symptoms of almost constant occurrence, I have observed, that the impression thus made on the system is in so many instances accompanied by incoherence or temporary delirium, that I have ceased to regard its occurrence as a matter of surprise ; and yet I confess, that I was six years engaged in the practice of midwifery, having also attended the Lying-in-Hospital for two years and a half, before I took notice of this fact, which was at length

* Introduction to Midwifery, ed. 5, p. 268.

presented to my observation in characters so forcible, as not to be overlooked or easily forgotten: since then, I have watched closely, and have frequently met with it; sometimes strongly marked, at others so slight as almost to escape observation; but perhaps the best description I can give of this circumstance, will be collected from a brief detail of some of the cases in which it was observed. I shall therefore select three out of those in which it occurred under my own observation, and three others which were communicated to me in consequence of my having discussed the subject in my lectures.

CASE I.—A. S. in labour of her second child, of very irritable temper, was going on favourably, and without any symptom calculated to excite attention, until the rupture of the membranes, which took place before the os uteri was fully dilated, the pains increased in strength, and the head began to press hard into and stretch the os uteri: in a few minutes afterwards, on my asking her some indifferent question, she popped her bare leg out of the bed, and requested that I would unlace her boot and take it off, for that it made her very uncomfortable, and was insupportably hot in such warm summer weather; then a pain or two passed over, and she again reiterated the request about my taking off her boots, or that I would allow the nurse to do so, and if not, that I would at least pour the contents of the water jug over her to cool her; then two or three pains more passed over, and she started on a new theme, “Doctor, don’t you think Mr. —— is a very handsome man, I think him a charming man, I wish I was married to him, and S—— might marry any one he liked.” The gentleman whose name she mentioned, was, perhaps, the ugliest man to be found any where: all this lasted about a quarter of an hour; the head then passed the os uteri, and she presently dozed a little; the labour afterwards went on for several hours, and rather severely, but she had not the slightest return of the incoherence, and recovered well. This was the first time I had observed this occurrence, and it alarmed me exceedingly.

CASE II.—Mrs. D. aged 25, of very irritable habit, and rather ardent temper, sent for me at ten o'clock, P. M. ; it was her first labour, and was proceeding actively with powerful pains. At half past one the membranes ruptured, and the head began to bear upon and into the os uteri ; at two o'clock, when this part was fully on the stretch, and she was covered with perspiration, she turned to me and said, that she “ would not go down to the drawing-room ; for what would visitors think if they saw her sitting there, and she in labour ? and that I need say no more on the subject, for that she would not do it, but that she would have no objection to step into the coach and start off for Ballybay ; ” here she concluded, began to doze a little, and wandered no more ; the head soon after came down upon the perineum, and a little after three o'clock she was safely delivered of a very large and healthy boy, and recovered well. I since attended this lady, and she had no return of this symptom.

CASE III.—Mrs. S. aged about 40, remarkably healthy and even tempered ; in her ninth labour, which began on the 14th by the dribbling away of the waters, she had a few slight pains in the course of that day, but the labour did not increase or become active till nine o'clock, P. M. of the 15th, when the pains were quick and forcing, and about twelve o'clock midnight, she turned to me and said, that she “ thought it would be time for her to get up and see the children dressed and sent to school, otherwise they would be late ; ” then she expressed great surprise as to what could be preventing her mother from coming to town, to be with her during her confinement, which, she said, she knew would take place before her arrival ; her mother was at the moment standing by her bedside and holding her hand : presently the head descended fully into the cavity of the pelvis, and the incoherence ceased after having lasted about five minutes. She was safely delivered at twenty minutes before two o'clock, A. M. of the 16th.

CASE IV.—An extremely intelligent gentleman, son of a physician in England, who was attending my lectures in

1831, told me, that my account of this matter was very satisfactory to him, as explaining a circumstance which had happened in his father's practice, which had been at the time of its occurrence a source of extreme alarm, and had always appeared to them both totally unaccountable. He had been attending a lady of rank in labour, she was remarkable for the gentleness of her disposition and propriety of conduct; every thing appeared to him to be going on perfectly well, and the labour promised to be speedily terminated, when the lady, in reply to some question from the doctor, desired him to go be damned for a scoundrel; and then followed up this singular address by language not less remarkable for its indecency, than for the inappropriate circumstances under which it was introduced; this, however, lasted only a few minutes, when she became quite calm, and observed, that she believed she had been talking nonsense, but did not know of what kind: her labour was happily terminated in a very few hours, and she recovered well; but from that time, Dr. — and his son always considered her as a person liable to insanity, until the latter heard me describe such occurrences as not unusual.

CASE V.—The account of this case was very kindly communicated to me by Dr. Young, of Ormond-quay, in consequence of hearing me lecture on the subject. I shall give it in his own words:—

“ Upper Ormond-quay,

“ MY DEAR SIR,

“ Agreeably to your request, I furnish you with an outline of a case which fell under my observation, and which you seemed to think deserving of attention, as far as regards a peculiar symptom, which has not, I believe, been noticed by practical writers. The symptom I allude to is, the *slight but marked delirium*, which sometimes attends natural labours, just as the head of the foetus is passing through the os uteri, which is then forcibly distended and exceedingly on the stretch.

“On the 14th of March I was called upon to see Mrs. R. H. of Mabbott-street, aged 20, then about to be confined with her first child. The labour was perfectly natural, and continued active for at least eight hours; I thought it necessary to leave her room for a few minutes, and on my return, I found that the membranes had been ruptured, which I attributed to the interference of the nurse. The pains now became more violent, the head forcibly pressing through the os uteri, when at this moment I was greatly alarmed by her *incoherent expressions*, (as if in conversation with her relations, who were at that time in the country,) and was induced to suppose, that these were the premonitory symptoms of an attack of convulsions; but I was agreeably relieved in about two minutes from my great anxiety, by the complete subsidence of these (as I then thought) alarming symptoms; in fact, the child was entirely expelled after a few pains, and the lady’s recovery was uninterrupted.

“Faithfully your’s,
“EPH^s. YOUNG.”

CASE VI.—For this case I am indebted to Dr. Paterson, of Blessington-street, whose account of it I shall transcribe, together with his very judicious preliminary observations:—

“32, Blessington-street.

“DEAR SIR,

“As the reputation of the physician is as much endangered by being alarmed without cause, as from not observing danger when it really exists; and as in the practice of medicine, a knowledge of the *causes* of disease in general, renders our prognosis clear, our treatment decided and efficient; so in that of midwifery, *every fact* founded on observation, which elucidates the *causes* of symptoms, and which tends to prevent unnecessary alarm in the mind and conduct of the medical attendant, ought faithfully to be recorded. In accordance with this sentiment I send you the annexed case, in whose first

stage symptoms occurred, which, during their continuance, occasioned me considerable anxiety.

“ In the month of October, 1831, Mrs. S., a lady aged 30 years, of a strong but nervous constitution, pregnant of her first child, and at the full period of utero-gestation, was at two o'clock, A. M., awoke with the precursory symptoms of labour. There was neither headach nor fever, and little, if any excitement of the pulse, but she was now, as she had been during the greater part of gestation, unusually anxious and desponding as to the result. Her diet, exercise, and bowels, had been carefully regulated, and every proper means to remove her apprehension adopted. The os uteri was contracted and *slightly rigid*; an emollient enema was administered, and rest—sleep if possible, advised.

“ Five o'clock, A. M. She had not slept, but expressed herself soothed by the enema which produced the desired effect; the pains were sharp and frequent; the voice characteristic, and the os uteri now dilated to nearly the size of a shilling; she complains much of *cutting* pain in her back; no headach; pulse quiet; little thirst. Her bed-chamber was large, well ventilated, and cool; no fire nor any stimulant allowed.

“ Seven o'clock, A. M. Os uteri dilating gradually though slowly; when my patient began to talk incoherently, and ultimately to sing a favourite Italian air, which, I understood, she had been playing the day previous. She had spoken collectedly the minute preceding; from this *error mentis* she was at once recalled, by applying cold to her forehead and speaking mildly to her, when she expressed herself aware of having “ done or said something foolish,” in the interval she complained of the lancinating pains, and again resumed the wild melody; from which I always with ease recalled her. Alternate moments of sensibility and delirium occurred, till half past eleven o'clock, A. M., when the os uteri being almost fully dilated, the membranes and head presenting, the tendency to wander ceased, and though the external parts did not dilate

kindly, the delirium did not again recur ; her recovery was favourable.

“ I candidly acknowledge I was at first alarmed ; but the quiet state of the circulation ; the freedom from fever or local determination ; the ease with which I recalled her to perfect recollection and sensibility ; by leading me to consider the incoherence as the effect of pain in a highly hysterical individual, (as my patient undoubtedly was,) allayed my fears, and enabled me to think with coolness and to act with deliberation. I have not mentioned what perhaps I should, that I could not *then* account why the delirium, if arising from the pains, did not continue as long as they did, nor did I distinguish between the effects of the pain of dilatation of the os uteri and of expulsive action, till my conversation with you on the subject gave me reason to attribute the mental affection to the former.*

“ Very truly your’s,

“ HENRY PATERSON.”

Such are the characters and accompanying circumstances of this species of incoherence, which it appears to me of great importance to have known, and properly appreciated, especially by those who have had but little experience in practice, but who may have learned, that delirium in labour is to be regarded as a dreadfully dangerous occurrence, which it undoubtedly is, when it comes in the train of other bad symptoms, accompanying a difficult and protracted case ; but this form of incoherence of which I speak, has no affinity with such a condition ; it comes on suddenly, during perfectly natural and favourable labour, and most frequently at the particular stage of the process which I have pointed out ; it is not accompanied or followed by any other unpleasant or suspicious symptom ; it occurs, perhaps, immediately after the

* This lady was since confined a second time under Dr. Paterson’s care, without any return of incoherence.

patient has been talking cheerfully, and having lasted a few minutes, disappears, leaving her perfectly clear and collected, and returns no more, even though the subsequent part of the labour should be slower and more painful. In every instance which came under my observation, the patients were afterwards conscious that they had been wandering, and occasionally apologized for any thing wrong they might have said, although they were not aware of what the exact nature of their observations might have been, their condition, so far, exhibiting that mental embarrassment observed by Dr. Gooch,* as occasionally occurring "in women who had been debilitated by nursing," in which "the mind was wrong, yet right enough to recognize that it was wrong." Now should the practitioner in attendance not happen to be aware of this fact, his fears would almost certainly be alarmingly excited, and might, perhaps, induce him to pronounce an opinion, or adopt a course of treatment, under the apprehension of imminent danger, which the subsequent circumstances of the case would not justify, and which might even be highly injurious. Thus, one gentleman states, that he was sure his patient was about to be seized with convulsions, and had the symptoms continued, he would probably have felt himself called on to bleed her, or request further advice, neither of which is desirable when unnecessary: another told me that he fully anticipated the approach of puerperal mania, and a third, that although from the time of the occurrence, he never recognized any further symptom of derangement, he had always considered the lady as of unsound mind, until I mentioned to him what I had observed; and precisely the same distressing impression was made on the husband and family of another lady, until I relieved them by describing the circumstance as one which I had several times met with, and to which I attached no consequence; an assurance which was received with almost a transport of delight and satisfaction. I have al-

* Account of the Diseases of Women, p. 114.

ready said that this occurrence is not described by authors, and I did not venture to make that assertion until I had carefully examined the works of Denman, Burns, Merriman, Gooch, Hamilton, Smellie, Dewees, Gardien, Velpeau, Desormeaux, Baudelocque, Boivin, Mauriceau, La Motte, Deventer, and Stein, of whom, only two* mention such an occurrence at all, and they merely state generally, with regard to labour, that sometimes, when it is violent and under peculiar circumstances, (which they do not describe or specify), the woman "becomes delirious, or suffers a transient disturbance of the intellectual functions;" but they have given no account of the form such incoherence assumes, its distinguishing characters, or the accompanying circumstances; nor have they or any body else, as far as I know, reported any case calculated to call attention to the subject; and although I find, upon inquiry, that it has occurred to other professional men, (as in the cases already related,) they stated to me at once, that they recollected it only as having greatly surprised and alarmed them, and that until they heard my account of it they had never thought of connecting it with any particular cause, or part of the process, or in fact had regarded it as anything more than one of those strange and unaccountable incidents which occasionally spring up to astonish and embarrass us in practice.

I should also observe, that I have known the same circumstance happen in abortion, when the ovum was forcing through the rigid cervix and os uteri; but more frequently the effect then produced is extreme faintness, and a degree of exhaustion totally disproportioned to any appreciable cause, such as hæmorrhage. I lately attended a lady, who was miscarrying in the second month, with slight hæmorrhage, and during the distention of the lower part of the cervix uteri, such a degree of faintness and exhaustion prevailed, that she was almost

* Gardien, *Traité d'Accouchmens*, tom. ii. p. 224, and Desormeaux, *Dict. de Med.* tom. i. p. 170.

completely insensible for more than an hour ; but no sooner was the ovum expelled into the vagina and removed, than she revived again and felt quite well, a very satisfactory proof that the symptoms of exhaustion had been the result of the peculiar impression made at the time on the brain and nervous system. The subjoined fact also appears to me of considerable interest, as illustrative of our subject. A professional friend informed me, that an attempt made by him to dilate the os uteri for the cure of dysmenorrhœa, as recommended by Dr. Mackintosh, was accompanied by excessive distress, and such complete incoherence on the part of the patient, that he was afraid ever to renew the operation.

It should not be forgotten, that there are many other circumstances connected with pregnancy and parturition, which are so much in unison with the occurrence of the symptom now spoken of, as to render its appearance a matter of less surprise or singularity. It is well known that in almost all women, but especially in those of an irritable habit, conception is followed by very obvious alterations in their moral temperament, apparently depending on a state of exalted nervous sensibility, or, as Denman* well expresses it, “ in consequence also of this general and perpetual irritation, the temper of pregnant women is sometimes rendered less gentle and patient, than is consistent with their usual character, and this claims compassion instead of resentment ;” in some the irritability assumes the extraordinary and protean forms of hysteria, and occasionally the patient’s condition is such, that it would be no easy matter to draw the line of separation between it and absolute mental aberration, or, at least, what is usually called an unsettled state of mind ; while in others complete derangement takes place. A patient of my father-in-law’s, the late Dr. Connor, became deranged in eight successive pregnancies, and very lately a woman was received into the Richmond Lu-

* Introduction to Midwifery, p. 216.

natic Asylum, who was three times similarly affected during gestation, but always became sane a short time before delivery, and continued so until the re-occurrence of pregnancy. It is also a fact universally acknowledged, that the nervous system of all *parturient* women, is in a state of peculiar excitement and impressibility, by which they are rendered most painfully sensitive to the slightest moral or physical disturbances, and the very circumstance of the dilatation of the os uteri in labour, is in some a source of irritation sufficient to induce that fearful affection of the brain, which we believe to constitute in many cases the essential cause of puerperal convulsions; and the appearance of mania during the state of child-bed, is of too frequent occurrence to require more than to be mentioned. Nor shall we be at a loss for some very close and striking analogies if we leave this particular system altogether, and turn our attention to other organs and their functions: thus it must be familiar to many, how frequently children become incoherent, especially at night, after having paid a visit to the pastry cook's shop, and received into their stomachs a quantity of indigestible matters; an effect which I once saw remarkably exemplified in an adult: the gentleman was then a medical student, went to the theatre, and after his return supped on lobster and mutton kidneys, after which he drank two or three glasses of wine and nothing more; the following morning he got up as usual, and went to a gentleman who was preparing him along with others for his examination; he was, in general, as I was informed, remarkable for the extent of his information and good answering, but on this occasion his replies were the most unqualified nonsense: in consequence of which, he was advised to return home and rest himself; which he did; but shortly after his arrival at his lodging, I was sent for in great haste, in consequence of his having fainted. On his recovery I asked him if he felt sick? he said not: I asked if his bowels were out of order? he said not; that they were confined, but that if he had diarrhoea it would cause an effusion of coagu-

lable lymph, which would put an end to the insensible perspiration: he was very cold and shivering. I got him into bed, gave him a little warm wine and water, and applied heat to his feet. While these measures were in progress, I ascertained what I have already stated, about the supper he had eaten, which it seemed also was a very unusual thing with him to do, as he was of remarkably temperate and regular habits; his tongue was foul, and his abdomen felt full and doughy, as if the bowels were much loaded. I ordered an active purgative, to be followed by an injection. In a few hours afterwards, I had the advantage of Mr. Colles' advice, to whom he was serving his time; he advised the aperients to be repeated, as the former dose, &c. had acted only slightly: he was quite aware that he had been talking nonsense to us in the morning, for which he apologized; but he was, nevertheless, still quite incoherent; and a moment afterwards, in answer to a question from Mr. Colles, as to what wine he had drank the night before, he said he had taken "only three glasses of intertrochanteric wine, which you know, Sir, is the proper name for port." In the course of the evening the bowels were relieved plentifully, and the previous night's supper discharged almost exactly in the state it had been swallowed; he got several hours good sleep during the night, and in the morning was as perfectly collected as ever, nor had he ever to my knowledge any return of the annoyance. Since then he passed his examination with distinguished credit before the College of Surgeons.

Dr. Gooch relates a still more remarkable case, in which mania after delivery was induced by disorder of the alimentary canal, and subsided immediately upon the expulsion of the offensive matter from the bowels.*

In conclusion I may observe, that an explanation of this phenomenon seems to me to arise naturally from a considera-

* On the Diseases of Women, p. 156.

tion of the anatomical structure of the part principally engaged, the changes which it undergoes at the time, and the physiological condition of the uterus resulting from pregnancy. With regard to the former, we know that the lower part of the cervix, or that surrounding the os uteri, has the structure, and performs the functions of a sphincter, and that forcible or extreme dilatation of such parts is always productive of great distress; and in the present instance, we have an aperture, which, this hour, would hardly admit the point of our finger, before the end of another hour, dilated to such a degree, as to give passage to a body, measuring at least from ten to twelve inches in circumference;* in doing which, it is sometimes so stretched, as to tear in several parts, and thus gives rise to the jagged or notched state of the part, so constantly found in women who have borne several children. I think also, I have sufficient evidence to believe that this incoherence will most frequently be observed in cases where the membranes have given way, or have been imprudently ruptured, too early in labour, by which the expulsive action of the uterus suddenly acquires increased force, and impels prematurely, the hard, bulky, and unaccommodating head against the os uteri which it carries down before it, until a portion of the lower part of the cervix is caught and severely pressed between the head, and the bony wall of the pelvis, which greatly adds to the pain and distress experienced, and besides throws the part into a condition still more unfavourable for dilatation. This theory (if it deserve such a name) is fortunately one, which, whether true or false, may be entertained with safety, inasmuch as the conduct to which its reception would lead, could have no other than a good effect, since it merely furnishes an additional precaution

* It may be proper to observe here, that this is not the greatest circumference of the child's head, which is that measured from the occiput, over the parietal protuberances, and round the forehead, which amounts to from thirteen to sixteen inches; but that is not the one presented to the os uteri in natural labour, in which the head passes in such a position, that its outline is nearly a circle, whose diameter is the bi-parietal or transverse dimension of the cranium, or nearly so.

against a premature interference with the membranes. Lastly, we know that the part of the cervix around the os uteri receives a very abundant supply of nerves from the great hypogastric plexus, and thereby establishes intimate connexions with the branches of the renal and spermatic plexuses; which nervous supply becomes not only physically increased during the time of gestation,* but (in common with the other constituents of the organ) has its functional activity or its peculiar sensibility greatly exalted, manifesting its irritative influence, not only by the derangement caused in the action of certain viscera, as the bladder, stomach, and intestines, but in many instances disturbing seriously the whole system, and inducing effects already adverted to.

Such an explanation appears to me not only reasonable in itself, but the more satisfactory from its corresponding so closely with that offered by Dr. Gooch, to account generally for the disorders of the mind in lying-in women, which is the following: “the sexual system in women is a set of organs, which are in action only during half the natural life of the individual, and even during this half, they are in action only at intervals. During these *intervals of action*, they diffuse an *unusual excitement* throughout the nervous system; witness the hysteric affections of puberty, the nervous susceptibility which occurs during every menstrual period, the nervous affections of breeding, and the nervous susceptibility of lying-in women. I do not mean,” he adds, “that these appearances are to be observed in every instance of puberty, menstruation, pregnancy, and child-bed, but that they occur sufficiently often, to show that these states are liable to produce these conditions of the nervous system;”† but he makes no mention, either in his essay on that subject or elsewhere, of the occurrence which we have been here considering, and which appears to me a forcible illustration of the general law just referred to, while, in the

* Vide Tiedeman's *Tabulæ, et Nervorum Uteri Descriptio*.

† *Op. jam cit.*

particular instance before us, we can moreover ascertain the connexion or at least the coincidence between the mental affection and the existence of a powerful impression made, at the time, on a peculiarly sensitive and irritable part of a system, which we know does, even under ordinary circumstances, exert so decided an influence over not alone the physical, but also the moral and mental constitution of the female.

P. S. Should any facts, illustrative of the subject of the foregoing observations, have presented themselves to the reader, I beg to say, that I would consider their communication as a favour.

18, MOLESWORTH-STREET.

ART. X.—*Practical Observations on the Treatment of some of the Diseases of the Lungs, &c.* By ROBERT LITTLE, M.D., Lecturer on the Institutes and Practice of Medicine in the Belfast College. Physician to the Belfast Hospital. Physician Accoucheur to the Belfast Lying-in Charity, &c. &c.

IT is more particularly in extensive hospital practice that the physician has it in his power to form a just estimate of the comparative merits of different remedies for the mitigation or cure of disease. The want of an opportunity of observing a sufficient number of cases, has led practitioners of much merit into great errors, respecting the advantages of various remedies, for it is, in fact, only by the most careful comparison of those curative means, recommended as most salutary in the treatment of any disease or class of diseases, that it is possible to assign to each its peculiar advantages; and as the situation of physician to the Belfast hospital, which I have held for several years past, has afforded me every facility of studying practically pulmonary affections, I now think it right to submit to the public a brief account of the result of my experience. The situation of Belfast is remarkably low, and also extremely damp, so that