

this disorder, for it may be of great advantage to calm the patient when nourishment is to be administered.

VIII. *On the use of chloroform in puerperal convulsions.*

By W. J. KITE, Esq., M.R.C.S.E., Hatfield, Herts.

The patient, aged thirty, married, having arrived at the full period of her second pregnancy, (seven years had elapsed since her former confinement,) was seized with convulsions about eleven p.m. of the 28th of January last. She had suffered from labour-pains, at irregular intervals, for the last twenty-four hours.

A medical practitioner of the neighbourhood was called in on the first appearance of convulsions. He employed bleeding from the arm; but this did not prevent a recurrence of the fits; for they returned again and again throughout that night and the following morning, without any benefit resulting from the remedies he adopted. At one p.m. on the 29th, Mr. Thomas (F.R.C.S.) arrived from Hatfield. She was then free from convulsions; the intervals between the fits had been but of short duration; she was without pain; the os uteri was dilated to the size of a crown-piece, and the head was presenting; slight hæmorrhage existed, which had been constant for the last two hours. The membranes had been ruptured some time. The attempt was made to administer a dose of ergot; but violent convulsions came on immediately, so that nothing could be given. Mr. Thomas now suggested the inhalation of chloroform, as the most likely means of affording relief. A sponge, containing chloroform, was held to the nose, and its effects were soon visible. In less than five minutes she became perfectly quiet, and the convulsions ceased. In ten minutes, contractions of the uterus came on, and continued regularly; the head of the child gradually advanced, and as it descended into the vagina, the hæmorrhage ceased. In an hour and a quarter from the first inhalation, the influence being kept up the whole time, she was delivered of a male child, and without having any recurrence of the convulsions. The inhalation was now discontinued. The placenta followed in a few minutes; the uterus contracted, and no hæmorrhage followed.

A quarter of an hour afterwards she awoke from her insensibility, was perfectly unconscious of what had taken place, and, indeed, remembered but little of anything that had happened since the first accession of convulsions. Respiration in the child was only established by artificial means. The chloroform had the effect of lowering the woman's pulse from 130 to 108.

It should be mentioned, that her husband's former wife, and a sister of one of the neighbours, were reported to have died from puerperal convulsions, and that this woman had been for some time labouring under the dread of a similar accident happening to herself. Since her confinement she has not had a bad symptom.

IX. *On the use of chloroform in instrumental labours.*

By W. WILTON, Esq., M.R.C.S., &c.,

LATE SENIOR SURGEON TO THE BRIGHTON LYING-IN INSTITUTION.

CASE 1.—Mrs. —, aged twenty-eight, of spare habit and delicate constitution, in labour with her third child, sent for me about five p.m., December 2, 1847. She stated that regular pains had recurred about every ten or fifteen minutes since four or five o'clock in the morning, with frequent discharges of the liquor amnii, attended, latterly, with a sensation of bearing-down, but unaccompanied with any show.

On examination per vaginam I found the os uteri dilated to the size of a crown-piece, the head presenting, and lying obliquely across, but within the upper brim of the pelvis, and as far as I could then judge, occupying the first cranial position; the os uteri somewhat thin and flaccid; no rigidity of the parts; the vagina well lubricated, and apparently only good pains required to insure a safe and speedy delivery; little impression, however, was made by the pains upon the head of the child. Between each of her previous labours there had been an interval of nearly two years; they were both natural as regards the presentation, but tedious, very much protracted, owing to the inefficiency of the pains, and terminated at last by the aid of the secale cornutum. I was reminded, however, that it was my intention, on the last occasion, to have used instruments, had not the ergot proved effectual.

About ten p.m. I was again summoned. At this time the os uteri was dilated to the size of an orange, but the pains were very feeble. In the course of an hour or so, the head had descended into the true pelvis, and rested on the perinæum. In this state it remained for some time, making no advance, and thought it right to administer the ergot, which I did, in two

doses of half a drachm each, at an interval of fifteen or twenty minutes, but without any result being produced. The patient's strength became much exhausted, and the pains weaker, so that I now recommended her to allow me to use the instruments; to which she agreed only upon the condition that she might have the "stuff," as she called it, (the chloroform, of which I had spoken to her,) to prevent pain. Having ascertained, by means of auscultation, that the child was living, that there was no disease of the thoracic viscera, on the part of the patient, and that there was no deformity, nor any disproportion between the head of the child and the pelvis of the mother, I determined on delivering her with the short forceps, and under the influence of chloroform, at about twenty minutes past two in the morning. Accordingly, I had her placed in a proper position, and having attended to the state of the bladder and rectum, my assistant applied about sixty drops of chloroform, by means of a conical sponge to the mouth and nostrils. In half a minute she became completely narcotized. The pupils were dilated, the eyelids dropped, the pulse became softer and smaller, but not altered in frequency, it having been for some time about ninety in the minute; muscular power was perfectly gone. At this moment I began to introduce the forceps, which were easily applied, without any resistance of the perinæal muscles; and in the course of six minutes I was able to accomplish the delivery of a fine living male child, including the separation of the placenta, which was extracted without the least difficulty. No evidence of the slightest pain was given by the patient, nor was she in any way conscious of the operation, until after the birth of the child, when, the sponge being removed, she was at once roused to a degree of consciousness, by a pain which preceded the expulsion of the secundines, but even then she experienced no actual pain. She afterwards expressed herself as having been asleep for a moment, and at last of being aware of something being done to her, but without any suffering. She felt grateful for this freedom from pain, and has ever since professed, not only her willingness, but her determination, at any future time, to avail herself of the same valuable agent.

The succeeding details of this case present nothing extraordinary; the patient had no untoward symptom.

The following case, says Mr. Wilton, "exhibited in a more decided manner the extraordinary influence of chloroform."

CASE 2.—Mrs. —, aged twenty-three, of very weakly constitution, and of a nervous and hysterical temperament, was attended by me in her third confinement on Dec. 23rd, 1847. Labour, as on other occasions, very tedious; pains very severe, and recurring every three, four, or five minutes. The head, which was presenting naturally, had been resting on the perinæum for some hours, and the patient's strength was becoming quite exhausted. At this crisis it was evident to her, as well as to myself, that it was quite necessary to deliver her with instruments. The ergot had been tried, but failed in producing any good effect. By the particular desire of my patient—in short, in compliance with her repeated solicitation, as well as in accordance with my own judgment, I resolved upon the application of the forceps, under the influence of the perchloride of formyle. The result was even more satisfactory than in the first case. I was able to terminate the delivery in the space of four minutes; the child, a fine boy, living. The labour was succeeded by no hæmorrhage, and very little after-pain, from which she has always suffered considerably after her former confinements.

The chloroform produced its due effect in the course of a few seconds. No pain whatever was experienced during the operation, and it was not until some minutes after the birth of the child that she was in any way aware of her having been delivered—her first intimation being the cry of the infant in the nurse's lap, when she almost involuntarily exclaimed to Mr. Williams, my assistant, (who was with me, as on the former occasion,) "Oh! dear Sir, what is that I hear? It cannot be my baby!" On his assuring her that it really was her child, and that all was over, her joy and gratitude were unbounded; she could scarcely then believe the evidence of her senses. The sensation she felt on the first inhalation of the chloroform she described as something floating before her eyes, but only for an instant, which was at once succeeded by complete insensibility, not being conscious even of the introduction of the forceps.

In this instance the patient appears to have recovered her strength much earlier than was usual with her.

I may here remark, that in both these cases the uterine action seemed more or less suspended under the influence of the formyle; in the latter, particularly, where the pains had been previously very severe, or apparently so.

Since attending the above case, I have been compelled to apply instruments in the instance of a young woman, in strong labour with her first child. She had been in very severe pain for some hours, with violent efforts to expel the head, which was naturally presenting, but was so closely impacted as to resist all her attempts to move it, although the pains were accompanied with very forcible bearing-down. There was evidently great size of the head, particularly in the direction of the parietal protuberances, causing the bones to overlap considerably. In this instance I did not use the chloroform, but applied the forceps without it, as at the time I was not prepared with the agent. The operation was very painful to the patient, and from the force required to compress and extract the head, as well as the difficulty I had in this case to confine her in a proper position, (her resistance to me being very great,) it occupied upwards of twenty minutes. All this time the poor woman suffered extreme pain, and much mental anxiety. I have introduced this case simply by way of contrast, as it very strongly impressed my mind with the extraordinary powers of chloroform, and I could but consider it a great misfortune at the time that I was, from circumstances, prevented the opportunity of administering it, believing as I do that much pain and exhaustion, both of mind and body, would have been spared the patient. I may fully testify, from my own experience, that, to say the least, in operative midwifery chloroform is an inestimable boon.

REPORT OF A RARE CASE OF ANEURISM TREATED BY OPERATION, WITH OBSERVATIONS ON THE DIAGNOSIS, &c.

By E. CANTON, F.R.C.S.E.

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In March, 1847, I was requested by Mr. Chapman, surgeon, at Hounslow, to see a patient, affected with a tumour of the thigh. The following were the particulars of the case:—Mrs. W—, aged fifty-six years, and of cachectic appearance, complained of a swelling in the left thigh. She had first perceived it about seven or eight days previous to seeking medical advice, and fancied it might have arisen from a slight blow received on the part two or three days prior to its discovery, which occurred on accidentally passing her hand over her dress. So trivial had been the injury, that it had given rise to no inconvenience at the time. On further inquiry, we learned that between five and six months before she had struck the same part against the corner of a bureau, but no inconvenience had resulted. Mr. Chapman informed me that on his first examination of the tumour, he found it to be of about the size of a large walnut; it was hard, moveable, and circumscribed, appeared to be solid, gave rise to no pain, and was destitute of pulsation. There was no redness of skin; the integuments played freely over the tumour, and its situation was the lower part of Scarpa's triangle, encroaching on the inferior angle. Tincture of iodine and bandaging had been employed without benefit.

About three weeks from the patient's discovery of the tumour, I was requested to examine it, and ascertained those facts regarding it which have just been noticed. It had, however, by this time, attained the size of a hen's egg. The fingers could be passed with ease a little way beneath it, more especially on the inner side; it appeared to be solid, and was placed directly over the femoral artery, the skin covering it being slightly raised above the surrounding level. No bruit nor pulsation had been, or was now to be detected. A firm band passed from the front of the swelling to the upper and inner portion of Poupart's ligament, and was judged to be the falciform edge of the fascia lata, which had been raised and put upon the stretch by the gradual enlargement of the tumour beneath. In a few days from this date I again saw the patient, and noticed a progressive increase, chiefly towards the surface, of the swelling, which gave now, to the touch, a very indistinct feeling of fluctuation at one part. A grooved needle was passed into it, and there escaped a very small quantity of serum, which was immediately followed by blood of a colour between that of arterial and venous. The quantity lost was not large, and produced no diminution in the size or consistence of the swelling. The patient being desirous of having "the growth" removed, I performed the following operation. An incision was made along the inner edge of the sartorius muscle above, and continued over the fore-part of the tumour to a short distance below it. Skin and superficial fascia being divided, the tumour was found to be situated

beneath the fascia lata, which was cautiously opened to the same extent as the superimposed structures. The swelling, now being laid bare, appeared of a dark colour, and solid in the greater part of its extent, but in the remainder soft, and destitute of pulsation. I so far isolated it as to separate it almost entirely from the femoral artery, immediately upon which it was lying, but to which it seemed adherent by cellular tissue simply; and finding now that it was embedded in the substance of the sartorius, I was obliged to cut that muscle across, above, and below, close to the tumour. I would gladly have saved a portion of this muscle, but found that if I attempted so doing, only a few fibres could have been preserved, and the operation would have been rendered more tedious. The tumour was now only connected by a short, slender peduncle to the front of the femoral artery; a slight touch of the knife, with its edge kept close to the tumour, divided this attachment, which proved to be a small muscular branch of the crural trunk given to the sartorius in this situation, and the injury to which had, in point of fact, led to the production of an aneurism in the substance of that muscle. Enough of this branch, from which blood passed freely, had been saved for the application of a ligature. Another small vessel above, and unconnected with the diseased growth, required, likewise, to be secured. The wound was then dressed, and healed without a bad symptom, save the retention of the ligature placed on the muscular twig for several weeks, at the end of which time, showing no disposition to separate, it was cut short. In two or three days the skin healed over it.

On cutting through the fore-part of the tumour, a few drachms of dark fluid blood escaped from it, and further examination showed that the bulk of it was composed of laminæ and shreds of fibrine contained in a cyst, the layers having, so to speak, an aneurismal arrangement, and so overlying and concealing the orifice of communication with the little vessel which had been connected with it, that it could with difficulty be traced. In size and form, the tumour might be well likened to a Seville orange.

Observations.—The history of this case presented peculiarities which rendered its diagnosis very difficult, but which led me at first to suspect that the disease might, perchance, be an aneurism; there were, however, too many important signs of that affection wanting, to admit of my continuing to entertain such an opinion. The swelling had not increased with uniformity; it had never been noticed as a compressible tumour; pulsation was unfelt from the onset; no local inconvenience was induced; it was unaffected by pressure on the femoral artery; it could be isolated from that vessel to a great extent, and was freely moveable; its size was uninfluenced by compression; and its consistence had varied in an order the inverse of that of aneurism—viz., having been at first hard, and become subsequently soft. On the other hand, the complaint could be traced to an injury inflicted directly over the course of the femoral artery; its compressed figure, and the forward tilting of the iliac portion of the fascia lata, showed it to be subfascial; and these circumstances, together with its concealment of the vessel it lay near to, proved that it must be almost immediately upon, if not connected with, the femoral artery. A tumour situated in the course of a large artery may be destitute, when small, of any communicated pulsation; but when, in its increase, it comes to press more closely upon the vessel, a pulsation is then, for the first time, perceptible. In the present instance, however, this did not occur.

These, then, were unsatisfactory data for treatment of the case as one of aneurism, yet they were the only ones which might, so to speak, hint at such being, possibly, the nature of the affection. Had early, although slight, symptoms been noticed with care—such as ecchymosis; perhaps an indistinct thrill; a trivial swelling, with subsequent and increasing hardness &c.—then some light, at least, might have been thrown upon a case the real nature of which seemed involved in obscurity.

Upon applying the stethoscope, no thrill or bellows-sound could be detected in the tumour, or in the femoral artery above or below it. This symptom is one, however, upon the absence of which no particular stress was to be laid, inasmuch as it might have been present at an early period of the complaint. The consistence of the swelling, when first examined, would mask completely the sound, the return of which might have been expected when the magnitude of the tumour became, in the course of a short time, so much increased. For here, no doubt, the coagula which prevented the entrance of no more than a very small quantity of blood into the sac, had become detached or displaced, and thereby a larger