

ART. XIII.—*Medical Report of the Western Lying-in Hospital and Dispensary, 25, Arran-quay, for the Years 1841-42.*
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THE following report of the hospital embraces a period of two years, that is, from January 1, 1841, to December 31, 1842, inclusive ; and, according to the general register of admissions and applications, relief has been afforded to 1506 women, but owing to the irregularity with which many cases were entered in the statistical register, it has been found necessary to exclude a considerable number, in order that no facts might be adduced of the accuracy of which we are not certain. Our records will consequently be limited to the delivery of 1206 women ; from these must be deducted 43 cases of abortion, leaving 1163 cases of labour at the full time.

The number of children amounted to 1175 (691 males, and 484 females), of which 63 (44 males, and 19 females) were still-born, or died at birth ; of these

12 were premature.	3 were arm presentations.
15 „ still-born.	3 „ funis presentations.
2 „ putrid.	6 „ crotchet cases.
4 „ footling cases.	2 „ forceps cases.
8 „ breech presentations.	1 „ placenta prævia.
1 „ head and hand presentation.	4 „ syphilitic.

The ages of 1067 patients were ascertained as accurately as possible :

77	were at or under . . .	20 years of age.
296	„ between . . .	20 and 25 do.
370	„ „ . . .	25 „ 30 do.
177	„ „ . . .	30 „ 35 do.
117	„ „ . . .	35 „ 40 do.
40	„ „ . . .	40 „ 50 do.

In 982 cases the entire duration of labour was as follows :

In 357	it was under	6 hours.
312	„ between . . .	6 and 12 do.
214	„ „ . . .	12 „ 24 do.
50	„ „ . . .	24 „ 36 do.
17	„ „ . . .	36 „ 48 do.
11	„ „ . . .	48 „ 60 do.
15	„ „ . . .	60 „ 95 do.
2	„ „ . . .	100 do.
3	„ „ . . .	121 do.
1	„ „ . . .	153 do.

The extreme prolongation of some of those cases was owing to the friends of the patient deferring their application for assistance.

The period which elapsed between the commencement of labour and the rupture of the membranes, was noted in 981 cases.

In 167	it was about	2 hours.
335	„ between . . .	2 and 6 do.
165	„ „ . . .	6 „ 10 do.
113	„ „ . . .	10 „ 14 do.
71	„ „ . . .	14 „ 18 do.
33	„ „ . . .	18 „ 22 do.
46	„ „ . . .	22 „ 26 do.
23	„ „ . . .	26 „ 30 do.
8	„ „ . . .	30 „ 38 do.
9	„ „ . . .	38 „ 40 do.

In 4 it was about	. . .	50 hours.
2 „ „	. . .	60 do.
1 „ „	. . .	70 do.
3 „ „	. . .	80 do.
1 „ „	. . .	105 do.

In 812 cases the interval between the rupture of the membranes and the birth of the child was as follows :

In 396 it was about	1 hour.	11 it was about	20 hours.
142 „	2 hours.	9 „	28 do.
120 „	4 do.	4 „	35 do.
50 „	6 do.	1 „	40 do.
34 „	8 do.	1 „	50 do.
17 „	10 do.	1 „	120 do.
26 „	25 do.		

In 953 cases, from the birth of the child to the expulsion of the placenta, there elapsed

5 minutes in	98 cases.	40 minutes in	30 cases.
10 do. „	190 do.	50 do. „	43 do.
15 do. „	175 do.	60 do. „	14 do.
20 do. „	166 do.	From 1 to 2 hours in	33 do.
25 do. „	48 do.	„ 2 to 3 do. „	9 do.
30 do. „	126 do.	„ 3 to 4 do. „	5 do.
35 do. „	16 do.		

The latter cases, when the placenta was retained so long, were under the care of midwives, who applied for assistance on this account.

In 1008 cases the presentation was as follows :

In 941 the head presented.

13 the hand descended with the head.

22 the breech presented—8 dead.

18 the feet do. 4 do.—the funis prolapsed in 3.

6 the funis do. 4 do.

5 the arm do. 3 do.—two of them putrid.

2 the placenta do. 1 do.

There were *thirteen* cases of twins. In *four* cases the children presented naturally—*six* children were saved, and *two*, which were premature, died. In *six* cases one child presented the breech and the other the head—*ten* were born alive, *two* were lost. In *one* case one child presented footling and the other the head—*both* were saved. In *another*, one child presented the head and the funis, and the other the foot and funis—*both* were lost. In a *third* case both the children presented the feet and funis, and were *lost*.

In *ten* cases there was hæmorrhage between the birth of the child and the expulsion of the placenta; in *six* of which manual extraction was necessary, but no unfavourable results followed.

In *six* cases flooding occurred before delivery—*three* were cases of *accidental*, and *three* of *unavoidable* hæmorrhage. The rupture of the membranes was sufficient in the accidental and in one of the unavoidable cases, and the mothers and the children recovered. It was necessary to turn and deliver the child in the other two cases—*one* of the mothers died and *one* recovered; *one* of the children was saved.

Seven patients were attacked by *convulsions*—all recovered.

One fatal case of *uterine phlebitis* occurred, and several slight attacks of *hysteritis*, which were relieved by the usual treatment.

We met with *one* fatal case of *rupture of the uterus*.

Version was performed *six* times (1 in 243); *five* times on account of presentation of the arm—all the mothers recovered, and three children were saved, the others were putrid; and *once* because of unavoidable hæmorrhage.

The *forceps* were used in *eight* cases (1 in 182). *Seven* of the mothers recovered, and the death of the remaining *one* was caused by disease of the heart.

In *eight* cases the *perforator* was employed (1 in 182). *Six* of the mothers recovered, and *two* died—one from rupture of the uterus, as recorded above, and one from disease of the liver.

Of the 1463 women attended during these two years, only *five* died, or 1 in 292. *One* sank from disease of the liver, *another* from disease of the heart, a *third* after unavoidable hemorrhage, a *fourth* from uterine phlebitis, and the *fifth* from ruptured uterus.

We shall now detail a few of the more interesting cases.

PUERPERAL CONVULSIONS.

CASE I.—Mrs. Spalls, who had been subject to severe headaches and epileptic fits during her pregnancy, was taken in labour of her first child on the 5th of June, 1841.

We were called on to see her at 8 o'clock, A.M. on the 6th of June, as she had been seized with severe puerperal convulsions. We then learned that she had been in active labour for more than twenty-four hours, that the liquor amnii had escaped, and we found the os uteri relaxed, but not fully dilated: the head had entered the brim of the pelvis. The convulsive paroxysms recurred every ten minutes; she was quite insensible during the intervals, and her pulse was strong and full.

Twenty-five ounces of blood were abstracted from the arm; the bowels were cleared out by calomel and a purgative enema; and her hair was cut short, and cold applied to the head.

Ten o'clock, A.M.—The fits have abated both in frequency and violence; but it was deemed prudent to bleed her again to sixteen ounces. The labour is steadily advancing; but she remains insensible.

The paroxysms returned with alarming frequency and severity at twelve o'clock; her breathing became stertorous, and the tongue was much injured. Venesection was immediately repeated to the extent of twelve ounces.

As the head now occupied the pelvic cavity, and as another violent convulsion took place while we were consulting about

the case, it was evident that immediate delivery would alone avert the most serious consequences. Mr. Speedy therefore applied the forceps, and after considerable difficulty from the struggles of the patient, and her incessant change of posture, the child was extracted alive, and the placenta soon followed. During the operation this patient was insensible, but soon after delivery became more composed, and the insensibility gradually disappeared.

Severe diarrhœa (which at first resisted the most active treatment) set in on the fifth day, and had very nearly proved fatal; but it was at length arrested by an enema of the solution of the acetate of lead with opium, after which her convalescence took place rapidly.

CASE II.—Mary M'K. was delivered of twins on the 4th of October, 1841, at four o'clock, P. M. without the occurrence of any unusual symptom. We learned, however, that her spirits had been much depressed during her pregnancy and when in labour.

She was seized with epileptic convulsions eight hours *after* delivery, which were so severe that she was repeatedly thrown out of bed by the muscular contractions, and there was scarcely a moment's interval between them. Thirty ounces of blood, taken from the arm, had the effect of moderating the violence of the paroxysms; the head was shaved, and cold was applied to it; and the bowels were well cleared out by calomel purges.

The pupils, who remained at her bed-side for *twenty-four* hours, reported that *thirty-six* fits took place during that time. It was necessary to bleed her on the morning of the 6th to sixteen ounces, and to blister the head, after which treatment she gradually recovered.

CASE III.—Teresa Malone, aged 19, was delivered of a female child June 7, 1842, at 8, A. M. The labour was natural, and she continued well until the third day, when she was attacked by epileptic convulsions. She was bled largely, with great benefit; the paroxysms ceased, and she recovered well.

CASE IV.—Eliza Fitzpatrick, aged 36, was delivered of a female child, after a natural labour, June 18th. On the afternoon of the same day, about twelve or fourteen hours *after* delivery, she was seized with epileptic convulsions, the fits recurring every ten or fifteen minutes. The usual treatment was adopted with success: she was bled freely, her head was shaved and blistered, and calomel and purgatives given internally. The paroxysms diminished in frequency and violence, and ultimately ceased, and she recovered well.

CASE V.—Frances Finn, aged 30, was taken in labour of her first child on the 17th of October, 1842. Assistance was applied for on the 19th, in consequence of her having been attacked by convulsions. The head was in the cavity of the pelvis; but the labour pains had diminished in force, and caused no advance. The foetal heart was inaudible. Under these circumstances we decided to deliver by the crotchet, which Mr. Speedy accomplished with some difficulty, owing to the violent convulsive struggles. The patient recovered well.

PLACENTA PRÆVIA.

CASE I.—Mrs. Wade applied to the hospital, February 2, 1842, in consequence of flooding which had been going on for some time, but had increased at that time on the accession of labour pains. On examination the edge of the placenta was distinctly felt down at the edge of the os uteri, from which it had been partially detached. As the pains were good, and the head descending, it was sufficient to rupture the membranes, to arrest the hemorrhage. She was shortly after delivered of a living child, and recovered well.

CASE II.—Isabella Currin, aged 36, entered the hospital on account of flooding, with which she had been attacked a month before. On her way from the country she lost so much blood that it was deemed advisable to lose no time after the os uteri became dilatable. Dr. Churchill accordingly

turned and delivered the child ; but though very little blood was lost during the operation, she was so utterly exhausted by the previous loss, that she sank in a few hours.

VERSION CASES.

CASE I.—Eliza Neil, aged 45, was taken in labour of her fourth child at Kingstown, on the 27th May, 1841, when she came in to her lodgings at Moore-street, and applied for assistance.

Mr. Speedy found that the waters had been discharged, and that the left arm presented : he succeeded in turning the child, which was born *alive*. This patient was soon able to sit up, and recovered well.

CASE II.—Mary Tully. Mr. Speedy was called to visit this patient on the 25th of October, 1841, at 7 o'clock, A. M., when he ascertained that the arm presented. As this woman had been twelve hours in labour, as the waters had escaped over night, and as the uterus was acting vigorously, he lost no time in turning the child ; which was putrid.

A slight attack of peritonitis supervened, but soon yielded under the usual treatment.

CASE III.—Margaret Kennedy, aged 30, residing at Francis-street, applied for assistance on the 19th of December, at ten o'clock, P. M., when she had been in labour for twenty-six hours. Mr. Speedy ascertained that the left arm presented, and that the uterus had contracted closely about the child, in consequence of the premature escape of the liquor amnii. He experienced considerable difficulty in the introduction of his hand, but succeeded after some time in turning the child, which was putrid.

This woman had suffered a severe attack of bronchitis during her pregnancy, for which she had been under treatment for more than two months in the Meath Hospital. Two days after her confinement she was seized with troublesome cough, pain in the chest, &c. &c. ; but she eventually got well.

CASE IV.—Mrs. Doyle, Smithfield, applied for aid on the 23rd of April, 1842. The pupil on duty sent for Mr. Speedy as the arm presented : the waters had escaped, and the pains were quick and strong. Mr. Speedy at once proclaimed the nature of the case, and proposed the operation of version, but could not induce the patient to submit to it for some time. In consequence of this obstinacy the operation was rendered more difficult ; but he at length succeeded in extracting the child *alive*.

The placenta was expelled in ten minutes, and both mother and child did well.

FORCEPS CASES.

CASE I.—Mrs. O'Loughlan, aged 34, was taken in labour of her first child on the 14th of January, 1841, at 4 o'clock, A. M. The pains continued during the day and following night.

Her friends applied for our assistance in the afternoon of the 16th of January ; we learned from them that the liquor amnii had escaped some days before the accession of labour, that her pains had been very strong and frequent during the past night, but were now weak and distant ; her pulse was quick, 130, skin hot, tongue dry and brown ; and it was evident there would be danger in delay : the head occupied the pelvic cavity, in the third position. It was determined to deliver her immediately, and Mr. Speedy extracted the child *alive* with the forceps. She recovered without any bad symptom.

CASE II.—Mary Oldfield, 45 years of age, was taken in labour of her first child on the 31st of May, 1841. The pains were ineffectual for many hours, but they increased the next day, and continued until the membranes were ruptured, at 11 o'clock, P. M. on the 1st of June. The os uteri was thin, rigid, and undilated, and the head remained above the brim.

On the 2nd of June, at 9 o'clock, A. M., the head had just entered the brim of the pelvis. Tartar emetic was given with

the view of relaxing the passages. The pains were very severe and frequent : pulse 90.

2nd of June, 9 o'clock, P. M., we found the head much lower, with the face anteriorly. She had now been in active labour more than eighty hours, the second stage had lasted about twelve hours, and there did not seem any prospect of its being terminated without artificial assistance. As the pulse was very quick, the pains ineffective, the skin hot and dry, the abdomen very tender, the stomach exceedingly irritable, the face greatly flushed, and she complained of headach, Dr. Churchill applied the forceps, and with some trouble extracted the head ; the child was still-born. This woman recovered slowly.

CASE III.—A poor woman named Doran, aged 48, who had suffered great inconvenience from palpitations of the heart, incessant cough, difficulty of breathing, and severe pain in the left side of her chest for nearly two years, was taken in labour of her *fourteenth* child on the 8th of December, 1841.

A midwife requested us to visit her on the 10th of December, stating that the pains had been strong and frequent, but were now weak and distant, that the waters had been discharged more than thirty hours, and that she was nearly exhausted.

We found her in a worse situation than we expected ; her countenance was sunk and distressed ; her eye languid ; her pulse quick, feeble, and *intermittent* ; the belly tender to the touch ; her breathing greatly oppressed, and uterine action languid and ineffective. No delay could be allowed, and as the situation of the head and capacity of the pelvis permitted the use of the short forceps, Dr. Churchill delivered her with that instrument.

After the delivery was completed, she continued in the same state as before : her pulse was 130, weak and intermittent ; skin cold and clammy ; respiration hurried and oppressed : from which condition she never rallied, and sunk forty-eight hours after delivery. We could not procure permission to make a post mortem examination.

It is quite evident that in this case death resulted from pre-

vious disease, and the neglect of the midwife in not sending sooner deprived her of the benefit of an early delivery.

CASE IV.—On the 20th December, 1841, Mr. Speedy was requested by Dr. Maguire of Chapelizod, to visit a poor woman named Merry, who had been in labour of her first child for three nights and days.

He was informed by the midwife that the membranes had given way soon after she was taken unwell, that she had endured constant and powerful expulsive pains for forty-eight hours, but that her labour had gone off suddenly at 12 o'clock the night before. Her pulse was 130, the skin was hot and dry, and her tongue brown; she complained much of dizziness and headach; the stomach was exceedingly irritable, and she felt great tenderness of the abdomen on pressure; the urine was retained, and the uterus was perfectly inactive; the motions of the child had not been felt for twenty-four hours.

The head occupied the pelvic cavity. After passing the catheter, Mr. Speedy delivered her with the forceps, and the child was born alive. She recovered without a single unpleasant symptom.

CASE V.—Anne Gaffney, aged 40, sent to the hospital on the 13th of April, 1842, when she had been thirty-four hours in labour of her ninth child. The membranes had given way twelve hours before. We ascertained that the anterior fontanelle corresponded to the left acetabulum, that she had suffered very severe pains for more than twenty-four hours. Her pulse was very rapid, she complained of considerable tenderness of the abdomen on pressure, and of headach.

As this patient, on former occasions, had been always delivered after a very rapid labour, and as the child's face was turned forwards, the cause of delay was evident; and as the symptoms of distress were alarming, we determined to relieve her, and Mr. Speedy extracted a living child with the forceps.

She had an attack of hysteritis after delivery, but eventually recovered well.

CASE VI.—October 6, 1842. We were called to see Mrs. Nowlan, aged 40, the mother of several children, two of whom presented the arm, and were successfully turned by Dr. Churchill. She has now been in labour thirty hours, and the second stage has lasted about twelve. The head and a hand are presenting, and although the pains appear great she has made no progress for several hours. She complains of great exhaustion, and is very restless: pulse 110, tongue dry and furred, skin hot. Dr. Darley was called into consultation, and it was determined to deliver with the forceps. This was effected without difficulty by Dr. Churchill, and the patient recovered without a bad symptom. The child had been dead some time.

CASE VII.—Jane Attwell, 32 years of age, was admitted into hospital, in labour of her first child, on the 20th of December, 1842. It was then ascertained that the membranes had given way, and the head presented, but did not descend into the pelvis for sixty-five hours. After the second stage had lasted nearly twelve hours, symptoms of aggravated distress set in, when Mr. Speedy, after consultation with Dr. Darley, delivered her with the forceps. The child was born alive.

This woman was discharged quite well on the twelfth day.

CASE VIII.—Mary —, aged 35, was taken in labour of her fourth child, and when we were summoned she had been suffering regular and good pains for twenty-four hours, but owing to malposition of the child's head, the progress was arrested and it was found necessary to interfere.

Dr. Churchill applied the forceps and delivered the patient safely of a living child. Both did well.

CROTCHET CASES.

CASE I.—Mrs. Byrne was taken in labour on the 2nd of January, 1841, but the pains were neither frequent nor severe until the 4th, when the os uteri was slightly dilated: pulse natural.

January 5th, the pains recurred every five minutes ; the os uteri was dilated to the size of half a crown.

January 6th, 11 o'clock, A.M.—The pains have increased in power ; pulse 90. A draught of castor oil was administered, and acted well. The membranes gave way at 9 o'clock, P.M., when a perceptible improvement took place in the character of the uterine efforts. Nauseating doses of tartar emetic were prescribed, as no increase of dilatation had taken place. Pulse 90.

January 7th, 11 o'clock, A.M.—The os uteri is now fully dilated ; but although she has suffered incessantly during the night, the head has not descended into the pelvis. Pulse 100. As she had not slept for two nights, a full dose of opium was given, which obtained five hours' sleep. The pains then recurred, and continued during the day ; but we did not find that the head had made any progress at 10 o'clock, P.M. Dr. Darley then recommended us to give her half a drachm of the ergot in decoction, which had the effect of increasing the pains, and some descent of the head was perceived. Under these circumstances we determined to wait until morning, unless unfavourable symptoms should occur.

January 8th.—As the violent and continued action of the uterus had not caused the descent of the head, as the woman seemed almost worn out, and as the foetal heart could no longer be heard, Dr. Darley recommended us to relieve her with the crotchet, any other mode of delivery being out of the question ; and Mr. Speedy proceeded to the operation without loss of time ; but his endeavours were materially frustrated by the restlessness of the patient. He extracted the child with some difficulty, which was produced by the closed hand having been jammed into the brim with the head.

The placenta was expelled in a short time. This poor woman recovered her usual health in a few days.

CASE II.—Mary Hamilton, aged 35, was visited by Dr. Maguire at Chapelizod, during the evening of the 27th of
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April, 1842. She had then been in labour for some hours: the membranes had given way, and a coil of the funis (*which had no pulsation*) lay in the vagina. As the pains were good, he simply prescribed some purgative medicine, and left her to the natural efforts.

She was admitted into hospital on the 28th of April, when she had been thirty-two hours ill. The funis was discoloured, and the hand was found to present with the head. Pulse 80.

April 29th, 5 o'clock, A. M.—We were summoned to her bedside, in consequence of the pains having diminished in strength and frequency: her pulse had risen to 120. As the head had not descended into the pelvis, and as the child had been dead for many hours, Mr. Speedy delivered her with the crotchet.

She left the hospital quite well on the ninth day.

CASE III.—Mary Lynch, aged 30, Bow-street, was taken in labour of her seventh child on the 27th of September. The pupil on duty found her going on favourably at 12 o'clock, P. M., the os uteri being fully dilated, the head descending, and the waters discharged.

From this time the pains became stronger, and the head occupied the pelvic cavity about 3 o'clock in the morning of the 28th of April. During an effort to evacuate the bladder, she fainted; and on examining the pulse on her recovery, it was found to intermit at every fifth beat. Her face was alternately flushed and pale, and she was slightly delirious.

We visited her at 4 o'clock, A. M., as she had fainted repeatedly, and the intermission of the pulse continued; the labour was progressing favourably. After the administration of some stimulants the fits ceased.

The fainting returned at 6 o'clock, the pulse became more intermittent—in short, she was reduced to the lowest ebb of life, and it was evident that there would be great danger in further delay; and as the fœtal heart was inaudible, Mr. Speedy delivered her with the crotchet.

The intermission of the pulse ceased immediately after the

birth of the child; but she remained in a very debilitated condition for some hours.

At 4 o'clock, P. M. of the same day she had rallied wonderfully, after which she recovered rapidly.

CASE IV.—Mary Ward, aged 32, a dressmaker, and of very sedentary habits, was taken in labour on the 1st of October, 1841, at 12 o'clock, P. M., when the waters were discharged. The pains continued very strong during the night and following day; but the os uteri dilated very slowly.

October 3rd, 10 o'clock, A. M.—The head, which was evidently of a very large size, had descended into the pelvis in the third position, the pains were strong and regular, bowels free, pulse quiet.

October 4th, 2 o'clock, A. M.—The pains had ceased to produce any effect; she complained of headach, the pulse was 130, her abdomen was exceedingly tender, the head (which was putrid) was jammed into the pelvis. We therefore deemed it prudent to relieve her, and Mr. Speedy lessened the head, but experienced considerably difficulty in extracting it, as the bones broke down under the crotchet.

In this case it became necessary to remove the placenta. She had a slight attack of hysteritis, which was subdued by the usual remedies, and she ultimately recovered.

CASE V.—Jane Lynch, aged 36, was admitted into hospital July 13, 1842, at 10 o'clock, A. M., in labour of her first child, when it was ascertained that the membranes had given way for some time, that the os uteri was rigid and undilated, and that the head presented.

July 16th, 6 o'clock, P. M.—Her pains have recurred regularly since her admission, at intervals of about five minutes; the os uteri is now fully dilated, but the head has not descended through the upper outlet. She is impressed with the idea that she will die. Pulse 90. As she complains of great weariness, an anodyne was prescribed, which obtained four hours' sleep.

July 17th, 2 o'clock, P.M.—The head has passed lower into the pelvis, and the pains have increased in frequency and strength, pulse 100; foetal heart audible; skin cool; under these circumstances we resolved to leave her to the natural efforts a little longer.

July 18th, 8 o'clock, A.M.—Her skin is hot; pulse 130; tongue dry and brown; pains ineffective; vagina hot and dry; abdomen tender. These urgent symptoms called for immediate delivery, and as the foetal heart could no longer be heard, Mr. Speedy perforated the head, and extracted the child without difficulty. The placenta was retained, and it became necessary to remove it.

She remained in a very precarious state for two hours, her pulse being extremely weak and rapid, the extremities cold, and her spirits extremely depressed. On the free administration of negus, and brandy and water, she rallied somewhat, the pulse resumed a more encouraging steadiness, and she fell asleep, during which she had a frightful dream, and awakened suddenly, exclaiming, “that her hour of retribution was at hand,” immediately after which a violent convulsion terminated her existence.

It is evident that the depressed state of her mind, which arose from having been a victim of seduction, as well as her advanced time of life, rendered her very unfit to undergo such prolonged suffering.

Post Mortem Examination.—The liver was greatly enlarged, of an exceedingly pale colour, and so soft that the slightest pressure broke down its structure; the gall bladder was very large, and distended with thin, light-coloured bile; the kidneys were considerably enlarged, and much paler than natural.

CASE VI.—Mrs. Moore was admitted into hospital on the 16th May, 1842, after she had been twenty-four hours in labour. We found the waters discharged; a coil of the funis, which had ceased to pulsate, prolapsed; and the head firmly wedged in

the brim. The pulse became quick four hours after her admission, when we determined to relieve her. Mr. Speedy delivered her with the crotchet; and she went home quite well in ten days.

CASE VII.—We were called to see Mary M'Cormick, aged 30, at Kilmainham, on the 8th of August, 1842, who was in labour of her fourth child since the preceding day, at two o'clock, when the waters were discharged. We found the os uteri slightly dilated, and the head presenting. As the soft parts were rigid, nauseating doses of tartar emetic were administered, and the pains soon improved.

We had reason to hope that this poor woman would do well, but received a note from the pupil in whose care she was left, at 8 o'clock in the evening, announcing that she had complained of a cramp-like pain in the abdomen, during which the nurse heard a cracking sound—when the pains ceased suddenly; the pulse became small and weak, and 140; hands cold and clammy; countenance collapsed; breathing difficult, &c. &c.

These symptoms sufficiently convinced us of the nature of the accident, and Mr. Speedy at once delivered her with the crotchet. The placenta was expelled. She became delirious, with a small, tremulous pulse, and cold extremities, under which symptoms she expired in four hours.

We could not procure permission to examine the body.

Since the establishment of the hospital, seven years ago, 3211 women have been attended, of whom 15 died, or 1 in 214.

There occurred 4 cases of unavoidable hæmorrhage—1 in 802.

„ 6 do. „ accidental hæmorrhage 1 in 525.

„ 34 do. „ hæmorrhage after labour 1 in 94.

„ 10 do. „ convulsions (3 lost) 1 in 321.

Version was practised in seventeen cases—1 in 188. Sixteen recovered. Six children saved.

The forceps were used in eleven cases—1 in 291. Ten recovered. Seven children saved—two putrid.

The perforator was employed in twenty cases—1 in 160. Seventeen recovered.

ART. XIV.—*Cases of acute Glanders in the Human Subject, terminating fatally.* By CLEMENT HAMERTON, Surgeon to the Castletown Dispensary, Nobber.

THE disease of glanders in the human subject is one of such importance, and has of late naturally occupied so much of the attention of the Profession, as well as that of the public, that I have been induced to lay before the readers of the “*Dublin Medical Journal*” the result of my experience of it for the last two years, and in doing so, it is not my object to enter upon the history of the disease, or to recapitulate what has been known on the subject, since the period when first Dr. Elliotson more particularly directed the attention of the Profession to it; neither shall I attempt the more difficult and obscure question of what the true nature of the disease consists in; but with a desire of assisting in forming an early diagnosis of this disease, of confirming some points, and endeavouring to clear up others, as to the mode of communication of glanders and farcy in the human subject, I proceed to give in detail the following cases, with as much minuteness and brevity as is consistent with the importance of the subject; adding to them an account of the disease in the ass, communicated to the animal by inoculation with matter taken from the pustules that appeared in one of the subjects of the disease, and concluding with a few general remarks on the subject.

Thomas Plunket, æt. 63, July, 1841. He is a farm steward, and has been for the last two months attending upon a glandered horse, using different remedies for the cure of the disease, applying blisters over enlarged maxillary glands, and afterwards