

hour after the dose, it fell to 95.8°, it having been 96.9° at 2 P.M. On all occasions there was a very well-marked fall. The pulse improved in character. The state of the urine was as follows: pale, slightly acid, specific gravity 1015. Her mental symptoms were much abated. She began to work; and, although still miserable, began to see some hope for herself. On discontinuing the chloral, restlessness and irritability returned, which were again allayed on its resumption. On the second occasion the medicine was administered for four days, and with good results. The patient is well on the road to convalescence, is employed as a housemaid, sleeps well, and is picking up rapidly in bodily condition.

CASE 4.—Mrs. S—, aged thirty-four. This patient had been insane for eight months previous to admission. She was noisy, night and day; crying, restless, and dementedly melancholy: a most distressing case, as she irritated the other patients, and kept the whole gallery in confusion. Judging from her appearance, her case was almost hopeless. The expression of the face was vacant and silly when at rest; hair wiry and dry; and language utterly incoherent. Bodily condition good. Temperature in the morning generally lower than in the evening, rising *pari passu* with her excited mental condition, being sometimes as high as 101.4° Fahr., at others as low as 97°. Pulse 100, of fair quality. Respiration from 20 to 24. Urine high-coloured and clear; acid; specific gravity 1012.

The effects of chloral on this patient were very striking. After the sweat she fell into a state of maudlin intoxication and good nature; face flushed, slightly sick, eyes suffused, and gait unsteady. In about an hour she fell into a deep sleep, which continued for some hours. This was the invariable effect of each dose. The temperature generally stood high at night. The pulse ranged from 90 to 100, small; respiration 16 to 20; urine natural in colour, acid, and specific gravity 1026. On leaving off the medicine the old symptoms returned, although with not so great intensity. When resumed, it produced the same effects as at first; and on its second discontinuance the condition of the patient was much improved.

I have used chloral very frequently of late in chronic cases of insanity in which violent outbursts of excitement occur, and invariably with good results.

The insomnia of climacteric melancholy is much relieved by a half-drachm to a two-scruple dose at bed-time.

The advantages of chloral over all other hypnotics with which I am acquainted are—

1. That it is more uniformly certain in its action.
2. That it has no depressing influence.
3. That it does not cause constipation.
4. That it does not produce nausea.
5. That its effects are more lasting.

I believe it to be the most valuable means of procuring sleep which has yet been introduced into the Pharmacopœia of the asylum physician. The only difficulty is to ascertain the exact dose for each case; but this is obviated by beginning with half-drachm doses, and increasing them by ten grains till the limit is found.

My thanks are due to my assistant, Dr. W. F. Morrison, for the careful manner in which he took most of the thermometric observations, and recorded the general history of the cases.

Cupar, Feb. 1870.

ON THE INDUCTION OF PREMATURE LABOUR: WITH CASES.

BY D. S. SKINNER, L.R.C.P. LOND., M.R.C.S.E., &c.

IN scarcely any department of obstetrics does there appear to have been more improvement during the last few years than in the mode of inducing premature labour, the old plan of puncturing the membranes, which had been so generally accepted as the operation to be performed, having given place to more scientific and physiological means.

Having occasion to induce labour at the seventh month during the summer of 1864, I determined upon applying

the water douche recommended by Dr. Tyler Smith in his Manual of Obstetrics, and have since had good reason to be well satisfied with the result, although in one instance it apparently quite failed in producing the desired effect.

It will be seen subsequently that my opportunities of testing its efficacy have been restricted to two women, the operation having been performed four times for one, and twice for the other.

Mrs. R—, wife of a labouring man, had been four times delivered at full term, her life on each occasion being placed in considerable danger, and the child still-born, from protracted labour. Before she came under my care it had been determined, at the fifth pregnancy, that she must be delivered at the seventh month, the difficulty in her case being a generally contracted pelvis. Accordingly, when the time arrived, I threw up a quantity of warm water in the evening, having passed the long tube of an ordinary stomach-pump about an inch and a half within the os uteri. Finding, in a few minutes, that the water did not cause any constitutional excitement, I passed the tube gradually a little higher, with a view to partially detaching the membranes from the uterus by the water. I continued to throw up the water for nearly ten minutes. In the morning I found the os slightly dilating, the head presenting high up. Pains came on then pretty rapidly, and when the os became fully dilated, as the head did not descend, I ruptured the membranes, a living male child being born very shortly, about eighteen hours after the application of the douche.

CASE 2.—The same person. On this occasion I adopted the same plan, but a second application of the douche was necessary about eight hours after the first, the result being a perfectly natural labour, and a living female child.

CASE 3, in the same person, was precisely similar to the preceding; two applications of the douche; a living male child being born about twenty hours after the application.

CASE 4.—Mrs. S—, wife of a farmer, in good circumstances. Had been delivered twice of still-born children, at the full term, once by forceps, and once by craniotomy. She was then delivered four times at the seventh month, labour having been induced, according to her own statement, by puncturing the membranes, the result being that three children were still-born, and one lived only a few hours. Finding herself again expecting, she applied to me, and I adopted the plan I had previously found to answer so well. Having passed the tube a short distance within the os, I commenced to throw up the warm water very gently, but she soon began to complain of a peculiar sensation in the head. After resting a few minutes, it passed off, and the water was applied for about ten minutes. She did not appear to suffer any inconvenience at first, but in a short time great febrile excitement supervened; the skin became very hot and burning, great pain in the head, tongue dry, and pulse 130, full and bounding; the general distress being very great. By applying cooling lotion to the head, and keeping her quiet, she seemed to be a little relieved, and in six hours it had passed away entirely; leaving her, however, with a dread of a second application of the douche. There being but slight indications of the os dilating twenty-four hours after, I again applied it, followed by the same amount of febrile excitement and distress; but it passed away in the same manner, excepting that she felt weak and languid. She passed a pretty good night, and twenty-four hours after the second application the os was becoming well dilated. The head presented, and she went very favourably through a natural labour, with the birth of a living female child. She made a very good recovery, but had a troublesome attack of herpes round the mouth, coming on two days after her confinement.

CASE 5.—The same person, nineteen months afterwards. As she had a great dread of the douche, owing to the suffering during the febrile attacks, I this time commenced by throwing the water against the os without passing the tube within, intending to repeat it every four hours. Unfortunately, she had removed to some distance in the country, and I was unable to follow up the applications as I wished, having to leave repeatedly to attend to other cases, and consequently the operation was prolonged to several days. Commenced late on Feb. 8th; tube not passed within the os; no effect on the system.

Feb. 9th.—Repeated the douche three times; no effect; the last time passed the tube a short way within the os.

10th.—Used the douche three times, passing the tube well within; no constitutional disturbance whatever.

11th.—Three times; os dilating slightly; head presenting.

12th.—Three times; os much in the same condition. The douche has no effect on the system or the pulse.

13th.—Labour coming on slowly; no douche. Gave two doses of liquor secalis with good effect, but the pains ceased entirely during the night.

14th.—Pains very lingering; os well dilated, but the head unable to pass the brim. She became weak and prostrated, begging for chloroform, which I administered. While under its influence I applied the long forceps, and succeeded, by using considerable force, in bringing the head down, the child, a female, being born alive.

She recovered without any unfavourable symptoms whatever.

CASE 6.—Mrs. R.—. March 1st: Applied the douche, passing the tube about two inches and half within the os. No constitutional disturbance followed; and she began to feel occasional sickness and pains about six hours afterwards.

March 2nd.—Os dilated to the size of a dollar; membranes protruding, but could feel no presentation. In the afternoon the os was fully dilated, and a foot and funis presented. Ruptured the membranes, and proceeded to deliver, having no difficulty till the passing of the shoulders, which were jammed, through the arms being carried up beside the head. Having freed these, the shoulders were able to pass, the head then entering the brim in transverse position. By rotating the shoulders, the head slipped into the sacral cavity, and was soon born. The child gave no sign of life, and there was no pulsation in the funis. By employing the usual means of resuscitation, spasmodic efforts at respiration began; and in a quarter of an hour the breathing was perfectly established.

This child died at the age of six weeks of measles; the others are all living.

In reviewing these cases, I think the result, so far as Mrs. R.— is concerned, speaks very highly in favour of the douche: on two occasions one application being sufficient, the effect taking place within a comparatively short time; the other times the douche being used only twice. The inconvenience to the patient was very trifling: each time she was able to continue her household duties till labour came on as it would naturally; not on either occasion did it produce the slightest ill effects.

With Mrs. S.—, however, its action each time was very different, the second (Case 5) being a great failure. I think it probable that in her case the use of Barnes's bags would act better, though it appears to me that one douche would be a good preliminary measure, as the os, as far as my experience goes, becomes thickened by the action of the water, and consequently in a better condition to profit by the introduction of the bag. I have seen it objected to the bag that it interferes with the presentation, but I do not think it would really do so, as the head did not descend, in the above cases, to enter the brim till the os was becoming pretty well dilated. I have thought that in Case 5 the uterus might have been stimulated to earlier and stronger action by the application of the ether spray over the lumbar region. I am not aware if it has been tried, and I should be very glad to have an opinion upon it; also, if it might not be used in cases of placenta prævia. Medical men in a country district have not always a galvanic battery at hand to use in such cases, and if the ether spray were found to be of benefit, I think it would be a great boon to them.

Lyme Regis, Dorset, March, 1870.

CHLOROFORM IN CRIMINAL CASES.—A man at New York had killed his wife, a neighbour, and the son of the latter. On being arrested he feigned insanity, and as much doubt hung over the case, it was determined to induce sleep by chloroform inhalations. The prisoner resisted much, but was at last overcome. He was carefully watched, and was asked several questions on awaking. These he answered evidently with much truth, and did not seem of unsound mind. His memory returned, however, suddenly; he saw his awful position and made a full confession. (*Wiener Med. Woch.*, No. 10, 1870.)

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

FRACTURES OF THE FEMUR.

(Under the care of Mr. T. W. NUNN.)

THE difficulty encountered in satisfactorily deciding as to what is the precise nature of an injury to the upper segment of the femur is often very slight, but occasionally the reverse. Where the age is between sixty and seventy years, or upwards, and the history of the accident is that the patient, a woman, let us say, has been knocked over by a rough lad in the street, or has stumbled, or has entangled her petticoats in some projecting object, and has fallen to the ground, losing the power to rise, and presenting eversion of the foot, with shortening of the limb, the surgeon does not hesitate to conclude that he will find confirmatory symptoms of fracture of the neck of the femur, nor to give a prognosis in accordance with the well-known usual consequences of that distressing accident. On the other hand, where there is deformity about the region of the trochanter, great tenderness, some shortening, perhaps a good deal of constitutional disturbance, a clear, definite diagnosis cannot be pronounced off-hand.

We lately saw the case of a pensioner, long since discharged from the cavalry. This man whilst in the Crimea, and serving in a dragoon regiment, had his horse fall upon him. He remained lame, and consequently was unfit to continue in the army. About three months since he had a fall whilst walking, and was admitted under Mr. Nunn's care. The region of the trochanters on the left side was so tender that the patient could not bear handling without flinching. There was some slight real shortening, and, besides, more apparent shortening from the position of the pelvis. There was no crepitus. It was therefore not easy to say what was due to recent injury, and what share the older accident had in the then existing state of matters. The patient, we have now to add, rapidly recovered his previous condition by simple and soothing remedies, no splint being employed.

At the present date there is a male patient in the Clayton ward, also a pensioner (from the Guards). He is seventy-two years of age. There is obviously mischief, from a fall, about the upper portion of the right femur; but he is the subject of a most extreme form of gouty deposit in the sheaths of tendons, and in the bursa, so that a source of obscurity again comes in the way. There is considerable swelling over the front and outer side of the thigh-joint, below the anterior superior spinous process of the ilium. As is commonly the case in fractures in old people with specially damaged constitutions, grave indications of failing power, in the shape of a dry, brown tongue, and proneness to bed-sores, are showing themselves, and a favourable result is hardly to be anticipated.

Mr. Nunn pointed out to us these cases as interesting subjects of speculation. He, however, dwelt longer over the beds of patients with simple fracture of the femur. One was the case of a policeman who had been run over by a waggon, and had fracture at the middle of the shaft by direct violence; another, that of a painter, who had fallen from an inconsiderable height, and had simple fracture, also of the middle third, by indirect violence. In both of these cases the ordinary long splint was used. Mr. Nunn said that it was impossible to be too watchful in the treatment of cases of fracture of the lower extremity, especially of the shaft of the femur; for it was alleged by some surgical