were consultation cases except six, so that, in the sixty-one attended by Dr. Swayne, there was one in ten still-born. Many of the consultation cases were in a condition unfavourable to the chances of saving the infant, several having been exposed too long to the mischievous influence of protraction. In others, several doses of ergot had been administered. In one case, great mischief had been inflicted; the perineum was lacerated by two practitioners who had been using the forceps and vectis. Two infants were putrid. In four cases, the funis was found round the necks of the infants, which had been pressed upon by the extremities of the forceps. The heads of several of the infants still-born had received injury from the pressure of the forceps; and several of those born alive had not escaped from serious injuries from the pressure of the forceps. In order to more justly appreciate the consequences of the forceps-pressure, I must refer the reader to Dr. Swayne's observations.

It is stated that protraction of labour is more dangerous to the infant than it is to the mother. Pressure, either as to intensity or duration, is fraught with the greatest danger to the infant. Dr. Swayne says: "The important question to be considered is, whether the timely use of the forceps saves the child from this dangerous amount of pressure?" His answer is: "I do not think it does; for I believe it diminishes the duration only by increasing the intensity of the pressure." In the twenty-three fatal cases of forceps delivery, seventeen were consultation cases, and, therefore, were peculiarly difficult. In most of them, the head was much elongated and had become so much altered in rotundity that the forceps were liable to slip, and therefore required more force to keep their hold.

We are left in uncertainty whether the long or the short forceps was used; but my remarks are chiefly made in reference to the employment of the long.

The deaths are stated to be clearly due to compression of the head, partly caused by the forceps and partly by the uterine pressure produced during the length of the labour. We are not, however, told what number of the deaths were caused by the forcible compression of the forceps, and what number were caused by protraction. The injuries sustained from the pressure made by the forceps were clearly owing to the construction of the instrument. This I infer from my own personal experience. In my first case, which happened in the year 1817, and for several years afterwards, I used the late Dr. Haughton's long forceps, which have blades of equal length and long handles; the shanks run off in a bow from the shanks. To remedy this last defect, I had an instrument made with parallel shanks, but I omitted making any other alteration. With both these instruments, the infants were sometimes dead, and in most cases there was evidence of different kinds and of different degrees of mischief, which had been inflicted by the injurious compression of badly constructed instruments. Since I altered the construction of my forceps, I have always had great confidence in a judicious use of the instrument; and I have invariably stated that, when it was used in proper cases, the long forceps may be truly considered as compatible with the lives of both mother and her infant. According to the result of my practice, I feel warranted in saying that, if the infant be vigorously alive, the case in every way appropriate, the operator judicious, and if the instrument be well and rightly constructed, the infant ought to be saved.

The head of the infant is, before birth, so wisely formed and adapted as to safely bear a considerable degree of pressure without injury; but, although this is the case, yet it must be understood that there is a limit beyond which it cannot be endured without proving destructive to the life of the infant. I feel convinced that the pressure produced by the labour-pains can be longer and more safely endured than it can under artificial compression by the forceps. If, then, the pressure produced by the forceps be really so destructive to infantile life, it must be proper to adopt effective means to obviate this mischief. The handles of midwifery forceps in general are too long, and thereby afford the operator power to squeeze the head of the infant to such an extent as to be certainly destructive of its life. The handles of the forceps ought to be so short that undue pressure cannot possibly be made. In my opinion, this instrument ought to be chiefly used as a tractor, and only limitedly as a compressing power.

To save the life of the infant by the use of the long forceps is doubtless the object of every obstetrician; for, unless this were his intention, it would be better at once to have recourse to craniotomy.

To insure the successful application of the long forceps in saving infantile life, the practitioner should keep constantly before his mind the dangers of protraction, and recollect that these dangers increase in a ratio proportioned to the length of time the labour is prolonged.

It is, then, the duty of the obstetrician to ascertain the real condition of the labour, and to become aware whether there exists any cause of obstruction in the brim or cavity of the pelvis, which may require arti-

ficial aid to bring the head of the infant forwards. If this condition be known before the membranes are ruptured, so much the better; but, if the practitioner be not aware of the existence of an obstructing cause before the waters are discharged, no time should be lost in thoroughly acquainting himself with it. If the pelvic brim is so diminished in its measurements as to require the use of the long forceps, the sooner they are applied so much the better, before the pelvic structures have been subjected to such a degree of pressure as will assuredly produce a further diminution of space. In such cases, it is unwise to wait for the full dilatation of the os uteri before the forceps are applied after the rupture of the membranes, as it is impossible for the head to be forced upon this aperture so as to dilate it.

I will now make a few observations on the practice of introducing the forceps before the os uteri is fully dilated. It is reported (JOURNAL, page 284): "Dr. Swayne, in reply, said that much was owed to the Dublin School of Midwifery in teaching us to use the forceps before the os uteri is fully dilated."

If the opinions of many of the leading accoucheurs of Dublin were examined, it will be found that this practice is decidedly disapproved of by many. (See discussion at the Obstetrical Society on the Report and Clinical Records of the Rotunda Hospital, *Dublin Journal of Medical Science* for August 1878, page 140.)

This practice, if received as an unconditional rule in forceps operations, would be most dangerous and fraught with the mischief of organic lacerations. It is a practice which should be considered as only conditional. The forceps may be safely introduced by an experienced obstetrician, such as the Master of the Dublin Rotunda Hospital; but it is not a safe procedure to be accepted as an unconditional operation and to be generally adopted.

The proposition to use the forceps before the os uteri is fully dilated, did not originate in the Dublin School, but I had adopted and recommended the practice before I delivered my address at the meeting of the Provincial (now British) Association at Manchester, September 1854. (See my *Observations on the Cesarean Section and other Obstetric Operations*, page 30.)

I say: "To wait for the dilatation of the os uteri after the rupture of the membranes is a great mistake; for, in the great majority of cases which require the aid of the long forceps, this organic change cannot take place. The obstacle being at the brim of the pelvis, the head of the infant cannot be pressed down upon it, so that before this change happens irretrievable mischief may be inflicted by the continued pressure which the pelvic tissues must under such circumstances endure."

For a description of my long forceps, see my *Essays on various subjects connected with midwifery*.

ON OLEATE OF ZINC IN THE TREATMENT OF ECZEMA.

By H. RADCLIFFE CROCKER, M.D.,

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To the several valuable preparations of the oleates for which we are indebted to Mr. Marshall, the oleate of zinc promises to be a most useful addition. I now wish to draw attention to its utility in eczema. Mr. Martindale of New Cavendish Street prepares it by stirring together one part by weight of oxide of zinc with eight fluid-ounces of oleic acid as free from palmitic acid as possible, and, after letting it stand for two hours, heating it until the zinc is completely dissolved. On cooling, it forms a yellowish-white hard mass, which can be made into the consistence of ointment by the addition of one part of vaseline or olive-oil, or two parts of lard or simple ointment. Vaseline is preferable, as it is not liable to change. The other preparations, soon becoming rancid, should be freshly made, and then answer equally well and are much more economical. Mr. Martindale has also spread it on thin paper, which is a convenient way of applying in some cases.

The above preparations I have found very effectual in acute and chronic eczema in the discharging stage. In the dry stage, it is also useful; but in many cases more stimulant remedies cure more speedily. The two following will show its mode of application and its merits, and are chosen as being the first two in-patients on whom it was tried, while the extent and duration of the disease were sufficient tests of its value.

CASE I.—O. N., a boy aged 7, was admitted into University College Hospital on May 7th, under Dr. Tilbury Fox, with a history of having been treated in a provincial hospital for twelve months for general eczema with only slight benefit. How long he had been suffering before this was not ascertained. On admission, the face, neck, and scalp were covered with pustular eczema. Thick yellowish crusts, with copious

purulent discharge, were present in these situations: and the eyes were nearly closed by discharge and swelling. Both buttocks, thighs, and legs were also affected; and there were a few patches on the trunk. The discharge was free, but not purulent in these parts. The following treatment was employed. The hair was cut off, and the parts soaked in olive-oil all night to soften the crusts, which were then bathed off with warm water. On May 8th, the oleate of zinc ointment, made with lard, was spread upon linen rags and applied closely by means of a bandage; the parts were kept constantly moist with the ointment; new crusts were removed as fast as they formed; and every day all the old ointment was wiped off before fresh was put on. A drachm and a half of "Parish's food" and a drachm of cod-liver oil twice a day were also ordered.

May 13th. Great improvement was manifested. The discharge and scabbing were much less. He continued to improve; and on May 27th it was noted that the face, scalp, and neck were now almost clean, with only slight discharge; while the buttocks and legs were quite dry. On June 2nd, there was no discharge anywhere, and only patches of diseased surface were left, with thin dry scales; and thymol (five grains to the ounce of ointment) was then added. On June 13th, he was discharged well, with no trace of eczema anywhere, and the general health much improved.

CASE II.—A boy aged 10 had chronic eczema on the thighs and legs for two years. The medical man who sent him wrote: "He has been to all the surgeons in the neighbourhood, and no one appears to do him any good." He was admitted on May 23rd. Similar treatment to that of the first case was employed, and he also was discharged cured on June 13th.

In addition to the above, I have treated more than twenty out-patients during the last six weeks with this remedy. Six have been quite cured, and the rest are still under treatment; but all are improving—some very rapidly—in spite of the disadvantages attending out-patient treatment, owing to imperfect removal of crusts, the intermittent application of the dressings, etc.

The oleate of zinc ointment is a remedy of the same class as Hebra's unguentum diachyli; and, while beneficial in all forms of eczema, its most striking effects are seen in the discharging stage, and, so far as my experience has gone, it never seems to do harm in any case, as happens when stimulating remedies are injudiciously applied.

Since writing the above, three months ago, I have treated a large number of cases with this remedy, with most satisfactory results, so that I can with confidence recommend it as one of the most useful preparations for eczema that we possess.

HYSTERO-EPILEPSY.

By C. H. ROBINSON, F.R.C.S.I.,

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THE attention recently directed to this obscure nervous affection may perhaps cause the following brief account to be of some slight interest to the readers of the JOURNAL.

On the 1st of last March, I was sent for, about 5 o'clock A.M., to see Mrs. B., who had been attacked with convulsions at half-past two o'clock the same morning. At three o'clock, another attack came on; also at half-past four, a quarter to six, a quarter past six, and seven o'clock. At each of these periods, she had an epileptic paroxysm, more violent before I saw her, in one of which she got out of bed, and was rushing down-stairs, when, fortunately, she was brought back, narrowly escaping injury. There was nothing particular about these fits, save that the right side of the face was principally convulsed, the head being bent towards that side; she tossed about her arms violently, and had to be restrained from doing herself an injury. In the intervals between the fits, the breathing was stertorous; the face, during the paroxysms, being livid and distorted; and some frothing from the mouth occurred. The pupils were dilated, and the pulse, which was 110 per minute immediately after a paroxysm, in a short time fell as low as 84; the axillary temperature being about normal during the intervals; and the skin, although the movements were tolerably violent, was not hot or perspiring.

From the commencement, she remained perfectly unconscious, and, swallowing being impossible, I administered a scruple and a half of chloral-hydrate by the rectum, and applied blistering fluid to the nape of the neck. After this, there was no return of the convulsions, and my patient slept heavily until eleven o'clock, or for a period of four hours, when she awoke perfectly collected, but ignorant of all that had occurred. Towards evening, she very naturally complained of feeling bruised all over, as if she had been severely beaten.

On the 4th instant, she came down-stairs; and on my calling to see her, she became greatly excited, weeping violently for several minutes, without any apparent reason. A draught containing castor-oil was prescribed, as the bowels had not been moved for five days; and, in a short time, she was in her usual health.

In June of last year, I attended this lady for an epileptic attack somewhat similar, but the convulsions were more marked, lasted much longer, and extended to the entire body. This attack also came on in the night; and she was so violent, that it was as much as her husband, a very muscular man, could prevent her injuring herself or him. She tried to beat her head against the wall, tore and bit at his hands, and her countenance during the paroxysms was the most fearful I ever looked upon, the fiendish malignity of her appearance being terrifying in the extreme.

For some weeks previously to the first attack, she suffered occasionally from inability to articulate, especially when she met friends in the street; she stated that on these occasions she knew what she wanted to say, but was unable to express herself. She has always been highly hysterical, and possesses a very hasty excitable temper, bursting into tears on the slightest or no provocation; and for some time has been in a morbid apathetic condition, being firmly impressed with the idea that she would be eternally lost.

Last year, I treated her with tolerable large doses of bromide of potassium, combined with chloral-hydrate, and may confess that I then looked upon her case as a very serious one; believing, from the religious excitement under which she was labouring, that she would ultimately become insane. After a few weeks of this treatment, she became very obstinate, and refused to allow medicine of any kind to be administered, with the exception of a purgative pill occasionally, as her bowels were naturally constive.

Although Mrs. B. is forty-eight years of age, menstruation still continues, probably owing to that process having commenced later than it usually does, viz., in her eighteenth year. She is always more excitable a couple of days before the menstrual period, the flow being very scanty and rather painful.

From Professor Charcot's description of hystero-epilepsy, it appears to me that this was that variety where the epilepsy is superadded to hysteria; and that it was not an example of true epilepsy is evident from the hysterical temperament, the convulsions recurring at short intervals, the total insensibility for several hours, the low temperature, and the mental functions not being in any way impaired. The temperature, which was about normal, was not taken during the convulsions, but immediately afterwards; and, according to Professor Charcot, is a very important diagnostic sign between hystero-epilepsy and true epilepsy, as in the latter the temperature may be as high as 107.6 deg., while in the hystero-epileptic it rarely rises to 100 deg.

POISONING BY BREAD-PUDDING.

By ALFRED H. ALLEN, F.C.S.,

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THE following is the history of a somewhat curious case of poisoning at Barnsley by eating bread-pudding.

At a cheap eating house, kept by a Mr. Thresh, the cook made two bread-puddings from the scraps of bread left from making toast, sandwiches, etc. These scraps had been accumulating some weeks, and, when I visited the place in company with Mr. Superintendent Sykes, similar scraps were shown us which were in a very mouldy condition, and mixed with bits of ham, butter, etc. The puddings were made of the above-described scraps of bread, with the addition of milk, eggs, sugar, currants, and nutmeg. That was all. The two puddings were baked in separate ovens. The larger pudding (called No. 1 in the evidence) was placed in a notoriously slow oven, and subsequently eaten by the cook who made it, the proprietor of the eating house, the waiter, and a customer. The remainder of the same pudding was sent home for the children of Thresh. Every one who ate of that pudding was violently ill with symptoms of irritant poisoning. One person only ate of the other pudding (No. 2), and she did not take much, and was not affected. Thresh's youngest child, aged 3, and Mason, the waiter, ultimately died; the latter lingering a week. He was given to drinking, and was frequently purged ten or twelve times in an afternoon. Hence, at first, his symptoms caused no astonishment. None of the poisoned persons had bloody motions.

The *post mortem* examination of the child causing the medical man to suspect poisoning, the viscera were sent to me, together with the remains of both puddings, the materials used in making them, and