and minutely to the aperture, where a sufficient cause of obliteration is manifest; carelessness, in this particular, I fear, has led to misrepresentation, and been the cause of those errors on which I have presumed to comment. There is reason to apprehend, that in transferring accounts of practice from the works of ancient practitioners, inaccuracies have taken place, and routine has misled many men of talent. To clear away obscurities which still invite inquiry, I fear that I have fallen into tedious circumlocution; but understanding that there have been many fatal cases in France, and in our empire, and finding through the press that the taxis, as a first step, is in universal use, I am anxious still further to interfere, in the belief that fatality in cases of strangulation will very seldom occur when my plan of treatment is adopted in the first instance. It has been very successful at the Brighton Infirmary during many years. Desault, whose abilities were of the highest order, forbade altogether handling the hernia, aware of its hurtful effects, as usually practiced. Peter Lowe, who was coeval with the celebrated Sharp, proposed puncturing with needles to discharge the flatus; and lately, Dr. Weatherhead invented a small trocar, of which there is a plate in the *Lancet*, of 1829, for the same purpose, both being satisfied of the necessity for removing the bulk. Haller remarked that he knew not how strangulation took place. Pott, who devoted so much labour to the question, made the same observation. My conjecture, published in a pamphlet, in 1810, was, that the sensitive intestine doubled in rushing through the aperture, was crushed against its tense border, and closed under the irritation; thus return of the contents was impeded, a sufficient cause of all the symptoms. Qualified surgeons know that the success of almost every operation depends *mainly* on the previous state of the patient's health, independently of the present ailment; every measure, therefore, which promises to effect our object without operation should be resorted to, whilst the utmost caution should be observed to prevent the practice hitherto always recommended and pursued. Were I not supported by the authority of Desault, I feel assured that the reasons I have advanced will satisfy all who patiently examine them. It is of importance to ruptured persons to be capable of assisting themselves when suddenly attacked, and the rather, as the means are simple and not dangerous. Although sufficient knowledge may be deduced from the preceding statements, it may be useful to re-state how important it is to relax the trunk, by raising the head, &c., and drawing up the limbs, leaving the body in a passive state during about twenty minutes, or a shivering fit; then to use the hand as before recommended, independently of the latter affection. Careful observations by myself, and the experience of others to whom I have referred, assure me, that if the treatment I oppose is abandoned, whilst strict attention is bestowed on the order and means which I propose, strangulated hernia will lose its terrors, and in almost every case terminate successfully.

A RETIRED SURGEON OF THE IRISH
COLLEGE.

Brighton, October, 1847.

CASE OF RIGIDITY OF THE OS UTERI, TREATED BY INCISION OF THE CERVIX UTERI.

By THOMAS BARRETT, M.R.C.S., Bath.

(Read at the Annual Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association.)

It must have fallen to the lot of every practitioner in midwifery to have met with cases where the rigid state of the os uteri has impeded labour, till the life of the patient has been endangered from the consequent exhaustion and long continued pressure. That in a large majority of cases this rigidity will ultimately yield to the usual remedies of artificial dilatation, bleeding, opium, &c., there is no doubt; but it is equally certain that cases have occurred, where the rigidity has been too persistent to allow the passage of the child, and labour has been only terminated by extensive laceration, or the separation of the cervix, probably in a state of gangrene, from the long continued pressure on its vessels. The treatment by incision of the os uteri, though some time before the profession, has, I think, been little practised by them. The successful termination of a case which recently fell under my observation has assured me of the value and comparative safety of this treatment.

The patient was in her fortieth year, and in labour with her first child. I saw her first on Wednesday morning, June 1st; labour had commenced on the day previously; the pains were slight, but pretty urgent; the os uteri just sufficiently dilated to admit the top of the finger, was very high up, directed backwards, very rigid, and thick. On Thursday I found the pains more severe, but the condition of the os unchanged; the liquor amnii had been discharged, and the head presented; the skin was cool, and pulse quiet. A dose of castor oil, with fifty drops of tincture of opium was given; free action of the bowels, but no sleep followed. The next twenty hours produced little change in the symptoms; the pains were more severe, but the state of the os uteri was unchanged; it still would but admit the point of the finger through its thick and almost cartilaginous ring; the head pressed firmly on the anterior part of the cervix; the pulse was full and sharp; she had not slept for forty-eight hours. I bled her to twelve ounces, gave her a grain and a half of opium, and administered an enema. She slept a few hours after the bleeding. Early on Saturday morning the pains returned very powerfully; the os uteri had lost a little of its thickness, but none of its hardness; it was still tilted high up against the promontory of the sacrum, but was dilated to about the size of a shilling piece. The woman had had anasarca of the lower extremities to a great extent, for six or eight of the latter weeks of pregnancy, and the labia and external parts in general were very oedematous; the vagina was hot and dry. I again bled her, the blood being buffed and cupped, gave another injection of castor oil and turpentine, which freely emptied the bowels, and directed constant steaming with hot water to the pudenda. Violent pains continued throughout the day; the condition of the os remained unchanged;

but the head was lower down at each pain, the cervix being forcibly stretched over it.

At this period my friend, Dr. Samuel Edwards, saw her with me; there was some tenderness of the abdomen; skin was hot; pulse sharp and full, and about 100. At his suggestion she was again bled, and put under complete nausea with tartar emetic; afterwards a full dose of opium, and another emollient enema were given; the os uteri and cervix were freely smeared with extract of belladonna. The pulse fell to 90; the pains became suspended for many hours, during which time she occasionally slept, and felt comfortable and easy.

On Monday morning, June 6th, the pains (forcibly expulsive) again recurred. An examination, however, shewed no other change in the state of the os uteri, than that it was a little thinner; it was not more dilated, and still felt almost like a bony ring, and resisted, as it had all along done, any attempt at artificial dilatation. Towards night considerable constitutional disturbance set in; the pulse was 110; skin dry and hot; tongue rather brown; the abdomen tender; vagina hot and dry; and the system generally irritable.

It must be admitted that the state of the patient at this time was one calculated to excite considerable anxiety. She had been in labour for five days, but the state of the os uteri opposed completely, as it did in the first day of the labour, the possibility of the birth of the child. The usual remedies sedulously applied, and anxiously watched, had exercised no influence in overcoming the difficulty; and though till this time the constitutional symptoms had caused no uneasiness, still now they began to show themselves in such a form as to urge the necessity of the adoption of some measure by which the labour might be terminated; the pains too, were violent and forcing, and the head was so forcibly pressed against the thin and widely-stretched cervix, that I dreaded with each pain, some fearful laceration. At this time the child was living; but even had it been dead, to have practised embryotomy through such an undilated and undilatable os uteri would have been as difficult to the operator as dangerous to the mother.

It was in this state that Dr. Edwards proposed an incision of the edge of the os uteri, and though my own experience taught me nothing of the practice, my confidence in his judgment removed any doubts I may have entertained of its desirableness. The operation was performed in the manner detailed by Dr. Lever, in a similar case published by him. The knife used was a probe-pointed bistoury, and the two incisions were made each side the mouth of the womb. The patient complained of no pain; some bleeding followed the division. In two hours the constitutional symptoms were materially relieved; the pulse was at 90, and the skin cool; abdomen less tender, and irritability calmed.

An examination four hours after the operation showed but little change in the state of the os, but after a time it began slowly but certainly to dilate, and at eleven o'clock in the forenoon of Tuesday, (the seventh day of labour,) its disc was rather larger than half-a-crown. The corrugated state of the scalp, the

disappearance of the caput succedaneum, and the still more conclusive evidence afforded by the stethoscope, showed the death of the child, and we determined upon performing craniotomy. The os continued gradually to yield to the diminished bulk of the head, which each pain forced against it, and the remainder of the labour went on steadily progressing, the pains continuing regular and patient comfortable, till eleven o'clock p. m., when she gave birth to a female child of the average size. The placenta was expelled in about twenty minutes. No one single unfavourable symptom followed to interfere with her speedy and perfect recovery.

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CASES FROM PRIVATE PRACTICE.

By JOHN RICHARD WARDELL, M.D., Edin.;

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

(Continued from page 661.)

The time intervening between the swallowing of the poison and its effects becoming apparent has been known to vary considerably, and very much depends upon whether a solid or a liquid have been taken, the former of course requiring a longer period than the latter, that is until the drug becomes reduced to a solvent state. Poisoning by laudanum is always more speedy than by opium. In this case it is seen the symptoms supervened in the course of a few minutes, which was unusually quick; in an instance which is now recollected that occurred in Edinburgh, the effect came on in from twenty minutes to half an hour. It is often from half an hour to an hour before very marked indications are present.

The period at which death generally takes place, differs under apparently like circumstances, but is most frequently from ten to twelve hours; in the case referred to in the northern metropolis, the patient, a woman, died in about four hours and a half, and there is every reason to suppose that the instance which has called forth these imperfect remarks, inferring from the fearful degree of collapse into which she was thrown, would, had not the proper expedients been had recourse to, have perished in a shorter time still. The poison always kills the young with more rapidity than the adult, owing to the greater sensibility of the sensorial functions, and the more speedy and grave manner in which a return is made upon the vital organs.

Regarding the quantity requisite to destroy life, so far as my own researches have discovered from the various authorities on this subject, the dose taken by this girl, and by which there is every reason to suppose she would have been killed, if she had been left to the effects of the poison, is the smallest quantity to be followed by such grave results which I can find recorded. Certainly not more than one hundred drops had