a case had occurred to me, I should have endeavoured to vindicate myself by an action for slander against the coroner, if such a course had been open to me, as I have no doubt it would.

The cause of death in this case was, in all probability, secondary asphyxia, examples of which are not uncommon. I have seen several, one of which was published in the *Journal* for the 24th of February, 1843. The coroner and his friend, "the eminent practitioner," who gave him such valuable information, would do well to read Dr. Marshall Hall's *Gulstonian Lectures* for 1843, where they may find, under "Secondary Asphyxia," the following observations:—

"There is another interesting view of this important subject. The danger is not altogether over when the patient appears to be restored from the state of asphyxia. The respiration and the other functions may proceed nearly naturally for some time—for some hours even—and suddenly convulsions may seize the patient, and death may ensue.

"The blood apparently remains poisoned. Time, as in so many other cases, is an important element in the perfect restoration to health.

"A soldier was taken out of the Thames in a state of asphyxia; animation was restored, but, many hours afterwards, he was seized with convulsions and expired," &c. &c.

At page 74, a case is related of a girl who had thrown herself into a pond, and was recovered from the immediate effect of suffocation, but who died on the following morning of secondary asphyxia.

I am, Gentlemen,

Your obedient servant,

JONATHAN TOOGOOD.

Bridgwater, Jan. 5, 1844.

CASE

OF

INDUCTION OF PREMATURE LABOR.

By J. V. HERRIOT, M.D., of Cannonsburg, Washington Co., Penn.

Mrs. A., thirty-five years of age, good constitution, short, compact, bony frame, pelvis natural figure, but (judging by the finger), under the ordinary size in all its diameters, with a copious development of adipose tissue—has had four living children without the aid of instruments of any kind; her labors, however, she says were very severe. Since these she has had three still-born. In the first of these cases I attended her—a vertex presentation, with prolapsus of the umbilical cord (the cause of its death); a severe and protracted labor. In the second case vertex presentation, prolapsus of the cord; the labor protracted and severe, and the head having engaged but partially in the superior strait, her delivery was completed by the application of the forceps. In the third another physician attended her, and, as I am informed, her labor continued with violence for fifteen or sixteen hours, and the head not having engaged in the superior strait, the perforator was resorted to, and her delivery thus accomplished. These means became necessary in consequence of the size of the fœtuses, each one being of increased magnitude. Some ten or twelve months after this, she became pregnant again, and was very anxious about her own and her infant's safety. At

this period I recommended to her Dr. Holcombe's method for diminishing the size of the fœtus, which to her was not very acceptable. Having seen her husband on the 4th ult., I prescribed best olive oil, a wineglassful two or three times per day—*pro re nata*—and promised to visit her as soon as convenient. Accordingly, on the 9th I visited her, and found her much agitated on the subject of my call. I then proposed to her the induction of premature labor between the seventh and eighth month of gestation; setting forth to her the prospect of alleviating her sufferings, and saving the life of her infant—her own dangers also were not forgotten. She had the matter in solemn and serious consideration, till the 5th inst., when I visited her again, and she accepted the proposition I had made. Feeling that a greater degree of responsibility rested on me in this, than in an ordinary case, I requested that another respectable physician might be present on the occasion. Accordingly, my respected friend, Dr. D. S. Stephenson, of this place, on the 8th inst., accompanied me to her residence, some five or six miles distant; and in the evening, between the hours of six and seven o'clock, my friend and self having made an examination, *per vaginam*, found the parts disposed to harmonise in the undertaking—the mucous surfaces lubricated with mucus, and the os tincæ soft and disposed to dilate. We then ruptured the membranes by introducing a female catheter through the os tincæ, and puncturing them with a wire—my friend having first given his assent to the propriety of the operation.

At the instant a portion of the liquor amnii escaped, and continued to discharge at intervals for several hours—contractions of the uterus were experienced shortly after the operation, but so slight, that during Thursday and Friday nights she enjoyed several hours refreshing sleep. Saturday morning, five o'clock, she awoke with pain, which continued regularly, with increasing strength and frequency. Nine o'clock, the os uteri was dilated, so as to admit the point of the fore and its fellow finger. At this period the presentation could not be satisfactorily ascertained. But, after the lapse of two or three hours, it was recognised to be a breech, with the right hip to the left acetabulum, and the left hip to the right sacro-iliac symphysis. At the next examination, the left elbow was discovered in connection with the left hip—which being pressed back in the absence of pain, the breech came down and occupied the superior strait exclusively. This intruder, however, made its appearance frequently in the course of the labor, and was somewhat troublesome; requiring strict attention to keep it above the brim of the pelvis. At this period, to my mind, and that of my friend, the prospect for the life of the child was gloomy; but after the breech fairly engaged in the pelvis, the pains became brisk and efficient, so that by five o'clock in the evening she was delivered of a living vigorous female infant, which from its appearance (we presume) would have more than equalled in magnitude any of its predecessors—after a gestation of seven months and seven days. We take her own reckoning, which, she says, she knows is accurate. It is scarcely necessary to remark that, had this been a vertex presentation, the labor would have been comparatively easy, and of much shorter duration. But from what we know of this woman's

former labors—the size of her children—her contracted pelvis and diminished strength, had she been permitted to go the full term of utero-gestation, her delivery would have been a solemn and serious task. But as the method adopted in this case has fulfilled the most sanguine expectations of my friend and self, we are truly gratified—and the husband and wife, friends and relatives, are all thankful that Divine Providence has smiled upon the means used to alleviate the mother's sufferings, and save the life of her infant; both of whom are doing well.—*Amer. Journ. Med. Sci.*, October, 1843.

INDUCTION OF PREMATURE LABOR,

WITHOUT RUPTURE OF THE MEMBRANES.

Dr. Henry G. Clark reported to the Boston Society for Medical Improvement, Nov. 28, 1842, the following interesting case of induction of premature labor:—

Mrs. S. aged thirty, from St. John, N. B., consulted me in May last; she was pregnant with her sixth child, and had always great difficulty in labor, only one of the five having been born alive, and that at seven months, a female, now living, and ten years of age.

I had myself attended in her fourth confinement in 1837. I then found her to have a pelvis contracted in its conjugate diameter to less than three inches, by the projection of the promontory of the sacrum. She is short, of awkward figure, and has also lateral curvature of the spine. It became necessary to resort to perforation of the head at that time, delivery being otherwise impossible.

At her last confinement, two and a half years since, she went to her native town, where, she informs me, it was thought proper by her attendants there, after three days sickness, to have recourse to the same measures. She did not recover from this for some months.

It seemed to me that this was a proper case for the induction of premature labor. I, therefore, proposed it to her as the safest course for herself—as the only one for the child. She readily consented to submit to this or any other procedure which might be deemed necessary.

Nov. 22. Dr. Townsend saw her this day in consultation, and confirmed my opinion.

I proposed to myself the following method:—viz, first, to remove the viscid mucus which is found about the cervix uteri, and to dilate and irritate the parts moderately by the fingers, at certain intervals, until some effect should be produced. In addition, if this should not be sufficient to bring on the first stage of labor, to use the ointment of belladonna; and, secondly, as soon as this should be accomplished, to exhibit, at regular periods, small doses of ergot to excite natural uterine action.

The last menstrual period was passed March 25, so that she had now progressed nearly eight months.

This morning, ordered a brisk cathartic. In the evening I called again and made an examination. The finger was insinuated into the os uteri, and the secretions thoroughly removed. Considerable pain was excited by this operation, which continued at intervals for an hour, and then ceased.

Nov. 23. Nine, a.m.—Patient slept well all night, and has no pain to-day. Upon examination, the os uteri was found to be more relaxed than last night, and readily admitted two fingers to be passed to the membranes. They were retained there, and the dilatation persevered in for fifteen or twenty minutes. By this manipulation two or three slight but distinct propulsive pains were produced. Pain continued after this more or less for three hours, but with no further bearing down.

Ten, p.m.—Os uteri more dilatable, and accompanied with some shortening of the cervix; membranes easily felt, and, by the ballottement, what I suppose to be the head of the child.

The dilatation now seemed to be sufficient to warrant the exhibition of the ergot; ten grains were accordingly given in decoction.

24. Patient reports violent pains in the back, loins, and hips all night; none in abdomen. These pains have now abated, and she is quite easy. Dilatation increased a little. Directed her to rest until two o'clock, and then to take five grains of ergot, and to repeat the same dose at five, p.m. Regular propulsive pains came on at six o'clock, and continued until the labor was safely accomplished at one, a.m. The infant was a lively boy, weighing six and a half pounds. The waters were not discharged until a little after midnight. The head, notwithstanding its small size, and in spite of remarkably strong pains, was firmly lodged in the narrowed upper strait for an hour and a half after the os uteri was well dilated, and showed marks of severe treatment during its passage. It was not at all ergotised.

Dec. Mother and child well.

In this case I believe either of the methods usually practised would have been unsuccessful. If the membranes had been ruptured at first, the head would have fallen into its upper strait, and the child would have fallen a victim to its fatal compression there.

If ergot alone had been given, either the object would not have been accomplished, or some grievous injury might have been inflicted on the mother. It is a very good rule in natural labor "not to give ergot until the os uteri is well dilated." How much more should it be observed in these cases where no effort of nature has been made, and where labor has not even commenced?

At any rate, the method adopted in this instance seemed to produce results nearly allied to those produced by Nature herself, in carrying forward the same operation at the full period.—*New England Quarterly Journal of Medicine and Surgery*, April, 1843.

THE BENEVOLENT FUND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In the number of your Journal for May 13, I ventured to call the attention of the profession to the Benevolent Fund of our Association; and suggested that from and after January 1844, each member's subscription should be one pound five shillings, four shillings of which to be appropriated to the Benevolent Fund. I fear Dr. Conolly (in his letter