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

of May 27) misinterpreted part of my letter, for he says, "I would here remark that it is *purely* a benevolent fund, not a *benefit* society." I did not contemplate forming a *benefit* society; my wish was to impress on the minds of others the value of such a fund, and how consolatory to every mind must be the reflection, that should sickness or distress overtake him, or his family, there existed a fund (the interests of which he had, whilst in prosperity, done all in his power to promote), to which he might properly apply for succour, and to which he might be considered as having a just claim.

Preferring deeds to words, I have added four shillings to my annual subscription, and call upon every member of the Association to do likewise.

I am, Gentlemen,

Your obedient servant,

JOHN LEE, M.D.

Market Bosworth, Jan. 10, 1844.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JANUARY 13, 1844.

We purpose this week to resume our consideration of Mr. Chadwick's Report on Interment in Towns. In our last Number we dwelt on the evils arising from the diffusion of noxious gases from the places where the dead are buried. But that is not the only way in which the dead may be injurious to the living; for if the putrefactive effluvia are dangerous when slowly rising through the earth, and freely diluted with atmospheric air, what must they be when evolved in a small, unventilated apartment, occupied by a whole family?

It is well known that four out of five families, amongst the lower orders in towns, inhabit one room only, which serves for every purpose of life—for eating, drinking, sleeping, and sometimes for a work-room, or shop besides. These, too, are the class of persons with whom interments are generally delayed the longest, sometimes from a difficulty in raising the necessary funds, sometimes because the Sunday is the only day on which the relatives of the deceased are at liberty to attend the funeral. Hence the corpse remains in a warm, crowded room, for five, eight, or perhaps even twelve days, under every circumstance which can possibly render it most offensive and dangerous. On the one hand, the miasmata—especially in cases of death from contagious disease—are infinitely the most dangerous during the first few days after death; and on the other, the survivors, exhausted, as they most likely are, bodily by watching and privation, mentally by anxiety and grief, are under the circumstances which, as is well known, most greatly increase the danger of contagion.

Hence, we cannot be surprised to find Mr. Chad-

wick's pages literally teeming with instances of persons destroyed by this Mezentian practice:—

"et sanie, taboque fluentes,
Complexu in misero, longâ sic morte peribant."

Mr. Leonard, parish surgeon of St. Martin's-in-the-Fields, says:—

"On the 9th of March, 1840, M— was taken to the Fever Hospital. He died there, and the body was brought back to his own room. On the 12th his step-son was taken ill. He was removed immediately to the Fever Hospital. On the 18th, the barber who shaved the corpse was taken ill, and died in the Fever Hospital, and on the 27th another step-son was taken ill, and removed also.

"On the 18th of December, 1840, J— and her infant were brought, ill with fever, to her father's room in Eagle-court, which was ten feet square, with a small window of four panes; the infant soon died. On the 15th of January, 1841, the grandmother was taken ill; upon the 2nd of February the grandfather also. There was but one bedstead in the room. They resisted every offer to remove them, and there was no power to compel removal. The corpse of the grandmother lay beside her husband upon the same bed, and it was only when he became delirious, and incapable of resistance, that I ordered the removal of the body to the dead-house, and of himself to the Fever Hospital. He died there; but the evil did not stop here: two children, who followed their father's body to the grave, were, the one within a week, and the other within ten days, also victims to the same disease. In short, five out of six died."

Instances like these are related by parish surgeons from every part of the metropolis.

But even supposing that there were no danger to health or life, is it not right that some means should be taken to prevent the occurrence of such sickening scenes as the following? Mr. Wyld, an undertaker, tells Mr. Chadwick,—

"In cases of rapid decomposition, of persons dying in full habit, there is much liquid, and the coffin is tapped to let it out. I have known them to keep the corpse after the body has been tapped twice, which has, of course, produced a disagreeable effluvia. This liquid generates animal life very rapidly, and within six hours after a coffin has been tapped, if the liquid escapes, maggots, or a sort of animalculæ, are seen crawling about. I have frequently seen them crawling about the floor of a room inhabited by the laboring classes, and about the tréssels on which the tapped coffin is sustained. In such rooms the children are frequently left while the widow is out making arrangements connected with the funeral; and the widow herself lives there with the children. I frequently find them altogether, in a small room with a large fire."

The Rev. Evan James, curate of St. Dunstan's, Stepney, says, in his evidence before the committee of the House of Commons,—

"I recollect on one occasion, when the corpse was brought into the church between the services on a Sunday, no language can describe the scene I wit-