PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ON THE PRACTICE OF MIDWIFERY, WITH REMARKS.

By JONATHAN TOOGOOD, M.D., Licentiate of the
College of Physicians, Bridgewater.

Midwifery is considered by some members of our profession too unimportant a branch of medicine to engage the attention of scientific men, who contend that the practice is degrading, and ought to be left to old women and nurses. The successful practice of midwifery however, at the outset of life, as surely establishes a professional man's reputation, as the contrary retards his progress; and it appears to me that the careful study of this branch of our art is absolutely necessary to avoid the mischief of "meddlesome midwifery," than which nothing can be worse. Impressed with this conviction, I attended closely to the subject during the early part of my life, and have practised it extensively nearly forty years. I propose to give the result of my practice during the first seven years, with such remarks as may be useful.

My register contains a list of eleven hundred and thirty five cases attended during that period, of which number the greater part were, of course, natural labours.

Eight cases presented with the face to the pubis, five of which terminated naturally, in one the forceps was used, in one the child was turned, and in one the funis descended with the head, and the uterus ruptured in delivery. Presentations of the face generally terminate without artificial aid, but the forceps will sometimes be required. I have employed them in three successive labours in the same patient, to whom I was called in consultation with another practitioner, who on one occasion had patiently waited the efforts of nature for more than fifty hours. In a few cases, if called early, I have turned and delivered by the feet, and in one case by turning the face to the sacrum. I have often attempted this, but succeeded once only. This patient was delivered of her first child by the crotchet, and in a subsequent labour in which I attended her, with the forceps, in a presentation of the face. Having been engaged to attend her, I desired to be called very early, and on making an examination, my finger went directly into the child's mouth; the membranes had not ruptured, and the uterus was well dilated; I made firm and steady pressure with my fingers on the parietal bone during a pain, the head revolved under my fingers, the membranes broke, and the child was born in a few minutes.

In six cases the perforator was used, two of which

terminated fatally during the month, and one soon after delivery; the three other cases did well, although in one the labour was protracted for five days before any attempt at delivery was made. The deformity was so extreme, that her delivery was considered impracticable, and she was abandoned. The projection of the sacrum was so great, that it was necessary to bend the perforator to a semi-circle before the head could be reached, and the child was brought away in small pieces with much difficulty. This instrument is seldom required; but that it has been often employed unnecessarily is too true. When I first began to practice in this town, I found to my astonishment, that it was the only one used in all cases of difficulty, and that the forceps or vectis had never been applied in any case. It is undoubtedly sometimes necessary in cases of sudden and immediate danger, and in great deformity, but I have been present at many labours which have terminated naturally in women who had been delivered in former ones, by the older practitioners, with the crotchet. Young practitioners are sometimes induced by the importunities of the patient and her friends to employ this fatal instrument, when, left to their own judgment and discretion, they would patiently wait until other means of delivery were applicable. This is an error which I, in common with others, fell into in the early part of my practice.

The forceps were applied in fifteen cases, and all the children were born alive. I have always used the short forceps recommended by the late Dr. John Clarke, and by attending to the directions so clearly laid down in his lectures, never experienced any difficulty in applying them. He advised that no attempt should ever be made to use them until the ear could be felt, and that when they were fixed, the traction should be made from blade to blade, in the axis of the pelvis; and here I cannot help relating the mode he adopted to impress this important point on the attention of his class. The forceps, he would say, can only be successfully used after they are fixed in the axis of the pelvis; it is of consequence therefore that the axis of the pelvis should be well understood. Now if a party of Hottentots should happen to catch an unfortunate European, and determine to roast him in the axis of the pelvis, they would push the spit in at the umbilicus, and bring it out at the anus and as each individual pupil took the forceps in his hand, the Doctor used to say, "Remember the spit." I certainly never sat down to apply these instruments without recollecting and bearing in mind, during the operation, the illustration. In proper hands the forceps are useful and necessary, safer, and better adapted for

the preservation of the life of mother and child than the *vectis*. I have never employed them to save time, and always successfully. In one case the perineum was completely lacerated into the rectum, under their use, laying both cavities into one for a considerable space; and this arose from my neglecting to secure the patient properly during the operation. As the head was passing, she made a sudden spring, and getting beyond my reach, the perineum was unsupported at the critical moment, and extensive laceration took place. It however completely healed with so little inconvenience, that the patient was never aware of the accident, and having attended her in several subsequent labours, I had an opportunity of knowing that the union remained entire. Since that time, I have taken the precaution of making a strong woman lie down in front of the patient in all painful operations, to prevent the possibility of accident.

In three cases the arm presented, in neither of which did any particular difficulty occur. It is rather remarkable that amongst so large a number of cases, four only of original presentations of the arm have occurred in my own practice up to the present time, although I have been called to many, in consultation with other practitioners. Some have proved extremely difficult, but in all, delivery was effected by patient perseverance, without dismembering the children.

In eleven cases the breech presented, but nothing worthy of remark occurred in any of them. The practice of bringing down the feet, with a view of expediting delivery, is bad. It is often done by young practitioners, who will learn by experience, that the safest course is to allow the breech to be expelled as it presents.

In three cases the feet presented, one of which was remarkable: both feet could be distinctly felt low in the vagina, through the membranes, which were entire on my arrival, and remained so until the uterus was almost fully dilated, when they burst, and to my astonishment the shoulder presented. I lost no time in turning, which was easily accomplished, the pelvis being unusually capacious.

There were twelve cases of twin births.

Twenty-one cases of severe hæmorrhage occurred, two of which were fatal; one soon after the delivery, and the other six days after, from fever.

Uterine hæmorrhage is more frequent, more embarrassing, and more dangerous than any other accident in the practice of midwifery. It often occurs, in spite of all precautions which can be taken to prevent it, sometimes to such an extent, that, although the woman escapes with life, her constitution receives such a shock that the recovery is difficult and protracted; and at other times, after repeated attempts to rally, she sinks into a state of irretrievable weakness, and dies. The danger does not, however, always depend on the quantity of blood lost, as the following case will prove:—

Mrs. P., a healthy young woman, aged 24, was delivered on the 1st of March, 1826, after a natural labour; the placenta was expelled half an hour afterwards, without any unusual discharge of blood, but a draining followed, which, although not enough to require any restraining remedies, kept up a faintishness, and more particularly, as she described it, an

internal feeling of great weakness, from which she did not entirely recover for five or six hours. She never completely got up her strength, although she made many efforts to rally, but within a year fell into a consumption, and died.

Such cases are not uncommon, and when contrasted with others in which enormous discharges of blood occur, without either immediate or remote danger to the constitution, tend only to show the great uncertainty of the practice. Floodings have always alarmed me more than any of the various dangers attendant on parturition, from the conviction that a greater proportion of women die from that than any other cause. Dr. Rigby divides uterine hæmorrhage, before delivery, into two kinds, accidental and unavoidable; and the rules for the treatment of each are well defined, judicious, and safe. The plan of rupturing the membranes in accidental hæmorrhage was so strongly condemned in the school in which I was educated, that I cautiously avoided it in my early practice, until the publication of that able work, since which I have in every case adopted it, and invariably with success. Subsequent experience inclines me to believe that a more fortunate result would have attended the following case, if that practice had been pursued, instead of proceeding to turn in the usual way:—

Mrs. C., at the full period of her pregnancy, was suddenly seized with hæmorrhage after making a considerable exertion; it was so violent that she would have fallen to the ground if the nurse had not supported her. It had continued nearly three hours when I saw her. She was faint and very low, and although the violence of the discharge had abated, there was still much draining. My first care was to endeavour to recruit her, and she appeared to rally for a time, but the discharge still continuing to such an extent as to create great apprehension for her safety, I introduced my hand, and cautiously delivered by the feet. Such a discharge of fluid and coagulated blood followed the rupture of the membranes as I never witnessed before, nor since; and although the uterus contracted like a ball, and expelled the placenta into the vagina, she died in twenty minutes. Now, I believe, that if the membranes had been punctured, the hæmorrhage would have been restrained, and that she would have recovered sufficiently to have supported her delivery, the shock of which appeared to hasten her death.

But these cases do not often occur, whilst nothing is more common than hæmorrhage after the expulsion of the placenta. That many of these cases are occasioned by hasty and improper attempts to bring away the after-birth is too true, but it is equally certain that they frequently happen where no interference has taken place, and the whole process has been left to nature. In whatever manner flooding has been produced, no time must be lost in arresting it. It is not my intention to detail the various modes of effecting this object, or to discuss the merits of the different plans laid down in systems of midwifery, and I shall only observe that I have rarely witnessed any good effects from the application of cold, which, in my opinion, can never be depended on. In two or three instances marked benefit has followed its sudden application; but unless it produces an immediate good effect, it does harm, and

therefore I scarcely ever employ it. The introduction of the hand into the uterus is the most powerful agent in suppressing sudden and violent discharges of blood; and if done early, seldom fails; but if delayed until great exhaustion has taken place, the uterus is very apt to relax again, and expose the patient to a recurrence of hæmorrhage, and a repetition of the operation. As this is always a painful operation, though often a necessary one, it is desirable to avoid it; and for many years past it has been my practice to grasp the uterus in both hands, and keep up steady and continual pressure externally, in all cases in which there is a disposition to hæmorrhage. The ordinary modes of pressure which nurses employ generally fail, and the assistance of bystanders cannot be depended on. My plan is to kneel on the bed in front of the patient, get the uterus fairly within my hands, and lean the weight of my body on them. The pressure thus made is more uniform, and infinitely less painful, than the irregularly applied bandages of nurses or inexperienced assistants.

Experience warrants me in stating, that if this plan be effectually followed, it will generally render the more painful one unnecessary. But the most dangerous, because the most insidious flooding, is that which sometimes follows a perfectly natural labour. A woman has an easy labour, the placenta is expelled in the usual time by a natural effort, the patient and her friends rejoice at the happy termination, there is but little discharge, and the practitioner is about to take his leave, when his attention is arrested by an exclamation from the patient—Dear me! I feel very warm. The curtain is withdrawn, she is fanned, has a smelling bottle and a little gruel, expresses herself better, is told, and believes, that there is nothing the matter. If the practitioner leaves her, he will speedily be summoned again, to witness a scene of great danger, and perhaps, of death. This, I apprehend, was the case of the late Princess Charlotte. But if he remains, he will perhaps enquire of the nurse if there is much discharge and be assured that there is not; she will probably show him a napkin to prove her correctness, which satisfies him. Presently the patient exclaims again, Oh, dear! how faint I feel. Some gruel is administered perhaps, with a stimulant, or a few drops of laudanum; she revives, and all are once more satisfied. But this deceptive state is but of short duration, for in a very short time the faintness returns in an alarming degree, the pulse rapidly sinks, the countenance becomes pale, and unless active measures are immediately taken, the woman dies.

On laying the hand on the abdomen the uterus is discovered to be as large as before delivery, and on introducing it into its cavity it is found to be filled with fluid and coagulated blood. The withdrawal of the hand is followed by an immense discharge; sometimes the uterus contracts immediately and remains firm, and at others it wholly or partially relaxes, and blood continues to be poured out, or such a draining remains, as to keep the practitioner, the patient, and her friends, in a state of trembling anxiety for many hours. She sometimes recovers in a rapid and extraordinary manner, the constitution appearing to suffer nothing from such great loss; at others, if energetic means have been too long delayed, the recovery is slow and precarious, or she falls into a state of weakness and dies. Hæmor-

rhage, before the commencement of labour, always claims attention, and so does any unusual discharge during its progress and after delivery. Some discharge is always expected afterwards, and as but little appears externally in these cases, the hæmorrhage slowly proceeds internally, until the symptoms above detailed announce its extent and danger. The safety—nay, the life of the patient depends on the care, experience, and watchfulness of the attending practitioner, who should never rely on the report of the nurse or friends, but satisfy himself, if any unusual symptoms appear, that they do not arise from loss of blood. It is too much the practice of nurses, as well as friends, however kind and attentive they may be to the woman during her labour, to leave her to her fate as soon as she is delivered, and devote all their attention to the child.

Women are sometimes lost after profuse hæmorrhage, for want of attention in administering proper restoratives. In states of great exhaustion, patients frequently refuse nourishment, and the heart would cease to act if stimulants were not constantly and judiciously given, and under such circumstances a woman will make no effort herself, but would prefer, and indeed often entreats, to be left alone. That many cases are lost from want of diligent perseverance in recruiting the powers of life, is certain, and I feel convinced that I have been instrumental in saving many lives by gently but firmly insisting on this point, and compelling the woman (if I may be allowed the expression) to live in spite of herself. Bread and milk is always at hand, and is seldom objected to. It should be boiled, and made rather thick, then quickly cooled, and some compound spirit of ammonia added to it. It is astonishing how large a quantity may be taken in a short time, and how grateful it generally is. All authorities agree in the propriety of giving opium freely, and brandy is sometimes necessary. I once gave nine wine-glassfuls, as quickly as it could be swallowed, after an enormous loss of blood, with the happiest effect.

The ergot of rye is esteemed by some a useful remedy in hæmorrhage from the uterus. It has not been successful in my hands. It is given much too indiscriminately during labour, sometimes it produces good effects, whilst at others it seems to be perfectly inert.

The placenta presented in one case, delivery was speedily effected, and the patient did well.

Twentyfour cases of adhesion or retention of placenta occurred which required the introduction of the hand for its removal. These are some of the most distressing cases in the practice of midwifery. It often happens that after a painful and protracted labour, when the woman hopes and expects her sufferings are over, she is obliged to submit to an operation as painful to her as it is distressing to the practitioner, and women generally describe the pain occasioned by the introduction of the hand under such circumstances, as worse than that of labour. I know no method of preventing it. It may be occasioned by too hasty attempts to bring the child into the world, but it often happens when the delivery is retarded, which is stated by some teachers to be an effectual remedy against such an occurrence. But that this plan often fails my own experience enables me to testify, indeed it does not appear to me by any means certain, that the attempt to retard the

birth of the child has not interrupted the regular action of the uterus and produced the retention. Generally, if the bulk of the placenta and insertion of the funis can be felt, on running the finger along the chord, there is no fear of its being retained; but this is not always the case, for it now and then happens, that there is a sudden and great discharge, or such a continued one as to excite some apprehension for the safety of the patient. Sometimes I have waited irresolute as to the proper course to pursue, and after the failure of external pressure on the uterus, and other means, have reluctantly been compelled to pass my hand, and occasionally regretted that it was not done earlier. It is certainly most desirable that the whole of the placenta should be removed; but the adhesion is sometimes so close that this can only be effected in detached portions, so that it is scarcely possible to bring the whole away; but, if after cautious attempts, small portions remain, it is safer to leave them than incur the risk of frequent rude and ineffectual efforts to scrape the uterus with the fingers, a practice which was adopted in a case which came to my knowledge, many days after delivery, which not only failed but terminated in the death of the patient. Careful and uniform pressure by a well adjusted bandage, or by the hands, appears to me the best mode of preventing this alarming accident.

Excessive flooding, in one case, was followed by phlegmasia dolens, which, after many weeks, proved fatal.

I have seen several instances of this disease, all of which, with this exception, have done well. Local bleeding and cooling applications have been most beneficial in the early stage, and after the inflammatory symptoms have subsided, the cure has been completed by mercurial friction, and wrapping the limb in oiled silk.

Symptoms of puerperal mania appeared in one case immediately after delivery, as soon as the patient was placed in bed. The disease was perfectly established in twenty-four hours, continued with great violence for many weeks, then gradually subsided. She passed through several subsequent labours without any recurrence of the attack, but died some years after of disease of the brain. Every other case which has fallen under my care has recovered.

The vagina ruptured to a considerable extent in two cases, the details of which will be found in a separate letter.

Puerperal peritonitis supervened in two patients, both of whom, recovered under general and local bleeding, and calomel, employed early and actively.

One woman died very suddenly an hour or two after delivery, the cause of which could not be correctly ascertained, an examination being refused, but which was suspected to be internal flooding, or rupture of the uterus.

In one case the uterus was ruptured in turning, from violent and sudden action. The woman was delivered and died a few hours afterwards.

Rupture of the uterus, in my opinion, happens much more frequently than is imagined or admitted, and many deaths, which occur soon after delivery and are not accounted for, may with truth be attributed to this cause. Ten cases have come within my knowledge, two of which were in my own practice. One is mentioned above, the other was so unusual, and from

peculiar circumstances so interesting, that I will detail it:—

The patient was a strong, healthy woman, about 30, it was her sixth labour, some of which had been very lingering, and on two or three occasions she had been exposed to considerable hæmorrhage, from imperfect contraction of the uterus after delivery. The membranes ruptured early in the morning, but no pains came on until the middle of the third day, when they continued regularly for three hours, by which time the uterus was largely dilated, the head had made considerable advance, and there was every reason to believe that the child would soon be born. The pains, however, gradually ceased, and for one hour and a half were entirely suspended, when she suddenly complained of excruciating pains in her legs, soon after of the belly, and violent forcing in the passage. From the toes to the knees the lower extremities were cold and somewhat livid; the pulse was very small, quick, and depressed; there was no vomiting nor collapse of the countenance usually attendant on such cases, and as the child remained in the same position, I did not suspect the dreadful mischief which had taken place, particularly as the circulation and warmth returned after administering a slight cordial. But she had no labour pains, and still complained bitterly of forcing and violent pains in the abdomen and chest, which she described as bursting. About two hours after, the breathing suddenly became oppressed, the pulse sank, the countenance became pale and bedewed with a cold sweat, and she died in a few minutes. On examination, the head was found to have receded, although a few minutes before, it was precisely in the same position as it had been during the last three hours. The post-mortem exhibited the uterus extremely thin, and rent across the whole posterior surface. It had contracted considerably, and the child, which was unusually large, had escaped into the cavity of the abdomen, which was full of blood. The ergot was given in this case at the request of the patient, who had been relieved by it in former labours. I regret its having been employed, although it may not have occasioned the unhappy result, but it appeared for a time to increase the frequency of the pains, and as the child was very large, especially the head, it might, by acting chiefly on one point, have thinned the uterus and disposed it to give way, whereas, if the case had been left entirely to natural efforts, the delivery might have been delayed so long as to warrant the perforation of the head, which afterwards would have been unavailing, even if time had permitted.

I remember a case occurring many years ago, at the Westminster Hospital, in which the uterus ruptured during the first stage of labour, and the woman died immediately. The preparation was carefully preserved by my friend, the late Mr. Clement Cruttwell, of Bath. In every case, except the last detailed, vomiting of coffee-coloured fluid, collapse of the countenance, and immediate cessation of labour pains have instantly followed this dreadful accident.

It is somewhat remarkable, that out of so large a number of cases, one only of puerperal convulsions occurred, and as the symptoms were carefully noted at the bed side, the detail may not be uninteresting. The patient was twenty-one years old, and was seized with labour pains at eight in the evening, in the seventh month of her first pregnancy. At one, a.m., the membranes ruptured,

the os uteri was dilated to the size of a shilling, and the pains regular and strong. At two she became suddenly affected with convulsion. It began with the most horrid distortion of the countenance, succeeded by convulsive twitchings; the limbs were violently convulsed, the breathing laborious. The fit continued about five minutes, then terminated, leaving the patient sensible but unconscious of the previous affection, and complaining only of a pain in the head. The pupils were much dilated, but contracted on the approach of light; there was grinding of the teeth, the arms and legs were affected with rapid convulsive shaking motions, and sometimes with plunges so violent as to thrust the bed from the sacking. The respiration seemed at first suspended, from suffocation, then foam was formed in the mouth, the breathing was stertorous during inspiration, long expirations followed, with blowing through the foam. The whole appeared suffocating and agonizing; the lips assuming at the same time a black, livid colour. The respiration became at length calmer, and the patient remained in a state of coma, from which she could not be roused; the pulse was frequent and regular. The fourth convulsion occurred about three in the morning; soon after, delivery was effected by the crotchet. There was no fit until seven o'clock, and another occurred again at nine, a.m. After this period the patient lay in a state of easy coma; sometimes, however, she would get up and turn herself in bed. The pulse was 132 and regular, the countenance pale, the feet cold. At five p.m., the pulse was 140, the coma deeper and constant, without any further symptoms. At ten, a.m., on the 19th, the pulse was 104, there was returning sensibility, she opened her eyes, put out her tongue, and gave rational answers when spoken to. There was no intoleration of light or sound, nor deafness. On the 20th, sensibility was perfect.

I have witnessed many cases since, all of which have terminated favourably, under active treatment speedily and resolutely employed. In this, seventy ounces of blood were drawn from the arm during the first three hours, besides a considerable quantity lost in the delivery, the head was shaved and blistered, cataplasms were applied to the feet, injections of turpentine administered, and a scruple of calomel given and repeated every third hour, until the bowels were effectually relieved.

In one case, the violent convulsions rapidly succeeded each other before the slightest dilatation of the uterus had taken place, but the active means resorted to arrested the attacks, and delivery took place the following day, without any recurrence of this frightful disease. The only fatal case which I have seen, was one to which I was called in consultation, after delivery had been effected, but all other means entirely neglected.

It is evident that the practice of midwifery involves duties of too responsible and dangerous a nature to be entrusted to ignorant women and nurses. All men do not possess the necessary qualifications, and are not equally adapted for it. He will be best fitted for the arduous task who possesses a good constitution, is capable of enduring great fatigue, and patiently submitting to many privations, with sound judgment and firm determination, without rashness, which he will often be required to exercise when exhausted by long watching and anxiety; in addition to which, if his man-

ner be kind and his disposition cheerful, the practice will be more agreeable to himself as well as to his patients. There is scarcely a case in the practice of medicine or surgery so urgent as not to allow time for consultation, but the midwife is often called on to act instantly, on his own judgement, in cases where delay would be death. How important then is the study of midwifery; an imperfect knowledge of its practical part may lead to the most deplorable consequences, where an error of the head or hand may suddenly bereave a fond husband of a beloved wife, children of a tender and affectionate mother, and plunge a whole family into grief, and probably, ruin.

In the year 1769, Dr. Andrew Douglas published a pamphlet, entitled "Observations on the Rupture of the Gravid Uterus," on referring to which I find that his opinion was, that ruptures of the uterus were accidents of frequent occurrence. I quote his words—

"There can be no doubt entertained of the frequency of ruptures of the uterus, when it is known that more than twenty cases, in which the fact was demonstrated by dissection, have been observed in London within the last twenty years. In Paris, Gregoire mentions his having seen sixteen in a practice of thirty years; and by Bonetus, Hildanus, and others, we are supplied with a number of similar instances. But the greatest number of these histories, having been preserved as records of remarkable rather than instructive facts, many important circumstances have been omitted or overlooked, from a presumption that the case was without a remedy.

"A considerable proportion of the deaths which have happened suddenly in the time of labour, or soon after delivery, may probably have been in consequence of a laceration of the womb, or its appendages; of some, the cause has not been discovered till after death, and of many more, has never been explained, from the bodies having been interred without anatomical inspection. Even when previous symptoms have afforded the strongest reason to believe that the uterus was the part affected, the precise situation and extent of the injury has still been undetermined, because it has been impossible to obtain leave to make the necessary examination."

In the same pamphlet he relates a case of extraordinary recovery from a wound of the uterus, the details of which are as follow:—

"A negro woman, of the island of Jamaica, who was well formed, and had borne three children in the natural way, when in labour of the fourth, was so impatient under her pains, as to be considered by her neighbours as delirious, though her sufferings did not appear to them more than commonly severe; but so violently did they affect the woman herself, as to induce her to make a long incision on the left side of her belly with a knife, part of the blade of which had been broken off, and so deep as to divide the skin, muscles, and uterus, and even to wound the left hip of the child. The opening was nearly in the direction of the obliquus descendens muscle, and so considerable, that the foetus was immediately forced out upon the mat on which she lay, where it was found by a midwife who was called to her assistance, together with a great portion of the intestines. She tied the navel string, returned the bowels into the abdomen, and

without extracting the placenta, sewed up the wound, in the way practised on dead bodies. Dr. Morton, an able practitioner, was sent for as soon as possible, and saw her about three hours after the operation. He considered the mode in which the wound had been sewed up, as improper; had the stitches divided, directed the parts to be washed with warm water, and the bowels to be cleansed from the straws and sand which had adhered from their lying on the mat. He easily extracted the placenta, replaced the intestines, and brought the lips of the wound together by the interrupted suture. She had lost a great quantity of blood, and was put to bed speechless, without any pulse at the wrist. Her speech she recovered on the following day, but had a degree of fever some days longer, with very little lochial discharge. From that time she went on well, and was able to sit up at the end of five weeks, had strength enough to walk in a fortnight more, and in three months was perfectly recovered.

"Her mistress parted with her soon after this, but Dr. Morton, to know the remainder of her history, applied for information to a surgeon on the plantation to which she was removed. He received for answer that she had been regular in her menstruation from the time she had been under his inspection; had again become pregnant, and if she had not been carefully watched, would have chosen to repeat the operation, having declared her sufferings from that to have been trifling when compared with the pangs of child-bearing. Her labour was natural, and her recovery perfect."

Bridgewater, April 10, 1844.

PREVALENCE OF CALCULOUS DISEASES IN THE EAST INDIES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

It seems as if diseases spring up wherever we look for them, and that they are reported often to be absent in certain districts, because there is indifference in our profession as to their detection. I dare say, if a zealous lithotomist were to go to Holland, he would find that calculous concretions of the bladder are not quite banished; yet we rarely hear now of the occurrence of this form of disease, so prevalent a century and a half since, as evidenced by Rau's numerous operations, and by the still existing museums of pathology formed about that time.

A few years ago it was affirmed that urinary concretions were scarcely to be met with in the East Indies, and that when they did occur, the subjects were Europeans; who took with them the germs of the disease from their native country. This opinion has been proved erroneous by the occurrence of every recent year, and surgeons now, being operators, find numerous occasions for exercising their skill in the east.

I offer these remarks, for the purpose of naming that I lately received a letter from Dr. J. Jackson, of Calcutta, accompanied by a present of several calculi for my cabinet, removed by operation, and I have the pleasure of making public the following extract:—

"The subject of urinary calculus, and the improvements which are taking place in Europe as to its treatment, are full of interest to us in this country, where

the population is so numerous, and the disease so common, for the assertion made some years ago by —, and repeated by the surgical professors in my time, that *the disease did not exist in tropical climates*, is very far from truth. In the midland provinces, and in upper India, there are very few districts where the disease is not prevalent amongst the lower class of people, and it is particularly common amongst those who are badly clothed, and who live upon an unleavened wheaten cake, called *chepattie*, not unlike the Norfolk dumpling. I am not aware if the treatment by lithotomy has ever been adopted in this country; there is but little disposition to inflammatory action amongst a people who feed only on vegetables and grain; so that the mortality is too slight amongst *the young* to call for any change, and the disease is rarely met with, as in England, amongst *the aged*."

The concluding remark of Dr. Jackson suggests to me one observation. In the aged, where disease of the prostate gland or bladder is so often the predisposing cause of calculus, it has been believed that vesical calculi might occur in any climate, and hence the aged were the class most liable to it within the tropics. It would be very interesting to find Dr. Jackson's statement as to the malady in question being more prevalent amongst the young, and less amongst the aged, corroborated by other experienced surgeons.

I remain, Sir,

Your obedient servant,

JOHN GREEN CROSSE.

Norwich, May 13th, 1844.

TREATMENT OF PUERPERAL CONVULSIONS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Whenever any controversy takes place with regard to treatment in any particular maladies, every case of the kind must be interesting, in whatever way treated, as having a practical, and therefore valuable bearing on the point at issue. As much has lately been written in your valuable journal upon the treatment of puerperal convulsions, I send you the history of a case recently treated by me; and, as undeserved blame has been cast upon Mr. Druitt for the mode of treatment pursued by him, it will be seen, that in making my case public, I am not unwilling to share the blame with him; on the contrary, I shall be most happy to be in his company on this occasion, as it was my good fortune to be some years ago.

I was called up about two o'clock on the morning of Sept. 27th, to see a lady whom I expected to find in labour; such was not the case. I learned that she had awakened suddenly in great terror, and, as she said, with acute spasm in her bowels; the face was extremely florid and swollen, the vessels of the neck and face were much distended, the pulse 90, hard and full. She complained of great pain in the head, especially over the left eye; I had a dozen leeches applied to the temples, followed by a cold lotion, and applied sinapisms to the eyes, and gave a brisk aperient. In an hour or two she fell asleep, and when I called about 10 a.m., she said she felt very well, and experienced no pain in the head, nor elsewhere. About eight o'clock in the evening I was summoned to be informed that symptoms of