

Ingalls (Wm)

SYNOPSIS OF PRIVATE OBSTETRICAL PRACTICE

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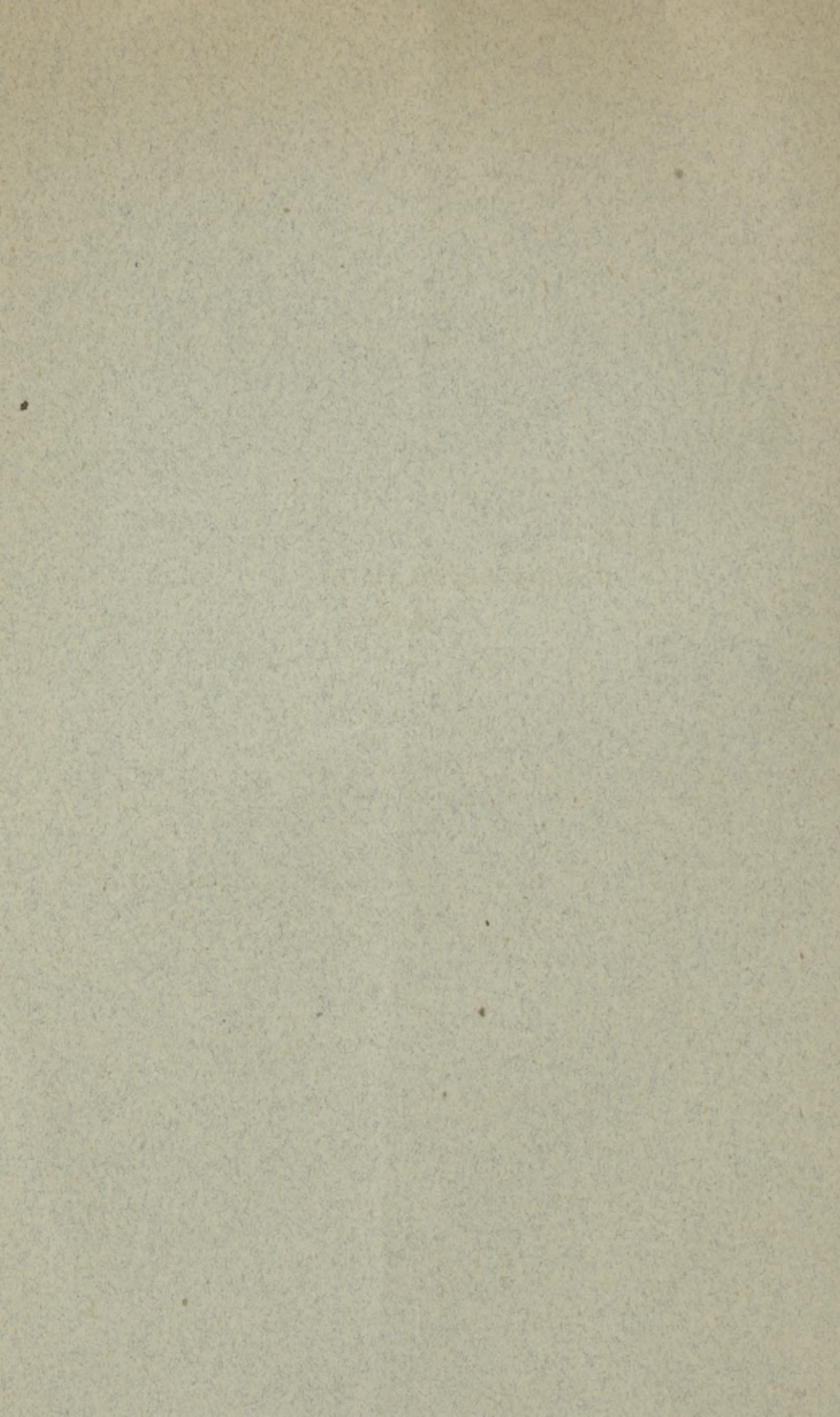
FORTY-TWO YEARS PREVIOUS TO JANUARY 1, 1876.

By WILLIAM INGALLS, M. D. *J*

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Regards of

William Ingalls, M. D.

Boston.

A SYNOPSIS OF PRIVATE OBSTETRICAL PRACTICE FOR FORTY-TWO YEARS PREVIOUS TO JANUARY 1, 1876.¹

BY WILLIAM INGALLS, M. D.

SOON after the proceedings of the Dublin Obstetrical Society in April, 1872, were published, I read the Report of Private Obstetrical Practice for Thirty-Nine Years, by Fleetwood Churchill, M. D. Pondering this report, holding frequent conversations and comparing cases with intimate professional friends whose duties in large proportion embraced this important branch, knowing that I had had in all my forty years of general practice a large number of "labor cases," I have imposed upon myself the task of gathering together and assorting my experience, in the hope that it might be of some interest if not of importance.

Churchill modestly says in his introduction, "I do not suppose that the results of my practice are more favorable than those of other practitioners, and their only merit is that they were entered in my case-book at the time they occurred. . . . I believe I may claim perfect accuracy for what is recorded." I also claim accuracy for what follows, adding this, that I have uniformly omitted to record or make notes of those cases which were normal, and of cases which were of no special interest.

The doctrine of compensation or equipoise is frequently illustrated in our profession, and especially in the obstetrical branch thereof; for we find two or three of our friends harassed throughout their professional lives by a succession of formidable abnormal cases, which, by the bye, they manage for the most part with consummate address, while there are others who seem to have rarely encountered any but simple cases.

Within the forty-two years previous to January 1, 1876, two thousand obstetrical cases were under my care. Below are the records of such cases as were of special interest or importance, or which required from various causes the application of art. Abortions, premature labors, and consultation cases are not included in this number; an exception, however, will be noticed in the record of plural births.

Variola; a Case of Delivery on the Seventh Day of the Eruption.—The woman and her husband and four of her eight living children were the occupants of the only two rooms which, with a small attic story, com-

¹ Read before the Obstetrical Society of Boston, February 10, 1877.

prised the house. On my arrival I learned that labor began five hours before, that my patient was in the seventh day of the eruption of variola, that she had mild delirium, that three of the children were in different stages of the disease, and that there was a great want of light, air, and food. Within an hour the whole family was vaccinated, and at the end of it the baby was born, and upon its lips, forehead, and body there was the characteristic eruption of the disease at about the fourth day. As soon as the baby was born it was vaccinated. One of the children, five years of age, died on the eighth day of the eruption; all the others recovered, the baby having the disease lightly.

Scarlatina: Two Cases; One having Scarlatina at the Time of Delivery; the Other associated with the Disease. — CASE I. Two children had scarlatina simplex, and one had scarlatina anginosa; the eruption had nearly disappeared; they had been taken care of by the mother, who was at full term of pregnancy. Early in the morning of the seventh day of the eruption of the disease in her children, the mother was taken with vomiting and fever, and from four to six hours after, the eruption made its appearance upon her face, breast, and arms. Labor began about twelve hours after the vomiting, and the child was born four hours after that, covered all over with the scarlet eruption. All the cases recovered.

CASE II. In this family there were three children passing through the disease when the mother was taken in labor, which was accomplished without untoward event while she and the whole household, aside from the sick children, were suffering from scarlatinous throats. About twenty-four hours after the birth the baby displayed a perfect specimen of the eruption over its whole surface. All recovered, but the eldest son suffered for a long time from sequelæ of the disease.

Rubeola: One Case of Delivery within a Few Hours after the Appearance of the Eruption. — There seemed to have been no prodromal stage in this case: the eruption made its appearance on the mother early in the day; the child was born in the afternoon after an easy labor of three hours, and was covered with a perfectly developed eruption; both recovered.

Plural Births: Thirty-Three Cases and Sixty-Seven Children; One in about Sixty-Two Labors; One Case of Triplets; the Remainder, Twins; Sex of the Children as follows:—

	Male.	Female.	Total.
One case of triplets.....		3	
Four cases of miscarriage at four, five, seven, and eight months....	8		
Five cases of miscarriage at four, four, five, seven, and eight months	5	5	
Five cases at term, one child of each sex.....	5	5	
Eleven cases, all males.....	22		
Seven cases, all females.....		14	
	40	27	67

There was, also, one abortion of twins at ten weeks, which was produced by an instrument; there was profuse flooding and prolonged convalescence. The triplets lived to be twenty years of age, and for aught I know may now be alive at forty. Of the miscarriages three were acknowledged to have been induced, one of them by an instrument; in the others the means used were concealed; the mothers recovered without trouble. In one of the cases at term the male presented the left shoulder with head to the left, and was turned and delivered; the female followed normally. In three cases the second child was born dead; two of them had evidently been so for several hours. In many of the cases special notice was taken of the placenta, but there are no records.

Deaths of Mothers: Three Cases.—There were three deaths of mothers attributable to or connected with childbirth, each occurring within seven days of that event, and there were no other deaths due to that cause.

CASE I. S. S., age thirty-eight. This was the sixth single birth in eight years. The labor was normal, but the lady was, and remained, blanched, and coughed a great deal, having a sense of weight or oppression over the chest. She died on the seventh day after delivery.

The autopsy was made by Dr. Bowditch. "There was found cartilaginous thickening of the mitral valves of the heart, and a congested state of the lungs, . . . slight trace of tubercle, . . . uterus well contracted, peritoneum and intestines normal."

CASE II. P. S., age twenty-two. Primipara. Upon my arrival I was informed by the midwife in attendance that the existing condition of things had remained the same for from four to five hours. I found a second stage of labor, the os not fully expanded, an œdematous anterior lip, and a protruding *caput succedaneum*; the patient was uncomplaining and almost indifferent, evincing great fatigue rather than exhaustion. Having drawn off the urine and succeeded in gently forcing back the anterior lip, I waited for two or three pains, when, finding that the head remained stationary, and taking into consideration the condition of the patient, I applied the forceps, and having brought the head down far enough to cause bulging of the perinæum, disengaged the instrument; after this with the third or fourth pain the head was born, the child giving evidence of being alive by gasping and uttering one or two feeble cries. There were several minutes (four or five) before a shoulder could be brought down; as soon as this was effected the child was born dead. The mother seemed to be going on well up to the seventh day, when she suddenly died. Autopsy was not permitted.

CASE III. Mrs. R., age thirty-six. A well-formed and healthy woman; had been delivered by me, successfully, three times. The fourth labor went on propitiously up to the moment of the expulsion of

the child, which came quickly with a gush, the placenta following immediately, and simultaneously a deluge of blood and collapse of the mother. Instantly I sprang upon the bed, and, seizing the legs under my arms, elevated the pelvis and ordered snow or ice to be brought without delay, and had a drachm of fluid extract of ergot and a half an ounce of brandy poured down the throat. Resigning my position to the husband, I passed my hand within the expanded uterus and with the other kneaded it externally; there was no contracting response. Basins of snow arriving, a ball of it was conveyed within the womb, and soon after this I was enabled to inject water at a low temperature. Pressure upon the abdominal aorta momentarily checked the flowing of blood, but it seemed to me there was little left within the body that could come away. Dr. Arnold, who arrived fifteen minutes before the death, has kindly sent me his notes of the case, from which I make the following extracts:—

“A remarkable feature was the irregular contraction of the uterus: sometimes it seemed to have contracted quite firmly, as was evinced by the small, rounded tumor and the hard, firm walls, and again to dilate to the size of one four months pregnant, while digital examination found the walls of the uterus soft and spongy. This contraction and dilatation occurred irrespective of the compression of the aorta. Although during the continued compression of the aorta but little blood was lost, she still sank.”

There had been no contraction of the womb up to the moment of the first introduction of the hand of Dr. Arnold, but in two or three minutes, by our united efforts of kneading and compressing the aorta, the contractions mentioned in his notes took place. The time from the birth of the child, which is alive and well, to the death of the mother was one and a half hours. I may mention that perchloride of iron was sent for, but it failed to arrive.

Two Cases of Obstinate and Protracted Rigidity of the Os.—There were two cases worth mentioning, in which this condition was observed in primiparæ; both were strong, muscular women, having black hair and dark complexions:—

CASE I. Mrs. S., age thirty-nine. I was called to this case early in the morning, and was told that the pains, which were of great strength and severity, began twelve hours before, and still continued. Natural evacuations had taken place within two hours. Upon taking a pain I found it almost impossible to reach the os, which was well up in the hollow of the sacrum, but eventually made it out, closed, hard, firm, and unyielding; the hard, rounded body behind the anterior segment of the uterine wall indicated a head presentation; there was little moisture of the vagina; the abdomen was not pendulous. I ordered nourishment and afterwards opium. Returning five hours later, I

learned that there had been but slight effect from the opium. Taking a severe pain, I found that the condition of things seemed not to have changed in the slightest degree; and it was the same after eight hours from this time, although opium had been given more freely. There was no lack of courage, patience, or strength. The patient now sat in a warm hip-bath for thirty minutes, after which the vagina was filled with warm sweet-oil. Tartrate of antimony was given; there was no nausea, but after a while a copious alvine dejection. I now made an attempt by manipulation over the abdomen to change the position of what I believed to be the head of the child, so that, if successful, the os should come forward within easier reach of the finger. I signally failed. Venæsection and inhalation of ether were peremptorily declined. The husband and I were the only persons in attendance; a spring freshet had surrounded the house, which was built on piles, with water and ice to the depth of three feet, the storm was raging, and for these reasons counsel was not readily attainable and I was forced to go through with the scene as best I might, alone.

After about forty-eight hours had elapsed since the beginning of these hard pains, recurrent on an average every five minutes, without producing apparent effect, there seemed to be a moderate increase of vaginal mucus and a little less hardness of the os, which was, to a trifling degree, more readily accessible, so that I warrantably felt encouragement. From this hour labor went on with perfect regularity; but twenty-four hours elapsed before the birth of the child, which was born alive, he and his mother doing well.

Seventy-two hours is a long time for a woman to be under the suffering of such pains as those of labor, and if she maintain her strength and good nature to the end as did this one, we can but remark the fact as unusual. It should be borne in mind that these, from the beginning, were not the "irregular," "flighty," "aggravating" pains which occur before labor fairly begins, but I emphasize the fact that they were downright, hard, contracting pains.

CASE II. Mrs. C., age twenty-two. In this case the strong pains began sixty hours, and the os gave symptoms of yielding ten hours, before the birth of the child. In almost all respects this was like the first case. Venæsection and inhalation of ether were refused. The mother and child did well.

Three Cases of Convulsions. — The following are the only cases of convulsions I have witnessed, and the notes of them are transcribed in full: —

CASE I. L. V., age thirty, third labor, dark haired, and somewhat above medium size. Labor normal and hygienic surroundings apparently good; the placenta followed the child in about three minutes, and five minutes after that the woman, lying nearly on her left side, be-

came violently convulsed; in a short time, having come out of that condition, she drank some water and soon had a second convulsion, less severe than the first, and again a third, quite moderate, which was the last. With the exception of the water which she was allowed to drink there was almost nothing done for her, for the good reason that there was nothing available with which to do anything, except never-absent mustard, which was plentifully rubbed on her feet, legs, and back. Mother and child did well.

CASE II. A. P., age thirty-five, primipara. This tall and thin, black-haired woman had a normal delivery, the placenta following the child within five minutes; twenty-five minutes after this, while lying nearly on her left side, she was seized with a violent convulsion, which having passed, she fell into a quiet and peaceful condition and remained so for nearly two hours, undisturbed. She now had another convulsion, seemingly of greater severity than the first, on the subsidence of which, finding her pulse hard and incompressible, I took from her arm many (the record says forty) ounces of blood, at the same time having her seated in a chair with her feet in a hot foot-bath. While she was in this position there was a third and less severe attack, after which we replaced her in bed, where she slept quietly for nearly an hour and a half; she then had the fourth convulsion, which was moderate and the last.

At about this time Dr. G. H. Lyman was driving by the house, and I invited him in, and he gave me kindly encouragement to expect a recovery. Mother and child did well.

The hygienic surroundings of the wooden house were not good; it had been built and occupied many years, and, as is the case with about nine tenths of the farm-houses in the country, the earth on one side was saturated with the thrown-out household slops.

CASE III. J. S., primipara, age twenty-one. A tall and rather large-framed woman, of nervo-sanguine temperament; was going on normally with the labor, when, after the head of the child began to expand the perinæum and slowly but perceptibly to advance, regularly and propitiously, I perceived her eyes rolling upwards and a moderate "hunching" of the right shoulder, as she lay nearly on her left side. Quickly stepping into the next room for my forceps, I found the patient upon my return in a well-developed convulsion, and also placed by our most excellent nurse — bless her — in an admirable position for the use of instruments, and a deep pitcher of hot water on the floor, into which I plunged the instruments for a moment and then, immediately, by their aid drew forth the child; in a few minutes the placenta followed. There were but two other convulsions, each less severe than the previous one. There was a profuse hæmorrhage afterwards, but by the time of the arrival of Dr. H. G. Clark, who had been sent for,

there seemed to be no important indication for serious apprehension of an unfavorable result. Mother and child did well, and have remained so these eight years.

In none of these three cases were there any premonitory symptoms leading me to anticipate trouble of any kind at the birth. In the first two no anæsthetic was used; ether was administered in the third case for about one hour, and the attack took place while the patient was under its influence. The hygienic surroundings, so far as I know, were unexceptionable. It will be seen that in the first of this series of cases almost literally nothing was done for the restoration of the patient; in the second much was done; and in the third that was done which, I suppose, was what any obstetrician would have felt certain was the proper thing to do. I must be pardoned for the few words interposed about the nurse; they and more are in my notes. To have a kindly, cool, and handy nurse, one who is willing and knows what to do at the right moment, is next to having, in an emergency, a strong, friendly, and reliable brother practitioner by one's side.

Nineteen Cases of Accidental Ante-Partum Hæmorrhage, Immediate and Remote. — One case of profuse hæmorrhage immediately preceding labor is recorded as follows: S. S., aged thirty-six, third labor. A delicate woman, bearing children in rather quick succession, early one morning walked from her bedroom to her kitchen, which was on the same floor, and while standing for a minute or two giving directions had a gush of blood from the uterus, in quantity represented as amounting to at least a pint and a half. She was immediately clasped by the cook and quietly drawn back to her bed, upon the side of which she sat, being disinclined to get into it, as she did not feel particularly faint. Thirty minutes after the gush of blood I found her in the position above mentioned, cool and collected, assuring me that she had not lost blood to any amount since the first moment, and that she had had no pain. It was soon expedient for me to make a careful examination, and I found that with the exception that the os was patulous, readily admitting the end of the finger, everything was normal. There being no hæmorrhage and the mind of the patient reliant, I awaited developments. Not many minutes elapsed before pains began, and the labor went on with perfect regularity, and a healthy female child was born in about one hour, the placenta following in five or six minutes. Mother and child did perfectly well.

Of nine women, three were primiparæ, two had had one previous labor, three had had four previous labors, and one had had nine; each had flowing about four weeks after conception, the time being reckoned back from that of the delivery, which was at term, and in no case was there any special trouble.

In three other cases there was a flow three consecutive times at the

monthly intervals next preceding delivery, and in one case a flow four weeks previous to delivery; in each of these cases mother and child did well. Nineteen cases are accounted for, and in all of this series the report is reliable; I mention this because there seems to be so strong a disposition in pregnant women, or in those who have recently passed through the ordeal of childbirth, to exaggerate in their relation of what they have experienced, and we are told tales of great hardship and many hair-breadth escapes. In the first case I could but be apprehensive for a while of having to conduct it through the dangers of a placenta prævia. I know of no solution of the cause of the hæmorrhage but this, that an edge of the placenta must have started away from the uterine surface; it was carefully inspected at the proper time, but nothing unusual presented. The other cases seemed to be of the kind we read about, of deviations in the regularity of the menstrual function, and that would appear the more probable from the fact of the periodicity of the discharge. During the flow and for several days after its cessation, the principal treatment relied upon and peremptorily insisted upon was absolute rest.

Fifteen Cases of Post-Partum Hæmorrhage.—Under this caption the case which was related under that of Deaths of Mothers is not included, because the birth of the child, that of the placenta, and the flooding were as nearly simultaneous as was possible, and therefore the hæmorrhage can hardly be said to have been post-partum. There are fifteen cases, of which there are special notes, which properly come under this head; in six of them flooding occurred on account of inertia of the womb following prolonged and exhausting labor; in seven, on account of a too rapid labor; in one it took place three hours, and in one eight days after the birth of the child, and upon the last two cases are the following comments:—

The labor in the case mentioned last but one was attended by the mother of the patient, and she called for my assistance because her daughter was getting pale and restless. I learned that the child was born about three hours before my arrival; that the afterbirth followed in about three minutes, “a little aid having been given.” The patient, blanched and restless, had a sighing respiration and an irregular pulse. The womb was expanded to the size of the new-born child’s head; the os was loosely closed around a string of membrane about the size of an ordinary untied skein of silk, and at the moment of examination there was but a moderate flow of blood through it. The shred of membrane having been removed, a finger was insinuated within the womb, which was occupied by a large clot, and when this began to come away contraction of the organ followed, and there was no further trouble.

The cause of the hæmorrhage in the case in which it occurred eight days after the birth of the child is unaccountable, for the labor was nor-

mal, the health of the lady had been good, suitable and sufficient nourishment had been taken and enjoyed, the nurse was faithful, and all the surroundings were of the best. I arrived thirty minutes after the first moment of alarm, and found the patient breathing slowly, but not in a labored or sighing manner, the pulse soft and slow, the skin normal to the touch. The uterus seemed not to be expanded, or if it were it was to a limited extent; there was a moderate flow of blood from the womb through the os, of which I convinced myself by digital examination, exercising the greatest circumspection. In the bed was a large clot, which the nurse said escaped from the vagina just before I came to the bedside. I gave a drachm of fluid extract of ergot, and afterwards brandy. In about one hour from the first alarm the bleeding ceased, but during two hours fainting continued intermittingly, and from that time there was a gradual recovery of tone and complete restoration to health. The occurrence took place in the forenoon of a hot July day. The nurse thought the fainting took place before the hæmorrhage.

These two are the only cases of post-partum flooding which have occurred later than one hour after delivery of the child; the other thirteen cases all happened and ceased within the hour, and do not demand any special mention.

Two Cases: One of Puerperal Hysteria, one of Puerperal Mania, or, as Churchill thinks it should be called, Puerperal Insanity.—I deem it of importance to report these two cases, one following the other, that they may be compared or contrasted. They are the only cases of the kind which I have witnessed.

J. I., age thirty, temperament sanguine, previous health uniformly good, was delivered of her second child on the 14th of February, 1847, the birth being perfectly natural, and for twenty-four hours everything went on propitiously. Early in the morning of the 15th a violent thunder-storm arose, and one particular flash of lightning, which shattered a tree hard by, seemed to my patient to have exploded in a luminous ball in her bed, between her husband and herself. On the following afternoon, having been called to her, it was reported to me that she had been alone for the greater part of the day, and that for an hour previous to my visit the symptoms which I then observed had been manifest: these were restlessness, a face of scarlet, a quick, hard pulse, skin hot to the hand, eyes glistening, mild delirium, with intervals of momentary consciousness, in which she spoke the words "head," "lightning," "expect to die." I immediately took from the back of the neck a large quantity of blood by means of cups, applied cold to the head, sinapisms to the extremities and spine, and gave small and repeated portions of tartrate of antimony, the Rasorian plan. After a few hours the high grade of excitement was subdued, but the condition

of the patient was anything but promising. There was variety in her symptoms. At one time there would be for an hour or more an utter listlessness, succeeded, perhaps, by four or five hours of a disconnected jumble of occurrences which had happened recently and remotely: a scene would be described in part, and, as though it were a part of the same, another would be interposed, and so on in the same strain of voice, without emphasis, the diction being always good and refined. From and after the expiration of the few hours mentioned above there was no febrile excitement, but there was insomnia, which opium in small and in large doses proved itself unable to overcome, and after due trial it was laid aside. Each day was a repetition of the preceding, the baby was utterly unnoticed, and this condition endured for thirteen days and nights. On the morning of the fourteenth day from the attack, although nourishment and moderate stimulation had been administered throughout, my patient was found to be sinking rapidly, as shown by coldness of the extremities, the failing and faltering pulse, the sighing, the whispering utterance, drooping eyelids, and tremulousness of the hands, and also by our inability to arouse her consciousness. At this point I gave, regularly, every five minutes, one teaspoonful of the richest egg-nog made with brandy, so that she swallowed about ten drops of the stimulant with each spoonful. At the expiration of about an hour of this treatment I had the satisfaction of feeling the pulse improve and of seeing the countenance begin to manifest some intelligence; a little further on there was evidence of a disposition to sleep, and this was permitted. On the sixteenth day convalescence was fully established, and on the seventeenth, the baby having been put to the breast three times, milk was yielded, and the health of both mother and child was fully restored.

Puerperal Mania. — D. P., primipara, age twenty-six; temperament phlegmatic; for eighteen hours after normal delivery was in as promising a condition as one could wish, mentally as well as physically. At this time she awoke after having had what appeared to be a comfortable hour's sleep, previous to which she had suckled her babe, there having been a secretion of milk for three weeks. Two hours after this point of time I saw and examined the patient, first having learned from her attendant that quite soon after awaking there seemed to be a fixed expression of countenance, the complexion not changed, a slow and waving motion of hands and arms, an absolute want of response upon being spoken to, these symptoms lapsing at about the end of an hour into those in which I found her, and which were those of any maniac: exhibiting superhuman strength; unceasingly uttering the most profane and obscene language at the height of her voice; showing neither redness nor pallor of face; her actions purposeless or but momentarily fixed; regardless of her baby and all around her. The pulse

could not be examined, the temperature of the skin was pleasant to the touch, and there was no perspiration. This bad condition went on to worse if possible; the habits became filthy, and, the family not being able to take care of her, at the end of the second day removed her to an asylum, where, I was told, she died at the end of three weeks. Her mother had at this time seven living children, one of the daughters having been, at the age of twenty, for a short time insane; no other case of insanity had manifested itself in the family so far as known. Treatment was attempted, but was not carried out.

Two Cases of Breech Presentation. — These cases require no particular comment save this, that they were in the third and fourth labors of the same woman; the first and second labors were normal.

One Case of Hydrops Amnii. — There was an enormous outflow of liquor amnii, a deluge; it was in the evening, and I could not tell whether it was bluish or greenish; it was one or the other. The baby was born with a double harelip and fissure of the palate. I watched the child for twelve years, but the mother was obdurate, and would not permit intervention of the surgical art. Let us hope that if an operation had been performed it would have been successful.

Still Births: Nine Cases. — A. P., age twenty-three, primipara; large and well formed; uniformly in good health. About the middle of the seventh month of pregnancy the patient had noticed an irregularity, or a nodulated or unsymmetrical form of the abdomen, and this condition obtained throughout. At term, during the day, there were slight and occasional pains; in the evening regular and dilating pains came on about every ten minutes; the presentation could not be determined; the pains having ceased at midnight, the patient slept from that time until eight o'clock, when they returned. At twelve M. the os, dilatable, was the size of a silver dollar; presentation still obscure; the head, externally, could be felt in the right iliac fossa. External cephalic version was attempted, but without success; the waters had not escaped.

After a cool consideration of the state of the case, — the increasing fatigue, the severity of the pains, the hopelessness of a spontaneous rectification of the position of the child, the reasonable apprehension that there would be some abnormal presentation, an arm, for instance, — version was decided upon and performed under chloroform. At this time success attended adroit external manipulation in so far that the head was brought up to the level of the umbilicus, and this enabled me to reach a foot quite cleverly without being obliged to carry the hand high up within the womb; by this means legs, body, and arms were extracted; not so the head. Rotation brought the face towards the pubes, which process probably may have been assisted by one blade of the forceps, which was applied and moderate force used; the other blade being introduced could not be properly locked; the death of the child

took place during this process. [My mental observation at this moment was that the rotation to the position indicated would have taken place at any rate, and that no justifiable force for the purpose of preventing it would have done so.] Chloroform was now suspended, and the patient slept for half an hour. This description is in exact accordance with what was done. I must here add that the importance of knowing with accuracy the presenting part, or what might become the presenting part upon the impending rupture of the membranes before proceeding to the operation of version, was keenly felt. The fingers, the membranes intervening, assisted the external manipulation, and by the time the head reached the height of the umbilicus the waters broke, and upon the immediate introduction of a part of my hand towards the left side of the mother the foot was reached.

Anæsthesia being again induced, an attempt was made to perform craniotomy with a trephine craniotome, but the instrument did not work well. At last a blunt hook was introduced within the child's mouth, and by the aid of external pressure of the strong hands of an assistant, the child being turned well backwards towards the back of the mother, together with traction by the hook, the head was delivered about an hour and a half from the commencement of version. The lower maxilla was fractured. The perinæum was torn through one half; it healed kindly, and gave little trouble. The patient made a good recovery, with the exception of a sensation of loosening of the pelvic synchondrosis, which was remedied by wearing a stout belt. The child, a male, weighed eleven and one half pounds.

There now follows an outline of four cases of babies born dead, who must have ceased to live within a short time previous to their birth. The first was born thirty minutes after my arrival at the bedside; the progress during this half hour was in all respects perfectly natural; the cord was around the neck once, and was easily disengaged; the child never breathed; there were two living, healthy children by the parents of this one.

The second was a first-born. The second stage of labor was somewhat protracted, but otherwise normal, the advance of the head being steadily progressive.

The third was as much like the second as could well be.

The fourth was a third child; the cord was twice around the child's neck, and was unusually strained; it was cast off at the first possible instant but the child did not breathe.

These children were born of healthy parents whom I had known intimately for several years, and were plump and well formed. Children have since been born to the mothers of all but the third. I need not say that all devices were put in operation in the hope of revivifying the little ones. One case of still birth from prolapsus of the cord should be added to this category.

There are three cases of children born putrid, of two of which no history could be learned; of the third the mother declared that she had been struck upon the abdomen accidentally by a broom handle three weeks previous to her delivery, which was at full term; the labor was natural; the placenta was much thicker than any one I have ever seen, and it weighed more than four pounds. The patient said she had suffered nausea during the three weeks, had performed her household duties, and had been well enough. She rapidly recovered from her confinement, as also did the other two.

Phlegmasia Dolens: Two Cases. — **CASE I.** Two cases of this affection have fallen under my charge. The first was after the birth of the second child of the lady who had the hæmorrhage at the onset of her labor. Fourteen days after her normal delivery, suddenly, great pain seized the whole of the left leg, followed shortly by swelling of the part, which in about forty-eight hours involved the whole limb up to the groin, and no higher at any time. In the fourth week the swelling began to subside, in the seventh week the patient could walk, and at the end of three months there was no trace of the disease.

CASE II. The second case was that of a little woman, anæmic to a great degree, who was suddenly taken in labor at term, and whose child was born within half an hour. She had habitually an utter distaste for meats, and I might almost say for anything that would yield good nourishment. Nevertheless, by care and watchfulness the case went on satisfactorily until the tenth day, when she besought me to let her get up; I reasoned with her, and charged her not to attempt to do so. At my visit the next day I found my patient in a high grade of fever, suffering agony in the calf of her left leg, which was already swollen, tense, and shining. Having done what I could to alleviate her condition, I sought and found out the cause of the trouble, which was this: within an hour of my previous visit the nurse prevailed upon her by saying, "The doctors were forever wanting women to lie in bed for a month, and it was all nonsense; all my ladies get up on the tenth day, and there is no reason why you should not; so now get up and walk around your bed just once," and the little lady did get up and walk around her large French bedstead once, and within two hours her sufferings began. After two or three weeks I was discharged, and I cannot say anything more about the case save this, that the swelling invaded the whole limb, and the other was not affected. The nurse was retained.

Craniotomy. — In 1840 there was one case which, in my judgment, required craniotomy, and it was performed. Counsel was sent for, but there was so long a delay that I proceeded alone and accomplished the object. The mother recovered. I cannot venture to give the particulars of the case from memory, and I regret that I am unable to find the little book in which the record of it was made.

The sum of the cases I have recorded is as follows:—

Delivery during variola	1
“ “ scarlatina.....	2
“ “ rubeola.....	1
Plural births.....	33
Deaths of mothers within seven days.....	3
Rigid os.....	2
Convulsions.....	3
Flooding, ante partum.....	19
“ post partum.....	15
Puerperal hysteria.....	1
“ mania.....	1
Hydrops amnii.....	1
Breech presentations.....	2
Dead born, including one from prolapsus of cord.....	9
Phlegmasia dolens.....	2
Craniotomy.....	1

