

nervous centre be feeble in power, its off-shoots cannot but participate in such condition. The nervous energy of the stomach is consequently too feeble to perfect the process of digestion, and it is consequently very imperfectly performed.

In this form moral treatment is absolutely required. The patient must be roused, even if, like the Prince of Abyssinia, he seek relief in the miseries incidental to life. Active pursuits are to be recommended. Horse exercise is a valuable adjunct to other means, and may be made subordinate to many plans of interesting the feelings, and calling out of their dormant condition the mental faculties.

If tonics be given, they must be conjoined with aromatics; capsicum, musk, and assafœtida, are often useful.

Such are the two forms of dyspepsia to which I wished to draw the attention of this society; their importance, I trust, will not be denied, and that I may not be deemed presumptuous in stating my sincere conviction, that many an unfortunate victim to these diseases has been loaded with medicine when, in reality, moral treatment alone was required; but in the present day, and with the present race of medical practitioners, a better state of things may be looked for. The treatment of disease is widely different from that which prevailed when the successive doctrines of the chemical and humoral pathologists, of Brown, and of Broussais, held possession of the medical world. Medical men have been led to connect disordered symptoms with disordered functions, and have been reasonable enough to be guided by the light of physiology and anatomy to the suffering structure. They have been enabled to dispel the incubus of Æsculapian reasoners, and have reduced a destructive, nothing-at-all-pervading universality, into submission to the ordinary laws of matter and vitality.

LACERATION OF THE VAGINA,

WITH ESCAPE OF THE CHILD

INTO THE ABDOMINAL CAVITY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Although cases of rupture of the uterus, of laceration of the vagina, and of rupture of the uterus with laceration of the vagina, are, unfortunately, not rare, I am not aware that there is any case on record, resembling the following in its essential particulars; I therefore beg to offer a rough sketch, taken from notes made at the time, for the pages of your journal, should you think proper to insert it. I will not presume to trespass on your columns with autographic remarks on the peculiar features of the case, but leave them for those whose obstetric experience would better qualify them, and confine myself to a plain statement of facts.

I am, Gentlemen,

Your most obedient servant,

HENRY BLENKINSOP, M.R.C.S.

Warwick, Dec. 5, 1841.

Mrs. B—r, in labour with her sixth child, was attended by a midwife at a quarter past four in the morning of November 27, 183—; at eleven o'clock; the membranes being ruptured during the preceding pain, the midwife felt the head presenting, but (to use her own words), "the pains being slack," she left her patient till four, p.m. At ten o'clock the head had advanced a little, and the pains were stronger, but they soon became "very slack;" at two, a.m., they were more powerful, and all seemed to progress favourably; between three and four the woman had two, more than usually severe, expulsive pains, in the midst of the

last of which a noise was distinctly heard in the room as of something burst or torn through, when, placing her hands on the lower part of the abdomen, the poor woman shrieked out to the midwife to help her up, which was done; and, with assistance, she got off the bed, complaining of agonizing pain in the abdomen. A little gruel and some gin-and-water were given to her.

The midwife, seeing that all uterine action had ceased, became alarmed, and sent for a medical man; who, after having made some unsuccessful attempts at delivery, by the feet, without being aware of the real situation of the child, sent for the assistance of my father, whom I followed in a few minutes. On my arrival, a little before nine o'clock, a.m., I found that the patient had just expired, and the midwife narrated the above history of the case. Placing my hand on the abdomen, I fancied I could trace the body of the child, and, having provided myself with the requisite instruments, I cut through the parietes into the abdominal cavity, exposing to our view the great omentum; on raising which we perceived the child, a full-sized male, lying obliquely across the abdomen; the head in the direction of the right hypochondrium, the legs toward the left iliac region; the placenta was underneath the child. Having removed these from their situation, I proceeded to examine the uterus, expecting to find it ruptured; much to our surprise, however, this organ presented not the slightest lesion, and was contracted to the size it usually is in a few hours after labour. I now introduced my hand into the vagina (*per vias naturales*), and found that it passed without any obstruction into the abdomen, between the uterus and rectum, disclosing the existence of a large opening in the upper and posterior part of the vagina, the uterus being torn away from its posterior pelvic attachments. I carefully removed the uterus with as much of the lacerated portion of the vagina as, under the circumstances, I could obtain, and, on a more minute examination, the uterus proved to be quite free from the slightest participation in the injury.

I could not discover any ulceration or cicatrix in the vagina, but, had there been either, the ragged state of the parts would have made it difficult to trace their existence.

No instrument had been employed in this case, nor do I believe, after making the strictest inquiry, that there had been any violent manual interference.

C A S E

OF

SPONTANEOUS RUPTURE OF THE UTERUS.

By WILLIAM GILL, M.R.C.S.

—Robinson, aged 30, of Wolverhampton, has had six children, and generally good labours. I was sent for by Mrs. Grainger, midwife, on October 28, 1839, on Monday, at three o'clock, p.m. Mrs. G. had then been in attendance about eight hours. She mentioned that, from the commencement of the labour to the present time, the pains had been contrary, and produced no effect upon the head of the child, which had continued fixed in the lower part of the superior aperture.

Upon examination, I found the presentation natural; the os uteri well open and dilatable; and it appeared to me that, with some good bearing-down pains, the child would soon be born. The pains, however, were not of the right kind, being chiefly confined to the abdomen, and evidently of an irregular spasmodic character. The midwife had administered small doses of ergot of rye before my arrival, but without any good effect. The membranes were not