surface of the hemispheres are connected with each other, and with that of the other encephalic ganglia, may we not be led to form something of a better comprehension of how it is that, in the complicated web of conscious existence, our whole life should consist in a succession of ideas, and of feelings associated with them? It has been reasonably inferred by Dr. Laycock that the three alternate layers of grey and white matter of which the convolutions are made up have different functions or offices, for such is the law as to distinct groups or layers of cells; and that they are probably alternate regulative, or ideagonic, and kinetic or motor substrata; for it is in accordance with all the laws of development, he observes, that there are both *kinetic* and *regulative* or *associative*, as well as *ideagonic substrata*, in connexion with every psychical manifestation. (Dr. Laycock, *On Mind and Brain*.)

RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

CASE I. *Œdema from Pressure, impeding Delivery.* Mrs. B., aged 35, mother of eight children, five living and three dead, had all good labours except the first, which required the use of the vectis. She was taken in labour with her ninth child on August 10th, 1857; and at 7 A.M. on the following day, her pains had become very severe. Her medical attendant could not detect any presentation; but, finding a large bag of membranes, he ruptured them; but even then, with very strong pains, he could not feel the head without a forcible introduction of two fingers. The promontory of the sacrum projected very much; and the head rested on the brim of the pelvis. Hour after hour passed in strong labour, but without advancing the head; and by 5 P.M. the only effect of the pains was to produce enormous œdema of the os uteri and vagina from the long continued pressure. Mr. — was at a loss to conjecture what might be the cause of obstruction, but thought of twins, or monstrosity. Soon afterwards, the patient became so exhausted, irritable, and apprehensive, that she was almost unmanageable, and my assistance was requested. When I arrived, about two hours afterwards, I found the head still almost out of reach, the os uteri dilatable and much swollen from the pressure of the head above it, its anterior lip excessively tender, and the whole vagina so œdematous as to make a satisfactory examination very difficult. I thought the impediment to delivery might have been attributable to the long diameter of the head being placed in the antero-posterior diameter of the pelvis; and auscultation of the foetal heart led me to the impression that the face was towards the pubes. What was to be done? I felt sure that long forceps could not be safely applied; perforation would have been extremely difficult owing to the loose œdematous tissues which intervened, and if any portion of the cranial bones had projected during extraction, the œdematous vagina would almost unavoidably have been injured; in addition to which, as another argument against perforation, we knew that the child was still alive. The patient was in a most nervous, frightened condition; and, after much anxious consideration, it was determined that I should attempt an application of the vectis, in the hope at least of placing the head in a better position to enter the pelvis. It was difficult to introduce it; and when I had passed it so high as to include a considerable portion of the handle in the vagina, I found I could not alter the position of the head, which was very firmly fixed. I therefore attempted traction; and, finding after a while that I made some slight impression, I continued it. In about an hour and a half, by dint of as hard pulling as I felt to be consistent with safety, and very strong labour pains, I succeeded in bringing the head

through the pelvis, and the child was born alive, with the face towards the pubes. My vectis had reached the left malar bone, where it had produced rather severe contusion but no actual abrasion of the skin. The placenta came away well; the uterus contracted favourably; and I left the patient better than might have been expected. The perineum was not ruptured; no hæmorrhage followed delivery; and, after a full opiate, she fell into a quiet sleep.

Had not the vectis fortunately answered the purpose, I am at a loss to know what could have been done to ensure the safety of either mother or child; and as it was, I much feared sloughing of the enormously œdematous soft parts. She had, however, a rapid recovery, and took no harm.

On March 1st, 1860, I was again summoned to this patient, she having been in labour since the previous morning. She had had one child born without any unusual degree of difficulty, since the labour above reported. I found that she had experienced many hours of severe suffering; and, although her pains were very strong and frequent, she felt she had no power to move the child, and had become excessively worn, irritable, and frightened. I could hardly feel the presentation; the vagina, as before, was filled with loose œdematous structure (the vaginal walls) and the dilatable flabby œdematous os uteri, hanging down below the head, and having had no direct pressure upon it to dilate it. After finding my way through these loose structures, I felt the head above, with the anterior fontanelle forwards, resting on the brim of the pelvis, which was narrowed in its antero-posterior diameter by a very projecting promontory of the sacrum. She was in a state of very great alarm; said she had no courage to make any further effort, and must die. It really seemed almost impossible to hasten delivery by mechanical means; and yet she was in a condition which required speedy relief. Forceps were out of the question; craniotomy would have been exceedingly difficult, and the child was alive; turning was thought of, but that would have been a dangerous operation in her state, and probably would have cost the life of the child. As a little rest was very desirable if it could be procured, we endeavoured to calm her fears, encouraged her to hope we might have the same success as on a former similar occasion, and left her for two hours in order to consider well how we should proceed under such untoward circumstances. The result of our consultation was that, at the earnest solicitation of her surgeon, I attempted delivery with the vectis. It was no easy matter (the head being almost beyond the reach of the finger) to guide the instrument safely through the os uteri and place it in an useful position on a head so little in the pelvis. I managed, however, to get a hold in front of the left ear, by introducing the vectis far enough to include nearly all its handle in the vagina; and most fortunately succeeded in gradually drawing the head into and through the pelvis, by means of as much force as I dared to apply, aided by very strong uterine pains, which she now bore with more fortitude as she felt her labour was progressing. Her sufferings were great for about an hour; but when all was over, she seemed remarkably well, and there was no evidence of any serious injury having been sustained. The perineum was uninjured; the placenta came away naturally; the uterus contracted firmly; and we left her in a satisfactory state, thankful beyond measure at having overcome difficulties which at one time appeared almost insurmountable. The child was alive and vigorous, and exhibited no other injury than a slight mark or two on the side of the face where the blade of the vectis had been fixed. The patient this time had again a rapid and complete recovery.

CASE II. *Occlusion of the Os Uteri.* Mrs. —, aged 35, was in labour with her second child on August 4th, 1858. She had been pregnant only once

before, and that was eight years ago, when she went her full time, and had to undergo the operation of craniotomy, which was even then attended with much difficulty; but she had a good recovery. She was now a second time at the full period, and was taken in labour on the evening of August 3rd. The same surgeon attended her as before, and had been with her at intervals for several hours, when he requested the assistance of a gentleman of the same town. The embarrassment under which he laboured was the difficulty, or rather impossibility, of discovering any os uteri, although liquor amnii had been escaping ever since the commencement of her labour. The head formed a tumour pressing on the uterus at the brim of the pelvis; but neither of the surgeons who were with her could find an os uteri, and thought it must have been obliterated by inflammation consequent upon her former forced delivery; or else that it was covered by some band of adhesion connected with the posterior wall of the vagina. The patient was getting exhausted; her labour pains were ceasing; and in his difficulty, Mr. — came by train—a distance of twenty miles—to consult me about the case, leaving his neighbour in charge. The question was whether, supposing that occlusion of the os, or vaginal bands, opposed delivery, these bands should be divided, or an artificial opening be made into the uterus; or whether the child should be removed by means of the Cæsarean section; and considering the difficulties which occurred in her previous labour eight years ago, when craniotomy was required, the latter seemed almost the preferable proceeding. I returned with him by the next train, and found things much as they had been described to me. The patient was feeble, apprehensive, and faint, without labour-pains, but complaining very much of pain in the sacrum and round the pelvis. On examination, I could find no os uteri; the head formed a projection at the inlet, and the uterus formed a tight covering over it; posteriorly I felt something like an unnatural band, where the vagina is reflected from the uterus; and in front of this I thought I could detect, by the sense of touch, that the covering to the head was thinner there than elsewhere. A little more careful examination confirmed this idea, and induced me to scrape at this spot with my finger-nail; by which means I made an opening through a substance of less firmness and consistence than uterine structure; and, passing the end of my finger into it, I found I had pierced some membranous obstruction, and could then feel the head of the child uncovered. The circular os, which this membrane had obscured, was now perceptible, and I could dilate it with my finger to the size of a shilling or more, thus clearing up the case sufficiently to dismiss the question of Cæsarean section. An hour afterwards, I could dilate the os considerably, so as to examine the position of the head; this I found unfavourably placed, with the face inclined to the pubes; the antero-posterior diameter of the pelvis was small, but there was room transversely. At the request of Mr. A., I with some difficulty passed my vectis through the imperfectly dilated os, and so applied it to the head as to be able to bring this lower down into the pelvis; low enough, indeed, to render craniotomy comparatively easy, should that operation be required. As there was no uterine pain, and matters looked upon the whole rather more favourable, I advised a little further delay. An enema of warm water was given to clear the rectum, and I took my leave, with the understanding that, after a while, further attempts should be made with vectis or forceps, before having recourse to craniotomy. Next day I received the following account. "The patient was delivered after an hour's use of the lever, the pains having returned when we got back after leaving you at the station. No very great difficulty was experienced; and she is doing well." The child was still-born. On the 7th all was progressing favourably, and she had a very good recovery.

CASE III. *Obstructed Labour from Congenital Hydrocephalus.* Mrs. G., aged 36, had been in labour twenty-four hours when I was called to her at 11 p.m., on December 10th, 1858. In spite of strong, good pains the passage of the head into the pelvis was obstructed by some extraordinary difficulty, the nature of which was at present in obscurity. I found her anxious and much worn with the long continuance of the pains; but her pulse was undisturbed, and she was possessed of considerable fortitude. The head was resting on the brim of the pelvis, the scalp projecting in the form of a large *caput succedaneum*, and for a moment leading to a doubt as to whether the head or the breech presented. The os uteri was fully dilated; and I attempted delivery with the vectis, but could not pass it over or beyond the head, although introduced as far as half the handle. We then attempted the forceps; but, owing to the length of the head, the blades were kept so far apart that the handles would not meet, and they were useless. We then contemplated craniotomy, and should have been fortunate if we had resorted to it; but I found sufficient room next the sacrum to pass my fingers; and, introducing my hand into the vagina, I passed it on into the uterus in order that I might ascertain the cause of the difficulty. I felt the head enormously elongated; and thinking it right under the circumstances to resort to turning, I found a foot and brought it down; but when this was secured by a tape and brought through the os externum, the head would not recede, nor could I turn the child. I was, therefore, compelled to introduce my hand again, and at the extreme fundus of the uterus I found the other foot; this was secured in the same way; and by drawing upon both legs and pushing back the head, I was enabled to turn the child and bring breech, body, and neck into the world. The head, however, would not follow; considerable efforts were made for a long time to deliver it, and the chin actually protruded; a full hour, I should think, was spent upon this fruitless attempt, and yet the head would not move. I then with difficulty placed the vectis on the head, and with the aid of that, and drawing by the neck, I at last succeeded in extracting an enormous hydrocephalic head, which at once solved the mystery. Could this condition of things have been ascertained some hours sooner (which I believe to have been impossible), the operation of craniotomy would have made one of the most difficult and confusing labours I ever attended, a comparatively safe and easy proceeding.

Fortunately, however, the courageous and submissive patient recovered without a single unfavourable symptom.

[To be continued.]

EPIDEMIC OF VOMITING IN PREGNANCY. "The year 1859 presented a curious fact," says Dr. Daunt writing from Brazil. "The sympathetic vomiting of pregnancy generalised itself among pregnant females so as to become a true epidemic and unhappily a dangerous one, as in this city several women died from it, and many others suffered severely. The fatal cases had all been in the care of a practitioner who makes a free use of irritants and stimulants, and is opposed to bloodletting or leeches. Those cases which I treated were conducted on a mild antiphlogistic plan where there was local pain or signs of febrile reaction. Small bleedings, leeching, the citrate of magnesia (a most invaluable remedy), the *potio Riverii*, with cherry-laurel water, etc., were the means I chiefly depended upon. I sometimes gave a calomel purge where the liver was congested. In some cases of a nervous irritative character I had occasion to verify the great utility of tincture of iodine, which I gave in a starch mucilage. How are we to account for so singular an exemplification of the action of the epidemic principle?"