Result. Good vision; a round pupil.
There is a loud cardiac bruit.

Case x. T. G., aged 63, a mechanical draughtsman, healthy, rather feeble, who had suffered a good deal of anxiety of late, had double cataract. The upper lens was found in the right eye without accident to the iris or vitreous humour. The incision was slow in uniting, but not so much as in Case x—a younger and much stronger subject. No operation was performed on the left eye.

Result. Good sight. The pupil is central and round.
The sounds of the heart are natural.

Case xi. C. B., a tailor, aged 51, had double cataract. The capsule of the right lens was thickened and opaque. The left lens had a slightly greenish shade. The eyes are deep set, and the brows very large and prominent, which give a forbidding aspect to a countenance, which, in other respects, was not disagreeable. An operation for convergent strabismus was performed in 1856, in anticipation of the cataract treatment. Severe headaches preceded the dimness of sight. The lenticular disease is referred by the patient to a contusion of the eyes, from a thrust of a man’s finger, about a fortnight since. The latter incision was excised in both eyes, and on the same day, without accident to the iris or vitreous humour. From the thickness of the capsule, some difficulty was presented in the extraction of the right cataract, and a little vitreous humour escaped. No inflammatory pain followed. Union took place very slowly. Meat was given on the second day after the operation, and ale on the third day.

The eye in the patient was a younger and stronger than T. G. (Case x), the repair of the wound was more tardy than in his case.

Result. Good sight in both eyes. The pupils are central and round; a very small pellet of capsule adheres to the lower margin of the right pupil.
The sounds of the heart are natural.

Case xii. L. R., aged 77, a female, had double cataract. The left is complicated by retinal disease. The right eye affords a good specimen, as in Case x, of Morgagnian cataract. The anterior capsule is speckled, which gives the appearance of gruel to the cataract. When the head was turned back, the solid nucleus disappeared, and a general milky whitening was observed. Illness obliged the patient to leave the house before the adoption of any surgical proceeding.

Remarks. These cases present a very fair practical exposition of cataract as met with in the practice of a public institution. The number of patients submitted to surgical treatment was eleven, of eyes thirteen.

Nine of the latter were treated by extraction; two by resection; two by solution. The upper incision was selected in seven, the lower two. In three patients, the fellow eye of that operated upon was obviously diseased in its deep seated tissues. In one of these, the diseased globe was excised, and an excellent recovery after the extraction of the cataract secured. In the others (two), acute septic inflammation followed.

Original Communications.

The very earliest practitioners of obstetrics had very simple ideas on the subject of labour, and as to the objects to be obtained by medication, manipulation, incantation, or prayers. The object of every therapeutic appliance was to bring the issue quick and easy. As regards the part acted on, their idea was that medicines or applications of any kind were of three kinds; viz., such as brought the fetus down, such as brought the seconding down, and such as left the cord. If this could be done quickly and easily, then obstetrical had achieved its triumph. As regards the choice of means, the ancients were guided by whether the fetus was alive or dead; the foundation of such difference in treatment was the belief that the fetus was the main instrument in its own birth. They speak frequently of births being delayed by reason of the weakness of the fetus, and evidently thought that it worked its way out just as a young crocodile would wriggle out of its shell. Had not the placenta been such an unmistakably anti-locomotive object, the obscure property of a "consatus ad partum" would doubtless have been attributed to it also. So great a share, indeed, did ancient physicians imagine the fetus took in the process of its own birth, that they never thought of any means of assisting labour during the life of the fetus, except such as were mechanical. The fetus was looked upon as exercising a sort of vis a tergo; and if this was not sufficient, then it was to be supplemented by a vis a fronte,—i.e., by some mechanical appliance. Hippocrates, the old man of Cos, who, by the way, was a "general practitioner," gives an elaborate account of the drugs to be used for this purpose. He enumerates also the proper drugs for bringing away the placenta, as if the birth of these were a process essentially distinct from the fotal birth, specifying for this purpose mugwort, dittany, castor, spikenard, and violets, leaves of agnus castus, garlick, and small onions. Celsus was evidently under the same delusion as to the active part the fetus takes in its own birth, for he contains his remarks to cases where the fetus is dead; he says: "Si, infans intus desessit, quo facilis dejectur, malcircium ex aqua terrenum, coque utendum est." This curious opinion that the child worked its own way out of the maternal womb, or any rate assisted itself in its extrication, was allowed as long time ago as a formal doctrine, nevertheless continued to influence obstetrics up to a comparatively recent date. Thus in all the old herbals and obstetric books ootyptic remedies were arranged in three distinct categories, corresponding with the ancient idea mentioned before; viz., that the live fetus, the dead fetus, and the succidius have each some special properties of their own, which demanded different drugs for their expulsion respectively. And, indeed, so late as within eighty or ninety years of the period when Donan was at the zenith of his reputation, and within fifty years of Smellie's time, this ridiculous distinction as to the action of drugs was kept up. Ignorance and credulity are constant associates; for we find that the animal and vegetable kingdom alike were ranseacked, and multitudes of substances of the most innocent nature generously invested with the name of being "expelling" or "speedy deliverance," or "bringing down the dead fetus," or "expelling the succidius." The nature of the remedies in vogue formerly, and the modes of applying them, are curious in the extreme.

A. Physic and unguents were perhaps the least objectionable appliances; but the favourite mode of proceeding seemed to be to use an atrocious mass of wool and unguents up the vagina, or to force something still more execrable down the throat. Various kinds of excrement were recommended. Hippocrates gave "the dung of a hawk in wine." His successors gave the excrement of the horse, the goose, the vulture, and even human excrement. Schneider is said to have given bugs. The secretions of various animals, to wit, the cat and the goat, is another of the pleasant medicaments used in the good old times. Powder of earthworms, to the extent of a Dri or Dii, also figured as an important remedy. The excrement of scorpions and insects, the gall of the scorpion fish, the liver of the cormorant, the flesh of the weasel, and burnt horse's fat, with eel-powts, toads, and newts, complete the list of animal abominations. The list of vegetable ootyptics, though much less objectionable, was also not very cleaner. Some of them attained to such reputation as to be popularly named according to their real or supposed virtues; thus the aristolochia was called birthwort; and one of the species of horehound went by the name of "great root," and some of the most remarkable were such as we believe at the present day to possess some control over the contractions of the uterus. Thus saffron and cinnamon are mentioned in all the ancient herbals as used for this purpose.

This is a very long paper by Mr.
Howship Dickinson appeared in the Medico-Chirurgical Trans-
action of last year, the object of which was to show that digitalis
possessed the power of inciting the uterus to contract. But
the diligence of our for-fathers had included foxglove amongst
the herbs that had lured away two or three, and, if we
venture to the only mineral uterine extract known, viz., borax, we find that
it was an ingredient of the “puvis ad partum” of the Edinburgh
pharmacopoeia of 1699. And Dr. Salmon gives pretty nearly
the same formula as the “puvis ad partum” in his curious
dispensatory, and says “it is a great secret for this purpose;
and if you add round birthwort root, myrrh, byrony root, and
insipissate juice of savine, the medicine will be much the
stronger.” The number was forcibly eloxed as an argu-
ament, and entered into the composition of both the above mentioned
powders. Then there were some celebrated pills called “Scheffer’s uterine pills”; they were composed of hiera-piera,
asaulea, gentian, birthwort, elecampane, myrrh, digitary, madder, saffron, and syrup of mungwort. All these herbes
and scores of others are confidently spoken of in the old herbals as
of undoubted potency. One authority went so far as to say,
that the cyclamen or sow-bread acted so powerfully on the
uterus that it was not safe for a pregnant woman to go near it.
He took the precaution of setting up sticks in his garden
wherever it grew, with notices to breeding women not to touch
or to inhale its herb. Should pregnant women pos-
tionally walk over it, he averred that they would surely abort or
fall in labour directly. A Flemish physician, by name Dr.
Francis Lapard, claimed nearly equal virtues for the common
coast hollyhock. Where we can estimate the possible effects
of those I have specially mentioned above, the following appear
to be the agents most probably possessed of some real oxytoic
powers, which were used by our forefathers; aloes, flower de
lucis, calabash, galbanum, laver, saffron, tormentor-
tem, darrum, laburnum, dittany, cloveh, hip-
glossum, male fern, angelica, imperatorin or masterwort,
angaliss aquaica, polygala senega, and the various products of
pine, fir and spruce, such as tar and resin.
It is curious to observe how servilely the different compilers
seem to have copied from their predecessors. The virtues of
different herbes are described in almost the same words in book after
book. Smellie’s Herbal, published in 1751, mentions many plants which “help the birth,” that one would almost
fancy the vegetable kingdom had been created one monstrous
repertorium of obstetric simples. The same is true of Andrew
Browne’s Directory of Health, published in 1751; the same of
that of Dodons, published in 1819. Johnson’s Herbal,
published in 1633, repeats the same things, and adds some curious
tales; but the most wonderful work of all is that of “William
Langham, Practitioner in Physick,” published also in 1633.
He enumerates and describes the virtues at length of 48 herbs
which will surely expel a dead child; 50 which guarantee
“easy delivery”; 90 good for “women in travell”; and, to
take the last in order, 166 simples, the astounding number of 108
infallible emmenagogues.
This farrago of simples and other uterine remedies, how-
ever, disappeared from medical practice very rapidly after about 1800. In the second edition of Smel-
lege of 1752, he says, when speaking of the
treatment of lingering labour: “But if she (i.e., the woman)
be not to be satisfied, and strongly impressed with an opinion
that certain medicines might be administered to hasten deliv-
ery, it will be convenient to prescribe some innocent medici-
ne which she may take between whiles, to beguile the time,
and please her imagination.” Stimulants, depuration, and moral
influence seemed to be all that Smellie could rely upon in
lingering labours, apart from manual interference. His faith
in oxtocys was evidently very small; and when he gave
medicine only as a last resource.
About forty years later Denman writes thus: “It is perhaps
beyond the influence of any earthly power to give to the uterus
its native or genuine disposition to act, to add to its power, or
in a kind of obstetric mechanism to increase by artificial
applications and medicines have been recommended and tried
for this purpose. Human art may put or preserve the constit-
ution in a state fitted for such action, or it may remove
the impediments to its physiological effect; but the peculiar
independent of the will of the patient, or the skill of the
practitioner.” This citation of Denman’s opinion marks the
extreme reaction from the credulity of the former century;
but this state of matters was not destined to last for any great
length of time; for, eight years later than the edition of
Denman I have quoted from, viz., 1803, Herder made his
experiments upon galvanism; and in 1804 Dr. Stearns, of New
York, introduced the ergot of rye into the place in obstetric
practice which it has held ever since.
We now come to modern oxytoci. The list has increased since
Denman’s time to a great extent; and even in our own day, we should
not increase the contractions of the uterus. A second reaction has
set in, and we find ourselves making a reverse movement; not
really retrograde, it is to be hoped, but only apparently so; for
we have before ourselves two extremes of extreme credulity and
extreme incredulity; and the light of an advanced phys-
logy and pathology by which we may steer safely through the
dangers of scepticism on one side, and too ready belief on
the other.
It is, perhaps, the most encouraging circumstance in connection
with modern therapeutics, that we are able to connect
much of our treatment with the facts of physiology and
pathology in a clear and rational manner. Even where treat-
ment is of little avail, so far as it does actually work for
good, we can, in a great many cases, trace the action of the
therapeutical measures adopted to either the operation of their
well ascertained physiological actions, or to a quasi-specific
action, so well established and easily recognised, that, in spite
of empiricism, we feel ourselves resting upon a safe basis.
In the treatment, for instance, of traumatic inflammations of the
tissues, of the limbs, of the head, it is beyond question to be able to
connect our ratio medendi either with a series of well
known facts in physiology, or with some ultimate and empirical
effects, either of which are abundantly satisfactory. And even
the use of morphia has been recently shown by Dr. Smith to
appear in this day to have made up our minds to the accept-
ce of ultimate facts, a virtue which, to our forefathers,
was quite unknown. When facts fail us, and our induction
fails us, it seems a proper thing for us to fall back upon some hypothesis or fragment of the imagination to
complete our philosophy, or to create for ourselves a delusive
charit securc out of a jumble of facts and fictions. In obstetric
medicine it is fortunate for us that we have a close
connection between science and art very close. Hardly any
treatment of aberrant forms of uterine motor action are
insusceptible of an explanation by a reference to physiology; and
hoes a true physiological study of labour than any yet
extant, given a more copious account of the pathological facts
than has hitherto been done, and added something to the
therapeutical knowledge we possess in this department of
medicine.
It will be remembered that in the physiological analysis of
labour, five elements were specified as the anatomical con-
stituents, whose functions taken together are parutrition. To
break briefly, they may be mentioned as

1. Peripheral arrangements of cerebro-spinal and sympa-
thetic nerves

2. Incident cerebro-spinal and sympathetic nerve-fibres

3. Nervous centres, both cerebro-spinal and sympathetic

4. Efferent cerebro-spinal and sympathetic nerve-fibres

5. The uterine muscle and other muscles

In the pathological investigation we are to remember that, to a
great extent, the second and fourth of these elements were
eliminated, as not being of primary importance in a pathological
topic of view. The same is true as regards the therapeutics of
morbid uterine motor action in three sections, each corresponding to those physi-
ological elements and pathological developments which are of primary
in importance in connection with these particular arrangements of nerve, of
certain natural capacities, are a variety of morphal states, consisting of alterations in the
manner and degree in which such endowments are manifested; and we
consequently find, in the treatment of these pathological
states, a close connection between science and art very close. Hardly any

ORIGINAL COMMUNICATIONS.

1. The irritability of the cervico-spinal and sympathetic nerve-terminations is connected with the uterus, arising out of inflammations of the placental and amniotic sacs; and is generally suppurated; though, connected with phlysis, they are by no means invariably so. I have been able to trace distinctly the progress of inflammation of the amniotic sac, from the first symptom of rigour to that of laboured respiration, tenderness, thirst, and exhaustion of the mother, and maternal labour.

2. I have seen patches of recently effused lymph on the membranes in such cases. The treatment of irritation from such a cause is the treatment of the inflammation itself; i.e., if the case be dangerous, to remove the uterus for treatment at all. Leeching, grey powder, and Dover's powder, suppositories, and fomentations are appropriate. But if labour has begun, we may choose between sedatives internally or more sedative agents as described below.

3. The irritability which derives from the presence of tumours must, if such growls be irremovable, be treated by centric medicaments—opium, belladonna, hyoscymus, conium, or chloroform.

The reflected irritations which influence the character of labour form a more important class of phenomena than the purely local hyperesthesia of the uterus and vagina. The treatment of the morbid alterations in the character of the uterine contractions which arise from the various forms of reflected irritation, may be resolved into two modes of influencing such alterations. In the first place, it may be sought to bring the polarity of the nervous centres, through which irritations must ever be conveyed somewhat below the natural standard, or at any rate below the standard which obtains at the time of interference is made. In the treatment of reflected irritations, this principle has been much overlooked; it has been, in fact, custom to incite the proprie of removing the sources of irritation; but it has been insufficiently remembered that the nervous centres are after all capable of very much modifying the impression conveyed to them, and through them. An irritation, in short, is only important according to the value it possesses after transmission through a nervous centre. Morbid excitement of nervous centres, as in tetanus and hydrophobia, present us with violent actions of a reflex nature, quite out of proportion to the stimuli applied; and various kinds of narcotics, on the other hand, show us a disproportion of a reverse kind between excitation and morose. The law of physical forces, which action and reaction are equal, is not true in vital dynamics; for at the point of reflection we have organs which are capable of multiplying or diminishing the incident stimulus. Whatever organs, then, may be in a state of morbid irritability, and from whatever reflected irritations the uterus may be suffering, provided the special features of the case do not forbid it, we are always open to consider how far we may avail ourselves of the assistance of narcotics or anaesthetics. I shall not enter upon the general question of the employment of such agents here, because I wish to discuss it in another section, and in connection with the properties of some particular remedies. But I must insist upon this point, viz., that it is not always to the interest of the patient to be deprived of the effects of reflected irritations which are amenable to, and properly treated by, narcotics and anaesthetics, and that such a method of treatment is not only tolerable, but, in many cases, is absolutely necessary. It will accordingly be found that in a large majority of cases there is not time to initiate any treatment beyond the administration of general anaesthetics and narcotics, and anaesthetics. In the event, however, of time being sufficient to allow of our attempting to subdue the various eccentric hyperesthesia which are reflected to the uterus, by acting upon the organs themselves which are in an undue state of excitability, the treatment of the morbid action of the various irritants of the placenta, vagina, and uterus, and a few cases of referred irritation, is within the province of this paper.

4. Whether this irritability of the dominant female sexual economy is of the nature of neuralgia or congestion, or subacute inflammation—or whether it be a result of the irritations produced by various combinations, appears very obscure; and, like many obscure things in medicine, not very important in a practical point of view. Deep seated inflammation of the flank, tender mark, a dropping down of the thighs and in the inguinal region, wandering pains in the abdomen, irritability of the bladder, slight uterine contractions, and the commencement of secretion from the vagina, a slight shyness of the mouth, are each of them a distinct indication of the several varieties of ovarian excitement about to terminate in labour. In the pathological investigation, I stated that conditions of the ovaries do not influence nature parturi-
irritable states of the bladder occurring during labour, and arising out of calculus, cystocele, or a chronic caries or its mucous coat, are not very amenable to topical medica-
tion. If the calculus could be kept in any particular position during the progress of labour, it would hold its position to the fact of pressure; and I should suppose that nearly all that could be done would be to keep it above the pubes as the foetal head descended. On the point, however, seeing obvious it is that the full and complete, is not consistent with safety. By this means the whole weight of the cavity will not be concentrated on the surface it is actually in contact with...

The first is to prevent the progression of labour, if possible, indeed, to have a morbid state of the rectum and not to have a morbid action of the muscles which form the floor of the pelvis (and of the vesicle muscle also); other respiratory muscles also take on abnormal actions, and a natural and equitable mode of the mechanical forces is put out of the question. On account of the violence with which rectal irritations react upon the uterus, it will, I believe, generally be found that it is to be described. It is the order of the case, and not possible, I think, to make an accurate decision of the parts; but counterirritation I would certainly resort to. The establishing of a blister is certainly producing a new eccentric irritation; but then it is substituting an irri-
tation of a part not in special sympathy with the uterus for an irritation of an organ most specially in sympathy; and this is its advantage. Medicines which possess a peculiar anodyne influence over the ovaries are not much known. Antimony, ipecacuanha, lupeline, camphor, and sugar have been looked upon as sedatives both of the male and female dominant sexual organs. Antimony and other drugs which create nausea do certainly alloy sexual excitement; but whether this is due to the circulation of the secretions or to a specific action on the sexual organs, there does not appear sufficient evidence to determine. Aconite may be used on the same principle. Lupoline I have tried, and I see no reason to believe that it is anything more than a sedative or narcotic; and camphor does not, in my opinion, exert any special influence over the ovaries. It may appear strange to speak of sugar as an ovarian sedative; but there are facts which tend to show that this article is not without a very marked influence upon the sexual system. I have been told by Americans and West Indians that at the time of the sugar harvest, when the negroes eat large quantities of sugar, they become fat, and almost entirely cease to copulate. I have been told also that white who indulge in sugar in the same way experience temporary impotency, or such a degree of dis-
order in the sexual commerce as renders them proof against any solicitations, however seductive or importunate. Whether these facts are applicable to the treatment of ovarian hyper-
thesia, I have not been able to ascertain. I made some experiment with sugar was given balls, pound a-day, but no satisfactory results were arrived at. The experiments, however, were neither numerous nor very well chosen, so that the inquiry still remains perfectly open. Can-
not, without this base, we should not receive the connection of these, with counterirritation, recumbency, laxa-
tives, and careful hygienics, will serve our purpose moder-
ately well.
the least expense of stimulation. The diuretic essential oils and scoparium I object to as being too stimulating. Digitals is dangerous in two ways; first, because there is a risk of setting up uterine contractions; and, secondly, because digitals will sometimes kill the fetus in utero by producing pressure of the heart. I have seen this occur. We are not concerned here with the other indication of treatment. The form of diuretic I would use would be the acetate of potassa largely diluted with the vinegar of squill, and full or half a drachm of tincture of henbane. It was taught by the late Dr. Golding Bird that acetate of potassa was the best diuretic salt in the pharmacopoeia; and he especially insisted on the practice of dilution, because the morphia and hydrocyanic acid; and the second is a diuretic system, of which I will speak presently. A radical error is generally committed in the administration of drugs in the gastric irritability of pregnancy, and in other cases, as it is desired to lay vomiting aside.

Half a grain of acetate of morphia, three drops of the dilute hydrocyanic acid, and one of Fleming's tincture of aconite, to a drachm or even half a drachm of water, will not only bane the stomach less, but will produce a greater topical effect on the nerves of the stomach than if given in the usual state of dilution. The food should be given in one of two ways; if taken in any considerable quantity, i.e., if any attempt at a meal be made, it should be eaten soon after the exhibition of a dose of the medicine, and should be followed by another; or the diet should consist of single spoonfuls of milk, strong beef tea, or egg brandy, often repeated; or very frequent doses of broths. In most remarkable cases of vomiting I ever heard of was successfully treated by five grain doses of potassa given in a teaspoonful of milk every hour; the case occurred some years ago, and was recorded in the journals of the time, but may not will not serve more for a reference. The dietetic principle seems to be either to overpower the hyperesthesia immediately before eating; or to give food in small quantities, and in such a form as to pass readily into the duodenum, thus diminishing the offence to the stomach, and throwing the task of digestion mainly on the small intestines. It is of course only possible within these limits to do more than indicate the general plan of treatment or the principles upon which to act. Many indications easily arise when the main principle is grasped.

The last eccentric irritation to which I shall refer is hyperesthesia of the mammae. More irritability of one or both breasts and the altered form of the pains may be succeeded by great vascularity and induration; and in some extreme cases suppuration takes place. There can be little doubt that these affections of the breast, which in the first instance appear to arise from the irritation upon the ovum contained in the uterus, are again reflected upon that organ. A brisk saline aperient and leeching, followed by the application of a belladonna plaster, will be found the best method of treatment.

The preceding remarks are a mere sketch of recentric medication. In the next paper I will be discussed centric medication; the properties of the agents used, and the circumstances which call for, or disallow, their exhibition.