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LIVERPOOL MEDICAL INSTITUTION.

January 21, 1841.

Dr. FRECKLETON in the Chair.

MR. NEILL stated, that he had lately seen cases of a rare disease of the eye, namely, polypous granulations growing round the edge of the cornea, occasioned by the intense irritation produced by lime having been thrown into the eye. Some of these granulations had peduncles, and were removed by excision. He described the action of lime on the eye to be the most deleterious and destructive of any that he knew. Mr. Neill gave it as his opinion that the operation for the cure of strabismus was not likely to be so successful as had been represented. Several patients had applied at the Ophthalmic Infirmary, on whom the operation had been performed without success.

Several members gave instances of the successful performance of the operation.

MR. BLOWER said, that he had operated on seven cases, in five of which he had succeeded in removing the deformity, but not in the other two.

MR. BANNER then read the following paper—

ON IRREGULAR ACTION OF THE UTERUS DURING PARTURITION.

The extent to which the ergot of rye is administered for the purpose of hastening parturition, and the many lamentable instances of its injurious effects, have induced me to endeavour to show that the very cases in which it is looked upon as most useful, and best adapted, are, of all others, those in which it cannot be administered with safety. The advocates for this remedy generally admit, I believe, that the cases which are denominated *tedious*, are those in which the ergot of rye is found most useful, and that it is in such principally that this medicine should be given. In order that this question may be fairly laid open, we will, in the first instance, consider the nature and character of the organ the medicine is to influence. It is, perhaps, superfluous to notice how great a discrepancy of opinion has existed, as regards the structure or organization of the uterus; the opponents of Hunter, Bell, Velpeau, and Rosenberger, have done little towards proving the non-muscularity of the uterus, and it now remains the usually received opinion, that this organ is capable of great muscular action. The question connected with the peculiar power of action has caused the difference of opinion which exists relative to the direction the muscular fibres take; Meckel, and several German anatomists, contend that they form an internal and external layer, and Ruysch that they form an orbicular muscle at the fundus; and Hunter and others that the fibres are much intermixed,

diverging in many directions; Boudelocque, that they form fasciculi parallel to the axis of the uterus, or longitudinally, or in circles placed horizontally; that the body and fundus are principally formed by the first, and the neck by the second. Velpeau's description of the structure of the uterus is to this effect,—first, there exists under the peritoneal coat a thin, dense, elastic, cellulo-fibrous layer, in which the fibres have not a fixed direction; secondly, a thick layer of transverse fibres, united similar to the constrictors of the pharynx; the fibres are longitudinal and oblique on the neck and internal surface of the organ; these layers have for a base a cellulo-fibrous tissue, surcharged with fibrine; the fleshy tissue is developed in this substance, as in the intestines, and the uterus appears to result from the reunion of two cylindroid canals. It has been proved, then, that the uterus is composed of muscular fibres, which, from the diversity of their directions, must have a very strong expulsive power when acting regularly and uniformly; and may we not likewise conclude, that when one set, or layer, of fibres act, while another remains quiet, or irregular in their contractions, the power of the uterus must be rendered unequal, and consequently slow in its expulsive efforts?

There are three general causes which may induce tedious labour,—first, if the action of the uterus be weak or irregular; secondly, if the aperture, whether of the pelvis, os uteri, or vaginal passage is contracted; thirdly, if the head of the child is unusually large: either of these circumstances will retard the progress of labour, and to one or more of these is to be referred every variety of tedious labour.

It will not be necessary to particularize each predisposing cause of *tedious labour*. Those which act most forcibly are mental emotion; constitutional debility; the febrile state of the system, which sometimes precedes and accompanies labour: these are the causes which generally produce a sluggish and irregular action, in which state the ergot of rye is given. If it can be proved, then, that in these cases there is irregularity of action, it must be admitted, that in a very large majority of tedious labours the ergot is the remedy of all others which should be held back; for by its administration in such cases, what is effected? Certainly an increased power in the organ, but, at the same time, an increase in the irregularity of action. We may naturally conclude that those fibres already in action will have their power greatly increased, whilst those which have been dormant will, perhaps, be scarcely excited at all. Denman says, "Should all the parts of the uterus act with equivalent force at the same time, the united action would contribute to the expulsion of whatever may be contained in its cavity; but if one part,—the inferior, for instance,—