

the pains being exceedingly strong, I advised that we return the arm as far as possible, and wait to see if any change would occur. The necessary instruments being at hand to eviscerate, we resolved to delay the operation to the last practicable moment. The patient, who had been lying upon her back, was requested to take the position upon her left side. Pressure was then made against the shoulder and arm in a downward direction—that is, towards the left side—hoping, that, as the breech could not be made to enter the superior strait, the head might be induced, to take that position. After a few pains, which were most violent, and between which the patient insisted upon getting on her feet—which was allowed her—we thought we could feel a larger surface of the occiput. Being encouraged, we continued to wait. In half an hour after my arrival, the head had fairly engaged, and at eleven, p.m., the child was born by a *vertex* presentation—the right arm and cord prolapsing. The child was asphyxiated, and our utmost endeavors failed to excite breathing, although twenty minutes before its birth, there was pulsation in the cord. The weight of the child was not ascertained, but could not have been less, according to the judgment of both of us, than seven pounds and a half.

“In this case the prolapse of the cord, and the consequent pressure upon it, could have been the only cause of the death of the child. The pelvis of the patient, although well formed and sufficiently capacious, was not extraordinarily so. At the present writing, the woman is doing well, and recovering as rapidly as in a case of ordinary labor.”

There are various causes in this case to which the death of the child may be ascribed. Among them the previous administration of a mixture of chloroform and ether, and the repeated efforts of turning, should not be lost sight of altogether.

33. All these cases, which could be multiplied if space would permit, are of the cephalic variety; they are cases of spontaneous cephalic version in utero and of cephalic evolution, accomplished by the force of nature. Though inviting to a multitude of suggestions, we must leave them to the reader's

own consideration, who will not fail to mark, that in all these cases the membranes had been ruptured long before the version took place.

These dreadful presentations of superior extremities, which are commonly taken for a justification of so very superior extremities in obstetric handicraft, show, indeed, a fearful mortality. According to Churchill, one-half of the children, and one mother in nine, have been lost under the benefit of allœopathic operations. It is, of course, too late, and perhaps impossible, to ascertain, what result would have followed spontaneous evolution, if it had been allowed to take its natural course. But it is reasonable to suppose, that not so many of the cases would terminate so unfavorably, if spontaneous evolution were allowed to proceed according to its own laws.

Denman was the first who observed that nature frequently corrects malpresentations by spontaneous version as he calls it, and, thus confiding in nature, he had no cause to complain of the result. Now, constantly, there are cases being recorded which have terminated successfully for the mother and sometimes the child by self-evolution without manual interference by version or otherwise.

34. But we may do better yet. If by nature, being left alone, so much is affected, how much more may be accomplished when we aid and augment her forces by the judicious, careful and circumspect appliance of homœopathic potencies!

Already one splendid case is on record, by Croserio. This case shows, that more than ever before can be done by homœopathic treatment. Here it is.

a. Case of delivery with an *antero-posterior diameter of the brim of the pelvis of two and a half inches*, by CROSERIO, *Homœopathic Manual of Obstetric*, from the French of Dr. C. Croserio, by M. COTE, M.D. Cincinnati: Moore, Anderson, Wilstach and Keys, 1853, p. 69.

“In the case of a woman, 26 years of age, in her first labor, in whom the sacro-pubic diameter of the superior strait did not offer more than two inches and a half, I had the patience,

to wait for seventy-two hours the natural efforts of labor. The head being in the first position at the end of the second day, it began to engage in the superior strait; at the end of the third day, the pains slackened very much; the woman became very feeble, was pale, exhausted and had lost all hope. I put *Secale cor.* in a glass of water, and gave her a teaspoonful at eleven o'clock in the evening; some minutes after she fell asleep and slept very quietly for three quarters of an hour; when awakened by a violent pain, she made a courageous effort, and two hours after gave birth to a child, pale and in a state of asphyxia, but which was recalled to life by proper care. The recovering of the mother proceeded in a regular manner."

On the whole this case is a much more serious one, than the much descanted case of a presentation of superior extremities with the ordinary dimensions of the pelvis. No Allœopathian, being backed by his whole profession, would in this case have hesitated, one moment, to perform the bloody operation described in all the text-books, which inevitably victimizes the child, and always imperils the mother. But in this case the result proves, only, again, and conclusively, what we already know, viz., that where allœopathic wit is at an end, true medicine begins. *Ubi desinit philosophia, ibi incipit medicina.*

Here we insert another good case, instructive about correct administration of the homœopathic remedy.

b. Case of *adherent placenta*, by BETHMANN, *Archiv für hom. Heilkunde*, Ed. by Stapf, Vol. VII., 1, p. 65.

"Dr. Bethmann was called to a country woman of 35 years of age, of large, stout frame and violent temper, being in labor since two days, with the most violent contractions of the uterus. He found her with dark red face which was much distended, and her eyes protruding far from their sockets. On examination he found that the uncommonly large size of the head of the fœtus was the only obstacle to delivery. He then delivered with forceps by some vigorous traction at once. But, shortly after, it was found that the placenta was adhering. At six, p.m., he ordered a simple emulsion of sweet

almonds against the increasing thirst, and recommended perfect rest. Next morning, at eight o'clock, he found the patient with highly red face, brilliant eyes, dry skin, small hard pulse, 90. Since midnight, the vagina was dry, the placenta was found to adhere firmly to the uterus. The abdomen was much distended, and painful to touch in the right side of it. Short dry hacking cough, licking her lips without wanting to drink; great anxiety and inner unrest.

"He now administered a small part of a drop of the sixth attenuation of Belladonna. Already after half an hour, thorough-going pains came on, and the placenta, with a considerable coagulum, passed away without evil consequences. After two hours bland perspiration set in, the tension of the abdomen, and the hacking cough was gone, and in four hours the threatening disease had wholly disappeared. The patient was well towards evening and remained so ever since."

In this case, the Belladonna was indicated at the first instance when delivery of the fœtus was delayed. If it had then been given, the fœtus would have been born without forceps, and the adherence of the placenta would not have taken place. As it was, however, it proved its potency, when it was given at the delay of the delivery of the placenta, being again indicated by the similitude of the symptoms, the state of the organism after delivery of the child being similar to the preceding state. The obstacle to the child-birth was the head sticking fast in the pelvic canal, and the obstacle to the afterbirth was the placenta adhering to the uterus. But the fact is, that the uterus was equally unable to expel the fœtus and placenta. Belladonna, by virtue of its homœopathicity, enabled the uterus to resume its natural function, consequently to separate and expel the placenta, as it would have enabled it to expel the fœtus.

However, we here only propose to discuss those cases, where the difficulty of presentation of superior extremities and no other, has been removed by homœopathic treatment. To illustrate this point we refer to the celebrated

c. Case of *spontaneous version*, by Dr. BETHMANN, *Croserio's Manual*, n. s., p. 51.

"A woman in labor sent for him, the membranes were not yet ruptured and the orifice was but slightly opened, notwithstanding the presence of severe and frequent pains, and by an examination he recognized a shoulder-presentation; not wishing to precipitate anything, he gave a dose of Pulsatilla. Some minutes after, the woman experienced a violent pain with such a sensation of overturning in the abdomen, that she was frightened at it; then after some time of quiet, the pains recommenced regularly, and on a second examination, Bethmann was very agreeably surprised to find the head presenting; the delivery terminated naturally."

To which Dr. Croserio adds: "I believe, I myself obtained a similar result by the use of the same means and under the same circumstances."

35. Considering the different modes of expulsion of the fœtus with regard to malpresentation of the trunk, or superior extremities, after the membranes have been broken, and the liquor amnii has been discharged, the term *self-evolution* appears to be singularly felicitous, as graphically describing the passage of the fœtus from the womb through the pelvic canal. Evolution is an expulsion connected with a spiral motion. In this regard, there is no difference in the passage of the fœtus through the pelvic canal between the common prompt expulsion in ordinary labor, and the less common, tedious expulsion in difficult labor, designated by the name of self-evolution, excepting only the difference of time, by reason of the obstacles offered by the maternal parts and the fœtus.

The criterion between normal child-birth and self-evolution lies in the different mode of evolution, being, in the latter case, effected by spontaneous version. Hitherto by spontaneous version has been understood the spontaneous turning of the child within the membranes in utero, whilst by self-evolution is meant the turning of the fœtus without the membranes in the pelvic canal, breech foremost. So, spontaneous version in the womb *within* the membranes is one thing,

whether upon the vertex or upon the feet (if such a thing occurs) or upon the breech; and spontaneous version in the pelvic cavity *without* the membranes is another thing, also, whether upon the vertex, or the feet, or the breech.

Here we have, therefore,

1. *Spontaneous uterine version, vertical and podical.*
2. *Spontaneous pelvic version, vertical and podical.*

Consequently, what has been termed self-evolution *par excellence*, is in fact spontaneous pelvic version on the breech, or feet, and what has been termed spontaneous cephalic version is in fact spontaneous pelvic version on the head.

Expulsion is all the same here and there, and all cases of childbirth where the deliverance of the child is being developed by the mother herself, are, strictly speaking, cases of *self-evolution*, as contradistinguished from those cases where the child is forced out or taken away by the instrumentality of the operating surgeon, which might be styled *surgical evolution*.

36. The mechanism of the spontaneous pelvic version of the vertical variety is in no way different from the evolution in vertical presentation.

The mechanism of the spontaneous pelvic version of the podical variety is also precisely the same as that in all other breech or podical presentations (Douglas, Dubois).

The difference of these two mechanisms is in this only, that the pelvic version requires more energy on the part of the mother, to convert the horizontal or oblique presentation into the perpendicular one, and that it wants more time than in ordinary labor.

In this difficult undertaking the Allœopathician is utterly destitute of means to help the mother. He does not acknowledge the laws of nature or the power of the homœopathic potencies under them. And this is the only ground on which he can be excused for resorting to all kinds of reckless operations, desperately to take the child, alive or dead, out of the grasp of the motherly organ. Let us see, now, whether we, too, have reason to be so desperate.

37. It is an undisputed fact, that the head of the fœtus offers the largest diameter towards the pelvis of the mother, and, therefore, it presents the greatest obstacle in labor, because it requires the main strength of the maternal organs to squeeze it through the passage.

According to Radford the circumference of the portion of head presenting in labor, varies from twelve to thirteen inches and a half; that of breech with thighs flexed up, twelve to thirteen inches and a half; that of breech with one thigh turned up, eleven to twelve inches and a half; and that of hips with legs extended, eleven to twelve inches and a half.

Now, the fœtus is "*une masse spongieuse*" (Capuron) the only inflexible part of which is the base of the skull, amounting in all to two inches and a half to three inches in diameter. All other parts yield to pressure, especially in horizontal presentations which, as a general rule, occur in poor subjects producing a poor fœtus. We may, therefore, as it were, twist and bend the fœtus as we please; its diameter will never surpass the diameter of its head. And this very head is, in the language of Dr. Slop, "naturally as soft as the pap of an apple" (Sterne).

38. If this is so, and it must be admitted, as there can be no reasonable doubt about it, why, then, is the danger so great? It is, because there is in the body of the fœtus not resistance enough in the direction of expulsion. The head is turned aside and contributes nothing to the mechanical process going on. Hence the uterus has to supply the want of resistance on the part of the fœtus by compression of the fœtal mass into a denser body. Thus the uterus works to disadvantage, because its fundus, which is the originator of the most efficient labor-pains, is too much dilated and the longitudinal fibres are less active than the circular and oblique ones. Hence the fœtus can make not so much progress, as it would in a cephalic presentation.

39. A similar difficulty arises in breech-presentation. But there, the breech being in position, it does not require as much power for the descension.

The difference is, that in shoulder-presentation the flexion first of the abdomen upon the thorax, and secondly of the feet upon the abdomen, during expulsion, must be considered as the preparation to a breech-presentation which could not be accomplished any sooner than at the inferior strait, while an original breech-presentation takes place at the superior strait. Consequently, there is in favor of the shoulder-presentation this one point, that there the inferior strait is passed as soon as the presentation of the breech is gained, while in the breech-presentation the breech has to pass yet the pelvic canal.

The rest of the difficulty, the actual expulsion of the fœtus is equal in either case of shoulder or breech-presentation.

40. We observe another fact, proving that the delivery by self-evolution is only a modified and difficult case of breech-presentation. This fact is, that, according to Dubois, at the moment, when the breech appears over the perinæum, the trunk suffers a revolution around its longitudinal axis, as is precisely the case in some breech-presentations.

The proper indication, in such a case, would be *not* to diminish the power of the uterus, as is done by large doses of Tartar emet., Opium and by bloodletting, and *not* to proceed at once to the artificial extraction of the child; but to support the contractive power of the uterus, that is, to moderate its action, if it become spasmodic (by Aconite, Belladonna, Chamomilla, Pulsatilla, etc.) and to increase its action, if the strength begin to fail (by Pulsatilla, Secale cor., etc.); always provided, that these remedies be selected with due regard to the general condition of the parturient, carefully individualized, and, above all, that they be given in such refined doses as to produce no aggravation, either homœopathic or alloëopathic. Here, too, the main rule will prevail, *the higher the susceptibility, the finer the dose.*

At the same time it must not be omitted to use proper means, in order to support the nutrition of the mother, to inspire her with hope, to give her rest, when nature seems to invite it, and, in one word, to use all the advantages which careful individualization of the case and confidence in his art,

give to the physician. In such manner to attend to the case, no doubt, requires much time, care, judgment and resolution on the part of the tocologist, but he is amply rewarded if crowned with success, as the probability is that he will be.

41. Directing our attention to the child, a very grave objection to trusting a delivery to spontaneous pelvic version as recommended above, may be raised on account of the danger of asphyxia. Such danger, certainly, exists. It may, however, be overrated. Even in regular cephalic presentation children are born nearly asphyxiated, blue and without signs of life; and still by the application of the proper means they come to life. There are numerous cases known where the child was with the head wedged in the pelvis for six or more hours, and yet born alive and healthy.

Dr. BARUCH, in a case of long continuing false pains which pressed the child's head against the symphysis pubis, without making any progress, and accompanied with violent tenesmus in ano, terminated labor, at once, by a single dose of Cinna-baris in high potency. The child showed on the head a large bruise and was well.

This circumstance of threatened asphyxia of the child, I think, is to be risked any way, since, as a general rule, the life of the child is always sacrificed, when the safety of the mother requires it. "The mother is more than the child." We have not yet sufficient experience of homœopathic treatment in such cases; still, from what we know already, we may safely conclude, that the chances of such treatment, for the preservation of the child, are better, than those of allœopathic treatment.

42. In this connection much stress has been laid on the compression of the cord. But before an argument from that could be made available, another question would have first to be decided, viz.: how far such compression is allowed by the construction of this organ of the cord? It being formed of the structureless membranes of the chorion and amnion, and of the Whartonian gelatine, in which the arteries and the vein lie imbedded, besides the lymphatics and nerves, we are

inclined to believe that, on close examination, the cord will turn out, to be not quite as compressible, as is generally imagined.

Nay, considering the harsh and rough measures, in such cases of unfavorable labor, employed under the common allœopathic treatment, asphyxia of the fœtus is often owing, not so much to the compression of the cord, as to the medicinal overaction of such drugs as Chloroform, Ether, Secale corn. in large doses, or to the effect of surgical manipulations on mother and child.

OBSERVATIONS ON OPIUM.

BY CARROLL DUNHAM, M. D., NEW YORK.

No drug is so universally used in the old school of medicine. The great Hufeland affirmed that if he had to choose one remedy from the *Materia Medica* for exclusive use it should be Opium. Its extensive use among Allopathists follows from these facts. The old school have been few *specifics*, and these are but seldom used. Most diseases being attended with pain, the pain must be either subdued by acting *specifically* upon the causes of pain, or else the pain must be relieved by a palliative anodyne, while the disease is sought to be cured by the use of revulsive agents addressed to other organs of the body than those which are the seat of disease. The latter is the mode almost universally employed. Hence the constant use of anodynes. For example, in severe scleritis, the old school would use revulsive agents addressed to the bowels (purges) and to the skin (blisters). But at the same time, to subdue the pain in the eye, a dose of Opium would be given.

Now Homœopathy does not do so. It gives a drug that acts specifically on the *cause* of disease and upon the organ diseased and no other, and there is no need of an anodyne. These are the reasons why Opium is so much used by Allopaths and so little by Homœopaths.

Hahnemann's observations, though requiring some modification perhaps in consequence of the wider experience of later years, are most instructive. "The primary result of weak and moderate doses, during whose action the organism is affected in a passive manner, appears to be that of exciting for a short time the irritability and activity of the muscles subject to its action, but also to diminish for a longer time that of the muscles which are not subjected to its influence; to excite the imagination and the courage, but also to deaden and stupify the feelings, the sensibility and the presence of mind. Under a longer continuance of its action, the organism, by its power of reaction, produces a condition exactly the reverse, a want of excitability and activity in the involuntary muscles, an absence of ideas, languor of imagination with timidity and oversensibility of the general feeling. Certain symptoms are more palpable in some individuals than in others. No medicine relieves suffering sooner than Opium. It is this property that has induced physicians to employ it so largely—a source of innumerable evils. If the use of Opium in disease were as beneficial as it is frequent, no other medicine would make so many cures; but exactly the reverse takes place.

"The power of this medicine and its rapid action indicate that its effects should be thoroughly studied before using it.

"Now, as Opium has hitherto been but little used, excepting as an antipathic and a palliative and its primary effects only have been opposed to diseases, no medicine has appeared so soothing or has so apparently suppressed morbid symptoms, although soon followed by results more distressing than the original disease. In short, nothing has caused more positive evil after apparent good.

"In all kinds of coughs, diarrhœas, vomiting, sleeplessness, melancholy, spasms, nervous affections, and, above all, in severe pain, Opium is indiscriminately given, on the ground that it is the best remedy in such cases. But its innumerable evil results do not appear among the primitive effects of Opium which are precisely the reverse.

"Therefore we may easily imagine how few salutary and enduring effects can be obtained in the greater number of morbid and physical affections; and this is proved by daily experience.

"If Opium has been found to cure cough, diarrhœa, sickness, spasms, etc., etc., in a few cases, it is only when these symptoms first show themselves in persons previously in good health and are but slight. Opium will sometimes restore the patient quickly to health, because, if these symptoms are at once destroyed, the body is restored to its former condition and the tendency to their return is suppressed.

"But, because this palliative action on slight and recent cases succeeds in a few instances, it does not follow that Opium really possesses the power of curing them permanently in all cases.

"It can not convert them into sound health because they are symptoms of other diseases with which Opium does not conicide homœopathically. For this reason, it has seldom been used without injury to the patient, in long standing coughs, continued diarrhœas, habitual wakefulness, chronic sickness, spasms, anxiety and tremors, when they have been for some time established.

"In administering Opium for these complaints, we see that it is on the principle of soothing, procuring a temporary suspension of suffering; that subsequently it will relieve only by increasing the dose, which even then becomes less effective and at the same time creates new diseases, an artificial malady, still more serious and distressing than the first.

"But it is yet more striking to observe that up to the present time, the use of Opium has been abused by giving it in all kinds of pains, however deep seated and of however long standing. It shocks our understanding and seems like returning to the absurd idea of a universal medicine, to expect from it the cure of diseases totally different to each other.

"All pains soothed, for the moment, by Opium, return after a short time, when the stupifying effect is past, and very often are still more intense than before; so that at last

they will only yield to stronger and larger doses which create in return other serious diseases new to the sufferer. The use of Opium in confirmed pain is therefore empirical and deceptive to the patient, leading him to attribute to other diseases the mischievous consequences that are due to it alone.

“By treating all pains antipathically by Opium, we have seen the use of this drug bring on a train of evil consequences—stupor, constipation and other serious symptoms which appertain to Opium, and without which it would not be what it is. But persons have deceived themselves as to the character of these inevitable effects. Instead of perceiving in them results inherent in the nature of Opium, they have considered them as derived from some accessory properties which they have taken unwearied pains to separate from it. Hence the various correctives that have been tried for two thousand years, in the hope of soothing spasms and pains, without bringing on delirium or constipation; of suppressing vomiting or diarrhœa without causing stupor; of procuring sleep without heat, headache, tremors, languor, depression and extreme sensitiveness to cold.

“But all this is fallacious. By all these means Opium is only rendered less active, without changing its nature.”

By a series of arguments and illustrations of this character, Hahnemann shows that the almost universal use of Opium is a resort to a temporary palliative of suffering, not to a specific for the cause of that suffering whatever that cause may be. Whereas Opium could only be used with propriety in those diseases to which the correspondence of its symptoms shows that it may be a specific remedy. These are very few in number. Hence Homœopaths make infrequent use of Opium.

Instead of an elaborate analysis of the Opium symptoms, I shall call attention only to a few of the infrequent applications of Opium, viz.:

In apoplexy; constipation; lead colic; wakefulness.

Apoplexy.—The following description of the effect of a large dose of Opium is taken from Stille and Beck:

“The head feels full and hot and sometimes light, there are buzzing noises in the ears, the face and eyes are injected, while the pupil is more or less contracted. Flashes of light are apt to appear before the eyes; the ideas are confused and extravagant, and sometimes there is delirium; the pulse is fuller and more frequent; the skin is hot, the mouth and fauces dry; generally there is nausea and, in some cases, vomiting. To these symptoms depression succeeds. The pulse beats more slowly and often irregularly; the head feels heavy and full, and all the senses lose their acuteness; the countenance assumes a stolid, stupid, besotted expression, produced by the turgidness of the features, the dullness of the eyes and the drooping of their lids; there is a strong indisposition to think or move; or, more properly, an inability to make any exertion, either of mind or body; the speech is thick and hesitating; the muscles of the limbs are affected with spasmodic movements and, if the patient attempt to walk, he feels dizzy and oppressed, and staggers like a drunken man.

“An irresistible propensity to sleep follows these symptoms and when yielded to, the breathing becomes laborious and often stertorous, while the general surface of the body grows pale and damp, and the hands and feet cold.” The effects of still larger doses are similar, though more decided and not preceded by a period of excitement. They are “giddiness, insensibility and immobility, respiration hardly perceptible, and a small feeble pulse, which sometimes becomes full and slow. The eyes are shut, the pupils contracted, and the whole expression of the countenance is usually that of deep and perfect repose. As the effects increase, the lethargic state becomes more profound, deglutition is suspended, the breathing is occasionally stertorous, the pupils are insensible to light, the countenance is pale and cadaverous, and the muscles of the limbs and trunk are relaxed.”

These same words might be used to describe one form of cerebral apoplexy.

“After death from Opium-poisoning, the convolutions of