

CONCOURS FOR THE CHAIR OF
CLINICAL ACCOUCHMENT, PARIS.

THE concours for this chair still goes on, and it is not easy to say in whose favour the struggle will terminate. The second trial, which consisted in the examination of two patients for half an hour at the *Maternité* or *Hotel Dieu*, and the subsequent delivery of a clinical lecture which was to last for an hour, took place last week, and left the most favourable impression of the talent and learning exhibited by two candidates, M. VELPEAU and M. DUBOIS. The first patient submitted to M. VELPEAU at the *Maternité* was a female, pregnant for the fifth time. All her labours had terminated well. The present labour had commenced two days before the visit of M. VELPEAU, and the waters had been immediately discharged. The pains were at first feeble, and then ceased altogether; then returned again with some increase of force, and again fell off, to return again, and the patient still remained in the first period of labour. In reference to this case the speaker first called the attention of his audience to the distinction of labour into two periods; the first, the period of *preparation*, the second of *expulsion*. In the former the uterus alone acts, the woman makes no muscular effort, and it may be readily recognised on merely seeing the woman, or hearing her cry:—"It was thus," said M. VELPEAU, "that I recognised the first period of labour in the present case; I then passed the finger into the vagina, and felt a hard tumour, thro' a membrane which presented no opening. To discover the os uteri it was necessary to carry the finger as high and as far back as possible, nearly to the sacro-vertebral angle, where the os uteri was found soft, and dilated to the size of a two-franc

piece, and where the first position of the head was discovered." After briefly noticing these particulars, M. VELPEAU passed to the two capital features of the cases, viz., the obliquity of the os uteri, and the slowness of the labour, and insisted much on the importance of not separating these two phenomena. The effects of an oblique position of the uterus on the progress of labour, were then investigated in a masterly manner, and various methods pursued by accoucheurs in cases of this kind were passed in review. Some propose to restore the position of the os uteri by carrying the finger into this cavity and drawing it forwards. In more severe cases the incision of the neck has been proposed and practised, but this is always a dangerous operation. When the deviation is not carried to a considerable degree, as in the present case, M. VELPEAU said he had entire confidence in the powers of nature. The labour will indeed be slow, but the neck of the uterus gradually dilates, is brought to the centre of the pelvis, and the accouchment becomes natural. Although the labour, in the present instance, had already lasted fifty-five hours, M. VELPEAU prognosticated a favourable termination, from the return of the pains, the previous labours of the patient, which all ended favourably, and, finally, the position of the child. This latter circumstance gave occasion to M. VELPEAU to enter into some details, when the learning for which he is distinguished was shown to great advantage, the more so as his lecture was completely extemporaneous, being delivered immediately after the examination of the patient. BAUDELOQUE has assigned six positions for the summit of the head. These are reduced to four by M. CAPURON, (one of the judges); and, latterly, NÆGELE, professor of midwifery at Heidelberg, has further reduced them to two positions, according as the occiput is turned towards the right or left side of the pelvis. This idea of selecting the lateral moieties of the pelvis, instead of the anterior and posterior, adopted by BAUDELOQUE and others, is not new. HERBINEUX, TISTIN, and BODIN, had before entertained ideas somewhat similar; and SMELLIE, in England, professed the same doctrine. As these opinions have been supported very re-

cently by M. DUBOIS (one of the competitors), M. VELPEAU applied himself with much earnestness, and, as it appeared to our reporter, with perfect success, to uphold the ancient doctrine, and then returned to a consideration of the case which formed the subject of his lecture. Was anything to be done to favour the expulsion of the child, to hasten the labour? This is the main question of the case, and it gave rise, naturally, to an examination of the various means employed for the purpose. Bleeding when the subject is plethoric; belladonna when the os uteri does not dilate; or, when the uterus is inactive, the use of the *secale cornutum*, or a bandage. "The third substance," said M. VELPEAU, "is a powerful means of animating the uterine contractions, although the property has been denied it by many writers. Indeed the controversy on the subject has been so great, that I have counted no less than three hundred articles written by different authors within a few years. But this remedy does not seem applicable to the present case; nothing presses here. Besides, though the administration of the ergot may have no danger for the mother, it is not altogether so for the child, which is often compressed in an inconvenient manner by the strong permanent contractions which the drug develops."

The second case was one of presumed abortion, during the examination of which M. VELPEAU dwelt at some length on the value of the stethoscope as a means of diagnosis, and of determining whether the child was alive or dead. On applying the ear to the abdominal parietes, the pulsation of the heart was not distinguished, but the *bruit de souffle* attributed to the placental pulsations was readily heard. Here the speaker discussed the nature of this sound, its cause, and its connexion with pregnancy, and demonstrated that it is not a symptom peculiar to pregnancy, as it has been heard in cases where the uterus contained a simple tumour, or even where the ovary was the diseased part.

This lecture, delivered without the slightest hesitation, and with remarkable clearness of arrangement, was received by a crowded audience in the most flattering manner.

On the 25th M. DUBOIS, after having

visited his patients, proceeded to deliver a clinical lecture on their cases, but was unfortunate in the subject assigned to him by lot, viz. *cancer*. The first patient was affected with a cancer of the neck of the uterus, extending to the vagina, and rendering any operation extremely difficult, if not impossible. The commencement of the lecture consisted in some general reflections on the nature of cancer, after which the subject was treated in connexion with the art of midwifery. Thus the speaker proposed to examine, successively, the influence of this affection on fecundity and the progress of pregnancy, and its influence on labour, and the effects which may probably give rise to after delivery. He also investigated a question which has been much debated, whether cancer is more common in married women, and those who have had children, and finally touched on the reciprocal influence of pregnancy and labour on the primitive malady. 1st. Is cancer more common in women who have borne children? This question is resolved by facts. In forty cases of cancer of the uterine neck observed by Madame BOIVIN, thirty-two existed in females who were mothers. Some pupils of M. DUBOIS have also collected cases in the various hospitals of Paris, and of seventeen patients it was observed that sixteen had borne children. As to the influence of this disease on fecundity, although many women affected with cancer of the neck of the uterus have become pregnant, yet the tumefaction and mechanical changes of the os uteri, joined to the vital alteration of the whole uterus, must generally present an obstacle of no small degree to fecundation. What is the influence of cancer on the march of pregnancy? This depends on the development of the disease. When the latter is so far advanced as to oppose the dilatation of the uterus, abortion is a necessary consequence, or the latter accident may be occasioned by the frequent hemorrhages, depending originally on the cancerous affection, and often taking place, to a dangerous extent, about the fourth month. There cannot be the least doubt but that cancer of the os uteri, in many cases, retards labour. M. DUBOIS related many examples of this effect. He has

seen labour, under such circumstances, commence and be suspended one, two, three, or even several times, before the uterine efforts became continued, and in some cases the resistance is so great, as either to give rise to rupture of the neck, or to render its division by the accoucheur indispensable. Here the speaker took occasion to criticise the opinion advanced by his opponent, M. VELPEAU, on the danger of cutting through the neck of the uterus. "Even laceration of this part," said M. DUBOIS, "is not of itself dangerous, and only becomes so when complicated with, or preceded by, severe accident. The artificial division of the neck of the uterus is still less to be feared. A few months back, a woman pregnant of twins entered the *Maternité*. The labour had continued for many hours, and the head, which had descended into the cavity of the pelvis, was closely embraced by the neck, which was rigid and showed no tendency to dilate. In this case I divided the neck of the uterus." The operation, which was extremely simple and easy, gave rise to uterine contraction, and the woman was delivered without accident in five minutes after. A similar case presented itself at the same establishment a few days ago. M. DUBOIS found it necessary to divide the neck, upon which the labour proceeded in the most favourable manner. A great number of analogous cases are to be found in works upon midwifery, and, upon the whole, the speaker concluded that division of the neck of the uterus is an operation in itself not dangerous, giving rise neither to hemorrhage nor inflammation, but at the same time one to which the practitioner should never have recourse, without a perfect conviction of its necessity.

The influence which cancer may exercise on the health of the woman after delivery, is principally to be estimated by the character of the pains. This M. DUBOIS asserts to be an important point in practice; and whenever the cancerous affection, by increasing the resistance of the os uteri to any considerable extent, gives rise to the development of excessive and long-continued uterine pains during labour, there is great danger of puerperal peritonitis supervening.

The second case on which M. DUBOIS had to speak, was one of *purulent ophthalmia in a new-born infant*. He first applied himself to a consideration of the three principal forms of ophthalmia, and then endeavoured, chiefly by negative reasoning, to show that the present case did not come under the head of *blennorrhœal ophthalmia*, and was inclined to attribute it to the too irritating influence of light on the eye of the new-born child. "As the inflammation is not severe, the treatment," said M. DUBOIS, "should consist in the frequent application of cold lotions; and should this not suffice, or if the inflammation become more intense, a single leech must be placed at the angle of each eye. When the disease assumes a chronic form, a solution of nitrate of silver, two grains to the ounce of water, produces the most excellent effects."

Such is a very brief outline of the two most remarkable lectures delivered during the present *concourse*. We have selected them as an example of the manner in which each subject was treated, and when we reflect that the speakers were allowed but a comparatively short time for reflection or arrangement, it must be confessed that either is well worthy to fill the chair to which he aspires.