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**E. W. SCHAUFFLER**

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## On the Uses of Opium in Labor.

By T. CURTIS SMITH, M. D., Middleport, Ohio.

Of all the agents brought into requisition by the varied ailments of the human family, none is probably as frequently used as opium, or some of its numerous preparations. Hence it is not strange that its use should be demanded at our hands, in some of the conditions that precede, attend or follow parturition. The general therapeutical and physiological effects of the drug need not be mentioned here, only so far as may be necessary in speaking of its use in special cases or conditions. We all know, or should know, its influence over the organic and inorganic systems of nerves, and that it is principally, if not entirely through these that it exerts whatever power it may have over the physical economy. By its power thus exerted, it first exalts the intellect, stimulates the circulation, and next calms exalted nervous irritability, soothes to quiet slumber, or spends its power in allaying pain, &c., &c., leaving a secondary effect of retarding secretion, impairing digestion and depressing the intellectual faculties. An agent capable of all this, and more, will always find much use in the treatment of disease.

But what are its applications in the many varied states of a

pregnant woman? One of the frequent mishaps of such cases is abortion. Opium here, as a preventive, is generally our sheet-anchor. Probably no single agent, nor combination of agents, has been as successful in preventing abortion and premature labor as opium. It allays the pain that indicates its threatening, allays the nervous irritability caused by the shock that excited the uterine contractions; also, allays the mental apprehensions of the patient. But opium, even here, cannot always be given without preparation of the patient, as there may be present some marked constitutional or symptomatic contra-indication, that must first be set aside or obviated. For instance, we would hardly expect to give opium to a patient having at the time in question a well marked determination of blood to the head, without first using the lancet; or, now-a-days, without combining it with pretty large portions of Bromide of Potassium, to counteract the tendency opium has to increase such determination. Nor would we, if we could reasonably avoid it, use opium where the idiosyncrasy against it was very strongly marked, fearing its sequential effects would more than counteract its benefits. In cases threatening premature labor, opium is nearly always beneficial, and many a case has been continued to a happy termination, by its use, that would otherwise have terminated disastrously.

But what are the indications for its use where labor has apparently or really set in? Very few, proportionately, of these cases need any remedy to alleviate the suffering, or to expedite the process. A few, however, do need such aid. Opium, it is said by a few, increases the number and force of uterine contractions, but such a statement is contrary to reason and experience. Otherwise, when given to prevent abortion or premature labor, it would be expected to increase the power of the contractions, and bring on the labor we are trying to postpone. Experience certainly has abundantly proved that it is not directly an oxytocic agent, but that where the uterus is rigid around the mouth, and the contractions attended with unusually severe grinding pain, the contractions sufficient but the relaxation insufficient, opium is very beneficial.

A few years since, a series of articles appeared in an eastern journal from the pens of Dr. Barker, of New Jersey, Dr. Byrd,

of Baltimore, and Dr. T. J. Kennedy, claiming that opium and morphia "act as a parturient," by "arousing the dormant contractions of the uterus." They claim that while ergot tends to increase the rigidity of the os when already rigid, that opium "facilitates dilatation," but "promotes the expulsive power of the body of the uterus." Again, they state "that opium possesses the power of relaxing the circular fibres, at least of the os, and of stimulating the longitudinal and oblique fibres into active contraction." This is certainly a new acquisition to the reputed fame of opium; but is it correct? I must answer for myself, from experience, emphatically, No. If opium increases the contraction of the longitudinal and oblique fibres of the body of the uterus just when we want it to, and relaxes the circular fibres just at the right time and the right place, it is certainly an agent possessing more intelligence than it has heretofore received credit for. Again, barring this claimed inherent intelligence of the agent, if it does possess such power, who for a moment would dream of using it in a case of threatened abortion or of threatening premature labor? for it would inevitably produce the very result we dread. On the contrary, we know it does not possess such power, because it is given to allay such morbid conditions, and that with the very best of success. Again, if it possesses the power of producing uterine contractions, we would not dare to use it with a patient during pregnancy. In real fact, these writers have misconstrued its action in the cases where it has proved beneficial. To illustrate, let us suppose a few cases of labor such as we often meet in practice. We are called to see Mrs. A. She is a woman well proportioned, her time for confinement is at hand, and examination proves a first vertex presentation, with roomy pelvis, os dilated or dilatable, but the pains or uterine contractions are very feeble. If opium possesses the power of producing or increasing contraction of the muscular walls of the body of the uterus, here is certainly a case for its use; and we would expect to find it winding up a tardy labor in a short time. But who would think of giving opium in such a case, with such an end in view? Whoever does so may expect to be, and will, most likely, be disappointed. But suppose the same case is found with everything correct in position, and labor actively going on, at least the contractions



powerful and regular, but the os so rigid that the expulsive efforts are ineffectual, and labor progresses very slowly, if at all. Then would opium be proper? Barring strong contra-indications, it would here be highly useful. Not, however, by increasing the power of the contractions, but rather by allaying the inordinate action, and permitting dilatation of the circular fibres of the os, by allaying the morbid nervous irritability that has kept the os rigid. In the former instance, ergot would be a proper agent; in the latter, ergot could not be safely used, but opium would prove highly beneficial, not in directly producing dilatation, but in removing the cause of the rigidity of the os. Opium never, in my opinion, causes uterine contractions, but it may, and no doubt does, sometimes, permit their apparent increase by allaying morbid irritability, and leaving nature untrammelled to perform her task.

These views I find are sustained by the majority of writers on this subject.

Another use for opium in pregnancy is to allay morbid action of the uterus, or rather pain in that organ when labor is threatened, but not commenced, in which the pain is regularly periodic, and closely simulates labor, except that there is little or no contraction of the uterus. For instance, I was called some months since to see a lady supposed to be in labor. She had called in her lady attendants, and all things were made ready for the accouchement. After a little delay, I examined the patient during a severe pain, found a vertex presentation, pelvis normal, but notwithstanding the very severe pain, I could observe but very slight contraction of the uterus; the cervix was not obliterated by fully a half inch; there was no vaginal discharge, nor had there been any, as we would expect preceding labor, and preparatory to it by nature. I waited a few pains, examined again, and found the same state existing. I now told the lady she was not in labor at all, and that her time was probably not completed, to which she and the attendants demurred, and exchanged wise glances at what they seemed to consider my great ignorance. I succeeded, however, by a little diplomacy, in getting a half grain of morphia into the patient's stomach, and read a newspaper for the next hour, leaving the wise old ladies to their cogitations. By this time all pain had ceased, and the patient was tranquil, and partially

satisfied of my correctness. A week later the same scene was repeated; but in two weeks from the last scene I was called, found the vaginal discharge present, the cervix obliterated, soft and dilating. I gave no opium this time, for there was no need of any agent, as nature seemed now to be at work with her eyes open, and soon completed her task. In such instances, and where the pain is very annoying for days preceding labor, opium is a valuable agent. I have never found it to have any special influence over natural uterine contractions, either by increasing or retarding them, but over morbid uterine action during labor it has a marked and often happy influence. As before stated, however, it would not be wise to administer opium in a case with a strong determination of blood to the brain, and especially where the subject is robust and plethoric, even if the os be ever so rigid, without first using the lancet, or combining the agent with free doses of Bromide of Potash, the former being far the most preferable.

The indications for the use of opium in complications are quite numerous, and occasionally imperative. It is by no means, however, proper to give it for trivial causes, and it should never be used anywhere without being really needed. In severe after-pains it is invaluable, also in mastitis, and all painful complications. Probably no single agent since the days of Physic, Graves and Stokes, has been so implicitly relied upon in puerperal peritonitis as opium. In puerperal eclampsia, used judiciously, it is also a highly useful agent, but discretion must be observed in the different cases of this affection, for the same reasons as given above.

There are other complications that arise during labor, in which opium becomes very useful, and which should have been mentioned before. In the patient suffering with an irritable uterus, and in whom the pains are not consentaneous, it moderates the irritability, and allows the contractions to come on with normal regularity and force. Again, where tumors prevent the expulsion of the fœtus; where there is an abnormal presentation; where the pelvis is abnormally small, or where from any cause manual interference must be resorted to, opium will greatly allay the excessive uterine action, and permit of more ready manipulation on the part of the accoucheur, accompanied with less shock to the patient.

### What is Cholera?\*

BY A. L. CHAPMAN, M. D.

In this paper we propose to take a summary view of the morbid condition in which the human body is found to exist, when it has come under the influence of the disease inaptly called cholera. It is not our intention here to enter upon the question of its contagion, of its infection, or of its portability, nor yet to dwell upon its symptomatology or clinical history, and still less to arm ourself with nostrums and happy combinations whereby the vile thing may be cast out, not less to the glorification of the officiating M. D. than to the health and happiness of the dying victim; but it is solely our object at the present writing to inquire into the nature and character of the morbid condition itself, and in the meantime to ascertain whether that condition be special or general; whether the morbid principle affects all the whole through a single part, or whether the whole at once through all the parts, and finally to point out and to signalize the footprints of the invading enemy, namely, the anatomical lesions, and the pathological significance of these lesions.

The peculiar characteristics of the cholera poison, its pathognomonic features; its one only specific and single effect upon the body of man is, namely, a simple diarrhoea or catarrh from the gastro-intestinal mucous surface, without pain or other constitutional disturbance. The sequela which may follow in any case, whatever else may enter into the clinical history of a cholera patient, is naught else but the logical consequent of which the said diarrhoea is the one only logical antecedent. It is true, indeed, that this choleraic diarrhoea, this outflow from the mucous tract, has something very peculiar about it. *It contains the nutritive juices of the body, with the cellular elements which formed them.* The anatomical lesions, therefore, which are due to the cholera poison, and which are the peculiar and special imprints of the occult principle, are two, namely: 1st. A lesion of the nutritive juices which are on their way to the

\* This paper was read before the Kansas City Medical Society, and, on motion, was recommended for publication in the JOURNAL. It was also similarly recommended over the signatures of two members of the Committee on Publication of that Society. It is, therefore, given a place on these pages, where, otherwise, it would not appear.—ED.