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ILLUSTRATIONS
OF
PUERPERAL DISEASES.



William Read

ILLUSTRATIONS

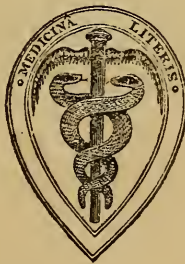
OF

PUERPERAL DISEASES.

BY

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OBSTETRICAL SOCIETY OF LONDON, ETC., ETC.



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MDCCCLXII.

✓

“ Ici nous avons affaire à une maladie qui se présente avec les lésions les plus variées, tantôt une métrite, tantôt une péritonite, d’autres fois une lymphangite, des pneumonies, des pleurésies, des arthrites suppurées, &c., &c.”—CAZEAUX.

“ Erwägt man diese Dinge ernsthaft, so kann man wahrlich den Wunsch nicht unterdrücken, dass die Verfasser der Compendien u. s. w., statt ganze Paragraphen, Seiten und Blätter mit Dingen vollzuschreiben, die dem geradezu widersprechen, was in der Natur vor sich geht, sich doch vielmehr darin gefallen möchten, den Schreibtisch zu verlassen und vorurtheilsfrei zu beobachten, wie diese Dinge in der Natur verlaufen, die tagtäglich ja Gelegenheit genug darbietet, ihr ihre Geheimnisse abzugewinnen.”—NEGELE.

TO

W. TYLER SMITH, M.D., F.R.C.P.,

PRESIDENT OF THE OBSTETRICAL SOCIETY OF LONDON,
ETC., ETC., ETC.,

This Work,

WRITTEN AT HIS SUGGESTION,

IS

RESPECTFULLY DEDICATED.



PREFACE.

“*Forsan et hæc olim meminisse juvabit,*” was the motto I wrote on the title-page of a ‘Register of Midwifery Cases,’ which I commenced when I entered on the charge of a country practice early in the year 1834. That register now contains reports, more or less in detail, of the circumstances of more than 3300 cases of midwifery; and, in entire fulfilment of the anticipation expressed in my motto, I have frequently found my definite records of the past, thus preserved, an exceedingly useful resource in present doubts, difficulties, and anxieties—much more useful than general impressions founded only on vague recollections—ininitely more valuable and trustworthy than mere book lore. This has been especially the case with that portion of my register which contains notes of such diseases and accidents of the lying-in month as have come under my care. The importance of that branch of the subject cannot easily be overrated, and it has been with the view of making those notes useful to others

also, that I have endeavoured in the following pages, to make such a selection from them, and such an arrangement of that selection, as would constitute an embodiment of my twenty-eight years' experience of Puerperal Diseases. All the cases reported came under my own personal observation, and by far the greatest number of them under my sole responsibility, so that, although I cannot introduce my records to the reader with the words—

“ Infandum.....jubes renovare dolorem,”

for that would be inconsistent with the pleasure I feel in giving publicity to them, I feel, nevertheless, that I may say, taking up the passage a little further on—

“ quæque ipse miserrima vidi,
Et quorum pars magna fui.”

I have, in the present edition, availed myself of the opportunity of inserting several additional cases of illustrative importance, including not only some which I had overlooked in going through my register when preparing the former edition, but also several which have occurred in my practice since the publication of that edition in January last.

ALFORD, LINCOLNSHIRE ;

July 16th, 1862.

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ILLUSTRATIONS
OF
PUERPERAL DISEASES.

PART I.—PUERPERAL FEVERS.

WHAT is puerperal fever? M. Cazeaux, in the course of an admirable speech before the French Academy of Medicine in April, 1858—a speech in which he gives not only his own opinions on the subject, but also a very good digest of the different and contradictory opinions held by previous speakers in the debate—observes that, “here we have to do with a disease which presents itself with lesions the most varied; sometimes a metritis, sometimes a peritonitis, sometimes a phlebitis; at other times a lymphangitis, a pneumonia, a pleurisy, a suppurating arthritis,” &c. Further on he dwells on the fact that we have usually an anæmic and even an uræmic condition in the puerperal state, and he goes on to say that “it is in the blood, so profoundly modified in pregnancy, that we must seek the first cause—the *point de départ* of puerperal diseases;” and, a little

further on, he says, "there is, therefore, in lying-in women a great morbid aptitude, which I will at once call a *pyogenic state*, which not only manifests itself in abdominal phlegmasies, but makes its sad influence felt, whatever be the disease attacking the puerperal female." Puerperal fever, therefore, is not one and indivisible. As Dr. R. Ferguson says in the essay prefixed to the New Sydenham Society's edition of Gooch's invaluable work—"Gooch discovered that puerperal fevers were many, requiring various modes of treatment."

The following group of cases illustrates to some extent the truth of the preceding remarks; they show that even convulsions and mania, occurring in the puerperal state, if they may not be exactly regarded as puerperal fevers, may either be associated with, or degenerate into, a form of disease which must, in the extended sense of M. Cazeaux, be regarded as a puerperal fever. In Case I, which I offer with such observations as suggested themselves to me at the time, it will be seen that I express some surprise at the seeming want of pathological connection between the different states, present together, or following one another. That surprise I no longer feel, enlightened by the doctrine of Cazeaux, as well as by the observation of subsequent cases, such as Cases II, III, and IV, and others which will follow.

GROUP A.

OF CEREBRAL EXCITEMENT AND DISORDERS OF THE
MIND IN THE PUERPERAL STATE, REGARDED AS
VARIETIES OF PUERPERAL FEVER.

CASE I.—CONVULSIONS.

Mrs. J— B—, the wife of a draper in Alford, was prematurely confined of a living child on the 6th February, 1854, and so hastily that she was very near being alone when delivered. It was her first labour, and she was greatly agitated at this so sudden event; so much so, that very soon after the removal of the placenta by her medical attendant, who was on the spot as soon as possible, she went off into strong convulsions. Mr. O. bled her largely, and the convulsions ceased. She had suitable medicines administered afterwards. For a few days she had blindness and deafness, and with the exception that she had occasional diarrhoea, and that her pulse never fell below 120, for a fortnight she appeared to recover, and got into her sitting-room. At the end of that time she had alarming faintings, for which brandy and other stimulants were administered. On the 24th of February, Mr. O. requested me to see her with him. She had had a very distressing cough for the previous twenty-four hours, with pain low down in the left side. The pulse was 140, with a feverish flush, most remarkable in one cheek. She had had some expectoration, but no sputa were forthcoming for our inspection. Auscultation, however, made it quite clear that she had pneumonia. The patient having been freely depleted so recently, and having also suffered from faintings a few

days previously, we thought leeching and antimonials scarcely admissible; we therefore applied a blister, and administered calomel and opium in pills every four hours, one grain of the former with a quarter of a grain of the latter. The blister relieved the pain at once; and after she had taken the pills a day or two, the pulse being below 100, Mr. O. omitted the opium, thinking the bowels were becoming too constipated. Unfortunately diarrhœa came on again, which resisted the ordinary astringents as long as we persevered with the calomel. We, therefore, discontinued that medicine, the pneumonic symptoms being apparently relieved, for there was no pain and scarcely any cough. Still the pulse was continually getting up to 120 again, particularly in an evening, and there were night-sweats occasionally, a state of things which indicated a hectic condition, for which, as well as for the still obstinate diarrhœa, we gave sulphuric acid, with sulphate of quinine and sulphate of copper. This did not answer as we wished, the diarrhœa continuing; so we gave decoction of oak-bark with catechu and laudanum. The diarrhœa now abated somewhat. On the 5th of March, during an evening visit, it was noticed that she coughed slightly. She was questioned more closely about the cough, which she had for several days denied having suffered from at all, as well as that she had had any pain. Some sputa were produced in reply, which were decidedly pneumonic; and auscultation again revealed the pneumonia in the old place. A blister was again applied, and the calomel and opium commenced again, along with decoction of oak, catechu and cinchona. The rapid pulse in an evening, the progressing emaciation, and the tendency to hectic, were all accounted for by

the existence of pneumonia in a latent and somewhat chronic form. Under this treatment the sputa gradually improved in appearance, the pulse got below 100 again, and on the 12th I ceased my consultation visits, Mr. O. reporting to me from time to time that she was improving, that her pulse a few days after was as low as 88, and that she had once again got into her sitting-room. The calomel was discontinued, and this apparent improvement went on until the 20th of March, when phlegmasia dolens of the left leg came on rather suddenly, with great pain, swelling, and a hard swollen condition of the femoral vein. Mr. O. applied leeches inside the thigh, fomented the part, &c., and the next day I saw the unfortunate woman again. It was a decided case of phlegmasia dolens. The pain was relieved greatly, but the swelling and the hardness of the femoral vein remained. The pulse was 130. There was considerable emaciation. The cough and mucous expectoration had entirely ceased on the accession of this new disease. Friction with camphorated oil was used to the leg, with opiates at bedtime. On Sunday, the 26th of March, she suddenly coughed up four or five ounces of pure pus, which Mr. O. brought to show me. A vomica evidently had burst, proving that the pneumonia had not been cured after all. She now got rapidly worse, her alvine evacuations became very frequent and involuntary, and when I saw her once again, on the 28th, her pulse was 160, and her respiration 50 in the minute. She died at midnight on the 29th, having survived her confinement fifty-one days. It was the unfortunate occurrence of obstinate diarrhœa which interfered with the effect of the calomel. The gums were never affected. It was singular that the pneumonia should have been so masked

throughout. The sudden appearance of phlegmasia dolens, so long after the confinement, and without the usual premonitory symptoms of abdominal or inguinal inflammatory tenderness, was rather remarkable. There was no mistake about the pneumonia having been the only inflammatory condition present.

The convulsions in this case appeared to have been caused by mental excitement. But I cannot help remarking on the strange sequence of diseases in the case—convulsions, followed after an interval of several days by pneumonia; that disease masked and accompanied by obstinate diarrhœa; the subsequent attack of genuine phlegmasia dolens, so very long after the confinement, when *uterine* irritation might have been supposed to be quite at an end; and lastly, the fatal development of the pneumonia into suppuration. Speaking of some of the sequelæ of convulsions, Dr. Ramsbotham says:—“Denman mentions that in almost every case he had seen, there was evidently after delivery a greater or less degree of inflammation; Collins has found a strong tendency to peritonitis, even when blood has been taken freely; and Gooch gives a case exemplifying the truth of these observations. Although it has happened to myself to meet with a few instances of peritoneal affection subsequent to puerperal convulsions, the number has not been by any means so great as to impress my mind that the latter disease had any connection with the former; nor would it have occurred to me to imagine such

a connection, had the remark not been made by high practical authorities.”*

It is, however, quite certain that the convulsions had, in the case I have here given, left a morbid impression on the system, or why should the pulse have continued so frequent? In a paper on the subject of puerperal convulsions by Dr. Cormack (*London Journal of Medicine*, 1849), a case of convulsions during labour is given, in which phlegmasia dolens came on three days after the delivery. It is not stated whether this attack was preceded by the usual symptoms of abdominal or uterine inflammation; probably there would be something of the kind. Phlegmasia dolens may, therefore, be looked upon as one of the possible sequelæ of convulsions. But in the case I have here given, that disease would appear to have been the last of a series of diseases having no recognised pathological connection one with another, and occurring very long after the labour. Would the diarrhœa constitute a sufficient source of irritation to cause phlegmasia dolens? I once had a case of peritonitis in which diarrhœa came on, and afterwards phlegmasia dolens, after a considerable interval. (*Vide* Case xxxv.)

CASE II.—CONVULSIONS.

On the 18th of February, 1862, Mrs. C—S—, of Alford, the wife of a grocer, pregnant for the first time, bespoke my services for about the middle of the following April,

* Ramsbotham, *Obstetric Medicine*. Third edition, p. 471.

and as she was in a bad state of health, I was requested to call upon her at once. I found her very pale and anæmic, her ankles as well as her hands and face much swollen with œdema; she was short of breath; she had no pain in her back. A specimen of her urine passed that day I found to contain a very considerable quantity of albumen—at least one third of its bulk; its specific gravity was 1020. I warned her mother of the probability of her expected labour being complicated with convulsions. I gave her some saline aperient medicine, but the œdema remained unaltered.

On the 7th of March, while I was in attendance on a tedious primiparous case in a neighbouring village, Mrs. S. was taken in labour, and my friend Mr. H. attended the case. Hastening home, as soon as I was disengaged, I called on my patient and found that she had just got it over, having had a very favorable labour; her child a living one. She, however, complained much of headache, a symptom which made me uneasy. Receiving no message at the end of two hours and a half, I went a long round of visits in the country, returning from which in the evening, I found that about three hours after her child was born my patient had been attacked with violent convulsions, which had recurred every hour, between 3 and 8 p.m., when I saw her. I bled her at once in the arm, but the blood flowed very badly; the quantity drawn, about a pint, appeared however to relieve her, for the fits recurred less frequently, and especially so after a turpentine enema which I gave her after the bleeding. During the night, the fits continued to recur at intervals of about two hours, and in the morning—March 8th—I found her in a very bad state, the fits recurring every two or three hours; her tongue swollen

with frequent bitings so that she could not close her mouth; her respiration very laboured and stertorous; her pulse very frequent and small. When at rare intervals she was conscious enough to speak, she complained of her head. The enema given over night had acted freely, but not until towards morning. I blistered the nape of the neck and behind both ears. Between 12 and 1 she had three fits in rapid succession, after which hour they ceased altogether, leaving her very comatose, unable to swallow, with a very rapid nasty small pulse, and great heat of surface.

March 9th.—Great pain at pit of stomach and in abdomen; no tenderness on pressure; pulse very rapid and countless; respiration noisy and catching; no more fits. I gave her a pill containing calomel and opium, of each 3 grs., and the following mixture:—

℞ Tinct. Opii, ℥ij;
 Mist. Sennæ Comp., ℥iij;
 Sp. Æth. Nitric., ℥ss;
 Mist. Camph. ad ℥viij; M.

Sumat coch. ij 3tiis horis.

A specimen of urine, which was procured with difficulty this evening, when treated by heat and nitric acid threw down half its bulk of fawn-coloured (bloody?) albumen, besides containing many coagulated albuminous flakes which were removed by filtration before such treatment.

10th.—The pain is quite relieved, and she has had a good night. The urine passed this day contains notably less albumen. The bowels are freely open. The pulse still very running and indistinct. Continue medicine.

11th.—Feverish heat of surface; pulse much more free and distinct, so that I could count it—130. Considerable tympany. Continue medicine.

12th.—Pulse 125, small; warm, perspiring skin; lochia abundant; some milk in breasts; flying pains in abdomen; tympany. *Evening*—Feverish; perspiring skin; pulse not so distinct, 125; tympany; knees drawn up; throat diphtheritic. To take chlorate of potass with tincture of muriate of iron. Nitrate of silver to throat.

13th.—Has had a good night; appetite good; cheerful; no abdominal pain; lochia going; pulse 120, sharp; less heat of surface. *Evening*—Going on nicely; pulse 100; still, however, considerable tympany. Continue medicine.

14th.—Throat worse; the tongue, covered with diphtheritic or aphthous patches, is still inconveniently swollen; pulse 120; œdema lessening. To continue chlorate of potass with steel tincture.

16th.—Throat better; tympany better; pulse 120.

After this date she improved steadily. I had found, on a daily examination of the urine, that the albumen was gradually disappearing, there being but mere traces present on the 16th. The pulse, however, continued quick for several days longer. I made her take the tincture of steel as a remedy for her anæmic condition for a few days, until I gradually ceased my visits. At the end of a fortnight the œdema was all gone. The case, unpromising in the commencement, was altogether a very satisfactory one in its result.

CASE III.—MANIA.

Mrs. C—, of A., near Alford, a woman of very full habit, was confined early in the morning of the 2nd of October, 1858. She had a dose of ergot given her in

consequence of *inertia uteri*, and was delivered about twenty minutes after. It was her eleventh confinement, and although she had always suffered severely from afterpains, she had every time recovered without a bad symptom. On the present occasion she had some feverish symptoms on the third day (October 4th), for which I gave her sulphate of magnesia, with Dover's powder. On the 6th and 7th she appeared somewhat better; but on the evening of the latter day her husband, a small farmer, addicted to drink, came home late much intoxicated, and quarrelled with the nurse, who, he said, was drunk! The nurse ran off to a neighbour's house and did not return. I was summoned at 6 the next morning (October 8th), and found my patient in a very excited hysterical condition, with a thin pulse, about 120. I sent her a few doses of chloric æther in camphor mixture. The same day, in the afternoon, I had a hasty summons. I found my patient quite maniacal, very boisterous, and with many delusions; her pulse 120, as in the morning, but softer and fuller; her milk going, with other untoward symptoms. I sent her a draught containing a grain of acetate of morphia to be taken at bedtime.

October 9th, manè.—Has many delusions, but is not so boisterous; she has not slept; her pulse is 112. Continue mixture. *Vesperè*—Is better; has no delusions; has not slept, but feels sleepy; pulse 114. Bowels have been well moved with castor oil. Repeat the night-draught.

10th, manè.—Has slept well; is quite cool and collected; pulse 80. Continue mixture, and repeat the night-draught.

11th, manè.—Has not had so good a night, and has

slight delusions. This morning she talks volubly of events which she persists occurred the day before, but respecting which she is altogether mistaken, and has a good deal of quiet conversation about events of twenty and fifteen years ago, about which her memory is correct, but all which are *àpropos* of nothing at all. Pulse 98. Lactation checked, but not entirely suppressed; tongue whitish; complains of a ringing in her ears. Repeat the night-draught.

12th.—No sleep last night; is however better, being perfectly quiet and rational. Complains of pain in legs; tongue covered with yellow fur; pulse 95. Continue mixture, and repeat night-draught.

℞ Pil. Hydr.,
 Ext. Hyoseyami, āā gr. xij;
 Pulv. Rhei, gr. vj;
 M. Ft. pil. vj.
 Sumat ij omni nocte h. s.

13th.—Was rather delirious last night, but slept rather better, and is now very quiet; pulse 98; complains of pain in all her limbs, and of indefinite uneasy sensations. Continue mixture, and repeat night-draught.

14th.—Is rather feverish; pulse 114. Is just now rational, but thought last night she was bewitched. There is less pain complained of in limbs, and the tongue is cleaner. Continue.

15th.—Is very quiet; is not so feverish; pulse 98; tongue furred; was purged a good deal yesterday; is very flatulent; does not now complain of pain in limbs. Repeat night-draught.

℞ Spir. Ammon. Foetid., ℥ss;
 Infus. Gent. co., ℥viij; M.
 Sumat coch. ij quartis horis.

16th.—Great tympanitis, with occasional spasmodic pain in abdomen; pulse 104; is quite collected. The bowels not having been moved at all since yesterday morning, I gave her a dose of castor oil. Repeat night-draught.

17th.—Although she did not take the night-draught as ordered, she has had a good night; yesterday afternoon was very talkative and delirious, singing occasionally; this morning is very quiet and still, and quite rational. The castor oil given yesterday has operated several times. There is still great tympany; tongue rather cleaner; pulse 98.

18th.—(In consultation with Dr. Grantham). Is better; has had a good night; was not so delirious last night; tongue cleaner; tympany as before; some tenderness in both groins; lies with knees up; bowels open; pulse 80, soft.

Sumat statim Ol. Terebinth, ʒij ex lacte.

℞ Quin. Sulph., gr. x;

Acid. Nitric. dilut., ʒj;

Aquæ, ʒviij; M.

Sumat coch. ij quartis horis.

19th.—No delirium last night; is now perfectly quiet and rational; cool and pale; groins still tender; knees drawn up; is purged a good deal; pulse 80. Continue quinine.

20th.—Much better in every respect; knees down; diarrhœa abated; appetite returning; pulse 76. Continue.

21st.—Nearly well; appetite good; no pain; tenderness gone from left groin, but still felt slightly in right; pulse 76.

22nd.—A smart shivering fit last night at 6. Fever

and restlessness without delirium all night. This morning her knees are drawn up again; tenderness in right groin; fever; headache; pulse 108.

℞ Spir. Æth. Nitr., ʒvj;
 Liq. Ammon. Acet., ʒij;
 Tinct. Card. comp., ʒj;
 Mist. Camphoræ, ad ʒviiij; M.

Sumat coch. ij quartis horis urgente febre.

To take the quinine medicine only in the intermission.

23rd.—Has had a good night; had a rigor this morning at 6. Is now, 11 a.m., rather feverish; pulse 114; is more cheerful; knees drawn up; groin tender. Continue. Foment the groins.

24th.—Fever all night, which subsided at about 9 this morning; had a smart rigor at 11. Pulse now (noon) 120; great heat of surface; no delirium; right groin still tender. Gave her some saline medicine in an effervescent form.

25th.—Less fever; but calf of right leg is swollen, and very tender to touch; no appetite; pulse 100. A poultice to calf.

26th.—Is better; no fever; pulse 90. Suppuration commencing in calf; is very deaf. Continue quinine, &c. *Same day, 9 p.m.*—Husband having come home drunk from market, she had some kind of fit which I did not witness, but during which she could not speak. I was summoned; I found her better again, but breathing very hard and complaining of great pain in right side of chest; sound on percussion there dull; pulse 88. Mustard poultice to side.

27th.—Was summoned in the night. Saw her at 2 a.m. Has just had another fit as last night; respiration

worse; pain in side the same; has a cough, and has expectorated some rusty sputa; there is crepitation; is rational; skin warm and moist; pulse 84. Blister to side. 11 a.m.—Hearing better; respiration easier; has expectorated rusty sputa several times; abscess in calf softening; pulse as before. *Evening*—Is much exhausted, having been out of bed; breathing no worse; no fever; pulse 102, very weak. Wine *ad libitum*.

28th.—Is better; nice soft pulse, 90; appetite returning; pain in side better; cough gone; abscess in calf advancing. Continue quinine.

29th.—Feels altogether better; pulse natural, 72; still some pneumonic sputa. Opened the abscess.

30th. Slight cough; no bloody sputa; abscess discharging; appetite good; pulse 80.

November 1st.—Very feeble, but does not look so anæmic as she did; abscess discharging; no rusty sputa, but still a slight cough; cannot lie on right side; great tenderness to touch on inside of knee, but none higher up the thigh; whole of leg swollen and tender to touch especially in inside; appetite good; tongue clean; skin natural and open; pulse weak, soft, 90.

2nd.—Fever of hectic type; pulse 100; appetite very good; less pain in legs.

4th.—Right groin still tender; no fever; pulse 90; appetite good; abscess discharging. Continue quinine. Camphorated oil to groin.

9th.—Coughs slightly; pulse 80. To take cod-liver oil.

24th.—I had discontinued my attendance, trusting that the abscess in the calf of the leg had eliminated the *materies morbi*, and that there would consequently be no further relapses; but I was deceived, for I was

summoned again this day, and found a large abscess on the right buttock, which was advancing to supuration, having begun to inflame a fortnight before. I ordered poultices.

28th.—Opened the abscess on the buttock. Complains of acidity, eructations, and other dyspeptic symptoms, with occasional shiverings.

℞ Potassæ Bicarb., ʒij;
 Magnesiæ Calcin., ʒj;
 Tinct. Card. comp., ʒss;
 Spir. Ammon. Aromat., ʒss;
 Aquæ, ad ʒviij; M.
 Sumat coch. ij ter in die.

I advised the patient to keep the abscess discharging as long as possible, for I thought that that of the calf had healed up too soon.

From this date the patient had an uninterrupted progress to recovery, and on the 31st of October, 1859, was confined of twins after a very rapid labour, from which she recovered without a bad symptom.

CASE IV.—MANIA.

Mrs. T—, of H—, near Alford, the wife of a sailor who was absent at sea, a healthy-looking young woman, aged 24, of very excitable temperament, was confined on the 4th of August, 1860. It was her first labour, and was rather hard, with first position of cranium. She had a dose of ergot, and the child, a large, living male, weighing 9 lbs., was brought away with the vectis. She went on well, having no trouble with lactation, until the seventh day (Friday, August 10th), when

she had a smart rigor, followed by fever and sweating; pulse 140; no pain. She had an aperient, and some doses of Dover's powder. When I saw her the next day (Saturday), she had a very hot skin, with profuse perspiration; no pain; bilious tongue; lochia and milk sufficient. The bowels had been well moved; pulse 130.

℞ Magnes. Sulph., ℥j;
 Pulv. Ipecac. comp., ℥ij;
 Spir. Æth. Nitric., ℥ss;
 Mist. Camph. ad ℥viiij. M.

Sumat coch. ij quartis horis.

To take 4 grs. of blue pill every night for three nights.

Sunday.—Still hot skin, with perspiration; pulse 120.

Monday.—In the afternoon, is sitting up; is quite cool; pulse 100; says she feels well. The same night at 11 had another rigor, followed by high fever, with hot skin and hysterical (maniacal?) delirium all night. This state continued throughout Tuesday, with profuse hot perspiration. Continue medicine, and take a grain of acetate of morphia at bedtime.

Wednesday, a.m.—Has rested well; is now cool and free from fever; milk going; lochia degenerating into "green waters," but she has been confined twelve days or thereabouts. Continue medicine.

Thursday, a.m.—Fever came on again last night after another rigor. Pulse now 120; skin moist and cool; tongue bilious; no anxiety of countenance; no hurry of respiration; bowels well open; abdomen much distended and tympanitic, no pain or tenderness to touch; no pain in head. (Query—an ague?) Sumat Quin. Sulph. gr. iij tertiis horis absente febre. Repeat morphia at bedtime.

I was sent for again at midnight; she had been furiously delirious (maniacal?); but on my arrival, having had cold vinegar applied to her forehead, was quiet again; skin cooling down; pulse 96, soft and pleasant. She was having diarrhœa to some extent; abdomen still very tympanitic; had not taken her night-draught. I gave her her draught, and sent her some compound chalk mixture, to take an ounce after every loose motion, and omit the quinine until the bowels were better.

Thursday, August 16th, a.m.—Is quiet, and nearly rational, but now, 11 o'clock, the fever-fit is again coming on; pulse 125, and thinner; diarrhœa going on, with great tympanitis. *Evening, 8 o'clock*—Feverish; dry skin; flushed cheeks; no anxiety of countenance; no hurry of respiration; pulse 130; bowels have been moved three times since the morning; tympany still present; there is milk in the breasts, but sparing and watery; appetite not quite gone. Pergat in usu Mist. cretæ. Sumat haustum Morph. h. s.

Saturday, 18th, 11 a.m.—Is sitting up in bed, and seems better in every respect; skin cool; no flush of countenance; pulse 112; appetite moderate; has just had a very healthy formed motion. But I do not like the obstinacy with which she persists in sitting bolt upright in bed, without pillows or support of any kind to her back. Moreover, she has had all her bottles of medicine before her on the bed, and has been puzzling herself for more than an hour in trying to decide which is the right medicine to take. She talks much about her finger-nails, and expresses much anxiety respecting *my* conversion, a neighbour, who is a Wesleyan, having been praying with her. In short, there still seems to

be a maniacal element in the case. She is as tympanitic as ever, without pain or tenderness. To resume the quinine in 3 gr. doses, and with Pil. galb. comp. in 5 gr. pills. I had some little hope that she might do well, but when I called on

Sunday morning, 19th, I found her worse than ever—quite maniacal. Her husband had arrived in the night, but she took no notice of him. She talked incessantly and very incoherently, her subjects being chiefly delusions as to her own state—that she was full of water, &c., &c. She was chewing her saliva until her mouth overflowed with foam; the pulse was 140; the skin hot and very sodden with warm perspiration. I gave her a turpentine enema, hoping thus to relieve the tympany. *The same evening*—She was cooler, and perhaps not so turbulent; delusions as in the morning. She died in the course of the night.

CASE V.—CONVULSIONS, MANIA, HYSTERIA.

Mrs. E—R—, of Alford, the young wife of a carpenter—of a hysterical constitution, and whose mother had usually convulsions in her confinements—being in the fifth month of her first pregnancy, was attacked on the evening of March 23rd, in the present year, with a violent fit of convulsions, and her medical attendant, Mr. —, was sent for. The convulsions having lasted all night, I was called in the next morning at 5 o'clock, to see the case in consultation. The convulsions had ceased, but the patient was quite comatose, with dilated pupils disobedient to the light. Her pulse was rapid but soft, and she looked pale and œdematous. There

was no urine forthcoming for our inspection. Mr. — had leeches on the temples. We applied some liquid blister to the same parts. As we sat watching her, she groaned two or three times, as if expressive of abdominal or uterine pains. I suggested the possibility of premature labour coming on, but Mr. — assured me that he had found the os uteri, on examination, firmly closed. She continued in nearly the same state all day, and about 4 o'clock in the afternoon expelled a small putrid foetus, after which she recovered her consciousness, and appeared to be going on well until the afternoon of the 27th of the month, the fourth day from the miscarriage, when I was suddenly summoned again to see her, in the temporary absence from home of Mr. —. I found her furiously maniacal, raving with great volubility about hell flames. I gave her a draught containing a grain and a half of acetate of morphia, which soon quieted her, and she fell asleep. By desire of Mr. —, who had returned home, I saw her again late in the evening, in consultation. She was just beginning to talk again, but this time she was going to heaven instead of to hell, &c. Another half grain of the sedative quieted her again, and during the following seven days she had no return of mania; the slight hysterical symptoms, which from time to time gave warnings of a relapse, being promptly checked by half-drachm doses of Liq. Opii. On the 3rd of April, it being just a week from the occurrence of the maniacal symptoms, one breast began to inflame, advancing rapidly to suppuration, so that Mr. — lanced it at the end of another week, after which all her threatening symptoms disappeared.

CASE VI.—MANIA.

Mrs. T— R—, of H—, near Alford. Fourth confinement, December 14th, 1850. An easy, natural labour. Was sent for again at 1 or 2 o'clock in the morning of the 19th of December. I found symptoms of mania. Pulse 120, weak; delirium; sleeplessness; great timidity, and fear that the bystanders wanted to kill her; tried to get out of bed; refused to lie down; occasional shouting; milk scanty; lochia deficient; eyes staring, and pupils somewhat dilated; no pain in head, but some confusion; recognises people; tongue clean; skin cool.

Applicetur emplastrum Cantharidis nuchæ.

Sumat statim

Opii, gr. iij;

Calomelanos, gr. iij;

in pilulâ.

The bowels being rather confined, I gave next an opening powder, and the following mixture:

℞ Magnesiæ Sulphatis, ℥ss;

Vini Antim. Tart., et

Spiritûs Ætheris Nitrici, āā ℥ss;

Misturæ Camphoræ, ℥viss. M.

Fiat mistura cujus sumat cochlearia ij magna 4tâ quâque horâ.

I saw her again at noon, and found her perfectly rational and quiet; pulse 90. She said she had suffered from occasional pain in the head during her pregnancy, with partial blindness of one eye at times. Saw her the next morning. Her terror had returned as night came on, and she had had no sleep. Her pulse was 100

as she lay; milk tolerably sufficient; no lochia; eyes natural; occasionally weeps. Will have all her children on the bed with her. Applied six leeches to the temples, and gave her two draughts, each containing a grain of morphia, one to be taken immediately, the other in three hours, if sleep did not come on. The next day, Dec. 21, I found she had slept, having taken both draughts. She was better. Pulse 100. Had false impressions, and expressed great dislike to her nurse. Repeated the morphia, one grain morning, and one at night. Dec. 22. Better. Dec. 23. Nearly well.

There was something of an intermittent character about this case: the maniacal symptoms prevailing at night, and ceasing in the day.

CASE VII.—MANIACAL DELIRIUM.

Mrs. T— V—, of T—. Multiparous, was confined November 26, 1850. An easy natural labour. I was hastily summoned to this patient in the middle of the night, December 9th. I found her very noisy and delirious, with many delusions; headache; pulse 120, weak; had had rigors the day before; the skin was hot, with diaphoresis; lochia and milk all right; tongue white; bowels confined; abdomen soft, and free from pain. Applied six leeches to the temples, gave her five grains of calomel and the following in a mixture, to take an ounce every four hours.

R. Magnes. Sulph., ʒj;
 Spir. Æth. N tric., ʒss;
 Vin. Ant. Tart., ʒss;
 Mist. Camph. ad ʒviij. M.

She was much better the next day, and continuing to take her medicine was soon quite well.

In the preceding cases, certain cerebral symptoms appeared either to degenerate into, or, at any rate, to constitute the prominent phenomena in, a variety of shifting febrile, inflammatory, or purulent conditions. In the case which follows, it will be seen that the order was reversed.

CASE VIII.—METRITIS, DEGENERATING INTO HYSTERIA
AND HYPOCHONDRIASIS.

Mrs. F— B—, of A—, near Alford, a remarkably healthy looking woman, the wife of a respectable farming man, in very easy circumstances, and the mother of several children, was confined on the 11th of April, 1859, after a very easy and quick natural labour. Calling on the patient on the fourth day, April 14, I found her with a nasty, small, sharp pulse, 120; abdominal tenderness; *fundus uteri* large and very tender to the touch; lochia, as well as milk, abundant. She stated that she had had a rigor the day before, and that the headache she now suffered from had been greater on that day. I ordered fomentations, and a dose of castor-oil. I found her much better the next day. But on the 19th I received a message. I found her with gripings and looseness of bowels; the pulse more than 100; no abdominal tenderness; lochia and milk abundant; appetite good.

℞ Confect. Aromat., ʒij;
Tinct. Opii, ʒj;
Spir. Ammon. Aromat., ʒss;
Aquæ Ment. Pip. ad ʒvj. M.

Sumat coch. ij quartis horis.

I heard no more until May 1, when I found her sitting up, with a small pulse, 130, complaining of pain at *scrobiculus cordis*, probably from indigestion, although the appetite was but little impaired, and the bowels were comfortable. The milk was scanty, and the lochia watery. Somehow she was not "getting on."

℞ Quin. Sulph., gr. x ;
 Acid. Hydrochloric, ʒss ;
 Aquæ ad ʒvj. M.
 Sumat coch. ij ter in die.

May 6th.—Better ; pulse 86. Continue quinine.

7th.—Not so well again this morning. Is now, 4 p.m., complaining of pain at sternum ; is very flatulent with pyrosis, and short dry cough ; bowels loose again. Pulse 110. There is dyspepsia and intermittent fever. She complains of her skin feeling hot, though to my touch it certainly is not so. I think she is fanciful about herself. To omit the quinine for a few days, and to take a few doses of bismuth, chalk, and infusion of gentian.

13th.—Is better, but very depressed in spirits. She has hysterical urine ; the pulse 80, weak ; eats well and sleeps well ; she has many absurd fancies ; thinks her milk is all gone, but that is not the case.

And so she went on for many weeks. It was undoubtedly a case of metritis in the commencement, followed by a slight affection of the mind. She menstruated about the 1st of June, but still went on with her fancies, not entirely getting rid of them until she again became pregnant. She was confined again on the 28th of January, 1861, and is now quite well.

Cases I and III in the group described above, afford

examples of the influence of the *pyogenic state* referred to by Cazeaux, on cerebral disturbance in very excitable subjects, under special circumstances calculated to excite them. In both of them there was pyæmia, in both of them pneumonia; Case I, terminating fatally after protracted sufferings, while Case III did not recover until after perfect elimination of the purulent *materies morbi*. In Case v, which affords a good example of the protean character of disorders of the brain and mind, when they occur in the puerperal state, we have also an illustration of what may be the behaviour of the pyogenic diathesis in such cases. In Case iv, there was no evidence of a pyogenic state, unless the frequent rigors may be regarded as such evidence; but there were diarrhœa, great tympanitis and troublesome fever going on, *pari passu*, with the maniacal condition which was the prominent feature in the case. It was, certainly, not the mere delirium of fever. In Cases vi and vii, cerebral disturbance was the only local phenomenon in a disease of the puerperal state, occurring in the latter as late as the fifteenth day of lying-in. In Case viii, a genuine puerperal metritis degenerated rapidly into a very tedious and tiresome hypochondriacal condition.

GROUP B.

FURTHER EXAMPLES OF THE PYOGENIC DIATHESIS :
SALUTARY ELIMINATION OF A PURULENT
materies morbi.

In Case III, the critical formation of small acute abscesses was an important element, conducting at once to a favorable result; and so, perhaps, also in Case v. That Case I was not equally fortunate, was due probably to the already too exhausted condition of the patient, as well as to the circumstance that the deposition of pus took place in an important organ—the lung—which had for some weeks previously been affected with inflammation. The cases which will now follow, illustrate still more fully and distinctly the doctrine of a favorable crisis resulting from the deposition and elimination of a purulent *materies morbi*, as well as they do the fact of the frequency of a pyogenic or pyæmic diathesis in pregnant and parturient women. It will, moreover, be seen from these, as well as from Cases I and III, that while there is great capriciousness in the site selected by nature for the deposition of the pus to be eliminated from the system—for it may, as in Cases I and IX, or it may not, as in the other cases, be deposited in an organ or part whose disordered or inflamed condition had constituted the main feature of the disease—there is also considerable variety in the form of the puerperal malady which thus finds a natural remedy; the *pyogenic state*, as Cazeaux expresses it, not only manifesting itself in

abdominal phlegmasies, but making its sad influence felt whatever be the disease attacking the puerperal woman. Thus, in Case III, one furnishing in itself an example of more than one form of disease—mania, pneumonia, tympanitis, &c.—the purulent deposit took place first in the calf of the leg, and finally in an abscess of the buttock; in Case x, one of diarrhœa, the pus was deposited in an inguinal gland; in Case XI, one of pneumonia, in the calf of the leg as well as in the lung itself, in the form of purulent expectoration; in Case XII, one of dysentery with dysuria, in a cervical gland; in Cases v, XIII, XIV, XV, XVI, XVII, XIX, and XXI in the mamma; in Case XVIII, one of peritoneal fever, in the mamma and on the skin in the form of a pustular eruption; in Case xx, one also of peritoneal fever, in the lungs; in Cases XXII and XXIII, under the fascia of the thigh—the last two being cases of strumous pyæmia *pur et simple*, that is to say, apart from the puerperal state, which was the exciting cause, there being no other disease present than the purulent collection itself and its hectic fever.

That this capriciousness of purulent deposition is not peculiar to the puerperal forms of pyæmia was well proved to me by the cases of two male patients who came under my care a few years ago; in one of whom, after symptoms of severe acute articular rheumatism, a number of small abscesses formed in the neighbourhood of the affected joints. On these healing up, which they did very rapidly, a deposit took place in the kidneys, so that the patient had *pyuria* for several weeks, becoming

very hectic and emaciated; this gradually ceasing, a large abscess of the liver developed itself, which being opened with the lancet, and kept discharging by means of tents for several months, the man got quite well and strong again. In the other, a purulent deposit in an abscess of the testicle was suddenly transferred to the rectum, great quantities of pus being discharged with the stools. This man died.

The cases teach us further, that when this pyogenic state is present in any form of puerperal disease, we cannot *cure* the disease, we can only relieve the symptoms of it, and that imperfectly, until the purulent mischief which has been making its sad influence felt finds its way out of the system.

To sum up the argument, we may, I think, draw a distinction of some importance by bearing in mind that the *pyogenic* diathesis may exhibit itself in two very different ways; in the one, as a primary affection, suppurative inflammation of some organ—such as the lungs, the pleura, an articulation, the mamma—being at once set up, and along with a great amount of febrile disturbance constituting the puerperal disease; in the other, as a secondary affection coincident with some form of puerperal malady, and aggravating the symptoms of it, until pus being deposited in some, perhaps distant and unimportant, part, its elimination from the system effects at once a complete cure.

In making these general remarks, which have been suggested to me by a study and comparison one with

another of cases coming under my own immediate observation, I may be permitted to allude to the hideous possibility of the purulent deposit taking place in some important organ or part whence it cannot find an outlet, such as the brain or the cavity of the peritoneum or pericardium; but as I have never in my own practice met with satisfactory evidence of the selection by nature of any of these dangerous and necessarily fatal situations for such deposition, I cannot in this series adduce any cases in illustration of it; indeed, I think it is but seldom that nature makes such an awkward mistake.

CASE IX.—PERITONEAL FEVER AND DIARRHŒA.

Mrs. T— J—, of H—, the mother of a large family, and a very delicate woman, was confined, after a very easy and natural labour, on the 15th of February, 1839. On the following day she had a rigor, followed by feverish symptoms. When I saw her she had headache, with delirium; the pulse 150, small and feeble; the skin dry; the tongue white; no pain in abdomen. I gave a calomel purge, and small doses of saline febrifuge medicine. The aperient dose acted powerfully. The next day the pulse was 130; there was less headache, but there was some abdominal pain, with tenderness on pressure. I ordered fomentations. The following day she was better, continuing the treatment. On the ninth day there was diarrhœa, with profuse yeasty evacuations, great pain, and return of fever; the pulse 120, small. I gave a dose of castor oil, and after that, doses of chalk mixture, with laudanum and

aromatic confection. The diarrhœa abated. Then for some weeks there ensued great debility, with shiverings, and what appeared to be an intermittent kind of fever, sometimes quotidian, sometimes quartan, with occasional diarrhœa and abdominal pain and tenderness; the pulse, which was sometimes so weak as to be scarcely perceptible, varying from 95 to 125. This condition was probably not so much an ague as a sign of a *pyogenic* state, such as I suspect was latent in Case IV; for, in the present case, the abdominal pain, which was felt in frequent paroxysms towards the decline of the disease, was several times followed by a purulent discharge from the vagina. Tonics, chiefly quinine, with ammonia and wine, gradually restored her from this state, but it was not until the end of the fifth week that she was able to sit up. I think, however, that it was chiefly to the purulent discharge from the vagina, which was probably a fortunate escape of the *materies morbi*, that we were indebted for the poor woman's escape. The lochia and milk were never *suppressed*, the former ceasing in due course, and the latter gradually drying up in consequence of the debility of the patient. There was at one time great irritability of stomach. There was generally great drowsiness during the fever fits.

CASE X.—DIARRHŒA.

Mrs. J— R—, of H—, the wife of an agricultural labourer a very robust, healthy-looking woman, aged 38, was confined of her first child on March 17th, 1839. She had an easy labour. Diarrhœa, with griping and fever, came on in the course of the first week. I was

sent for on the ninth day, and found, in addition, headache and sickness; the pulse, 120, small; white, slimy tongue, and great restlessness. I gave her a dose of castor oil, followed by carminatives, which gave great relief. The diarrhœa appeared to have been brought on in the first instance by an overdose of senna tea, taken on the third day. Some chalk mixture put a final check to the diarrhœa after it had continued about a week, and I discontinued my attendance. I was sent for again, however, about the 6th of June, and found my patient had relapsed into a nasty condition of hectic fever, with great emaciation, want of appetite, night-sweats, and other untoward symptoms. An inguinal gland, which had been inflamed a few days, I found in a state of suppuration, and lanced it; after which the patient rapidly recovered, taking a little wine occasionally.

CASE XI.—PNEUMONIA.

A—R—, of Alford, a young, healthy, unmarried woman, was confined of a first child on February 23rd, 1854. She had a hard labour, and had ergot of rye given to her by her medical attendant. On the fifth day of lying-in I was requested to see her, in the temporary absence from home of the practitioner who had attended the labour. I found her suffering from great fever, with headache; the pulse 140, small; she had plenty of milk, and the lochial discharge was not checked; the bowels were confined. I gave her two scruples of Dover's powder and an ounce of Epsom salts in eight ounces of camphor mixture, to be taken in eight doses,

one every four hours. I heard no more of the case, Mr. — having resumed his attendance, until 18th March, when I was called in on my own account. I found the patient suffering from great pain in the left side, and a cough with expectoration of dusky red sputa; the pulse 140, small and sharp; there was crepitation audible at the base of the left lung. I gave her a blister for the side, and calomel and opium in pills, to be taken with the following mixture :

℞ Tinct. Camph. comp.
 Spir. Ætheris Nitrici, āā ℥ss :
 Acid. Nitric. dilut., ʒj ;
 Aquæ ad ℥viij.
 S. coch. ij 4tis horis, cum pilulâ.

Under this treatment she speedily recovered from her pneumonic symptoms; the pain in the side abating, and the sputa improving in colour. The gums were never affected by the calomel. She had, however, diarrhœa and occasional vomitings, for which I gave her astringents and cordials. Her appetite improved. A few days later she began to complain of great pain in the calf of the right leg. At first I thought it would prove to be phlegmasia dolens, but presently the calf alone began to swell, and by the 1st of April it was manifest that an abscess would result. She had at this time a rapid, feeble pulse, 120, with hectic fever, emaciation and night-sweats. She had also some cough with purulent expectoration. The abscess on the calf was shortly after lanced, and she gradually got rid of all her untoward symptoms, taking cod-liver oil with wine and nourishment, but her convalescence was protracted. She has since had two more confinements,

from which she made favorable recoveries, and is now in all respects a very healthy woman.

CASE XII.—DYSENTERY; DYSURIA.

On the 9th of April, 1854, I was requested to visit Mrs. D— B—, of Alford, the wife of a glazier, who expected her confinement to take place in about two months. She was the mother of a large family. I found she had been suffering for nearly a week from troublesome diarrhœa. I gave her some ordinary medicine, viz., chalk mixture and laudanum; after which I entered in my note-book the following report in detail:

April 10th.—Dysenteric diarrhœa frequent all day, with great flatulence; the pulse 110, small and sharp. Gave acetate of lead in 2 gr. doses with $\frac{1}{4}$ gr. doses of opium and 5 gr. doses of compound galbanum pill.

11th.—No improvement. Gave half an ounce of castor oil. At 6 p.m., finding that no urine had been passed since 11 a.m. the day before, I used the catheter. The pulse this day was 120, very small and sharp.

12th.—The purging, gripings, and pain were rather better this morning, the stools having been more feculent since the castor oil was taken. The catheter was used morning and evening, and she went on with the medicine as given on the 10th.

13th.—Purging and tenesmus, with great pain; passes her water slightly. The pulse in the morning 120, in the evening 140. Gave an enema of starch and laudanum, and the following pills in substitution for the acetate of lead doses:

℞ Cupri Sulphatis, gr. vj;
 Pulv. Opii, gr. vj;
 Cons. Rosar. q. s. ut ft. pil. xij.
 j 4tis horis sumenda.

At 10 *p.m.*, finding that a great accumulation in the bladder was aggravating the abdominal pain, I used the catheter, which gave great relief.

14th, 9 *a.m.*—Fever; flushed cheeks; pulse 140; some perspiration; retention complete again. Catheter used. The pains this morning became those of labour, and at noon she was delivered of a small female foetus, which survived its birth about an hour. The diarrhoea had somewhat abated. 10 *p.m.*—Feels tolerable this evening; the pulse 140, thin; slight pains; very little purging; retention complete. The catheter drew off some scanty and high-coloured urine. Gave her some doses of liquor potassæ, with laudanum and compound tragacanth mucilage.

15th, 8 *a.m.*—Has rested well; only one evacuation in the course of last night; some pain in abdomen this morning; abdomen full; no tenderness; slight lochial discharge; is very flatulent; the pulse 160, soft; the respiration good; the tongue clean; complete retention of urine; catheter used; the urine scanty as yesterday. *Same day, noon*—Feels better; has got up a great deal of wind; the pulse 140, softer and fuller; some perspiration; diarrhoea returning.

℞ Tinct. Catechu, ℥ss;
 Spir. Ammon. Aromat., ℥ij;
 Tinct. Opii, ℥ij;
 Spir. Æth. Nitric, ℥ss;
 Aquæ Ment. Pip. ad ℥vij. M.
 Sumat coch. ij tertiis horis cum pil. j cupri.

Same day, 6 p.m.—The diarrhœa continues; the pulse 145. At 9, catheterism again; the purging is becoming dysenteric as at first; added decoction of oak bark and logwood to the mixture, and gave some more doses of acetate of lead, in temporary substitution for the copper pills. The lochial discharge has entirely ceased.

16th, 8 a.m.—Three dysenteric purgings during last night; retention requiring catheter; the pulse 130. Continue medicine. *Same day, 8 p.m.*—Pulse 125; there has been less pain throughout the day; diarrhœa and gripings frequent. At 10 p.m. catheterism; urine more abundant and paler; feels better; abdomen less full; pulse 120.

17th.—Pulse 125; pain relieved by a dose of morphia. At 10 p.m., has felt better all day; has passed a little urine; reappearance of lochia; pulse 125.

18th.—Much better; slight lochial discharge going on. Urine drawn off by catheter quite natural in quantity and appearance. The persistence of occasional diarrhœa made it advisable to continue the use of the copper, oak bark, logwood, &c. She continued thus until the 21st, on which day I have this note:

Pulse, *a.m.*, 110; *p.m.*, 98; diarrhœa four times to-day, with green vomitings. Chalk mixture with laudanum gave immediate relief. She went on, having occasional diarrhœa with irritable stomach until the 27th, when I found an absorbent gland inflamed at the side of the neck, with a feverish state of the system, the pulse 120. Suppuration took place a few days after, and thenceforward the progress to perfect recovery was rapid.

Suppuration of the breast, although most frequently

occurring as a consequence of mismanaged lactation, being then what is commonly called "milk-abscess," not unfrequently takes place as a favorable crisis in puerperal fevers. In other words, the purulent deposit takes place in the breast, and that in a large majority of the cases in which these critical suppurations take place, which is not to be wondered at, when we reflect on the power of sympathetic influence. I think the following cases tend to show this :

CASE XIII.—INTESTINAL FEVER.

Mrs. T— R—, of L—, a healthy woman, the wife of a small farmer, and already the mother of two children, was confined after a very easy labour on May 12th, 1848. I was sent for again at the end of the week, and found the patient complaining of great pain in abdomen, chiefly at pit of stomach; there was a high state of fever, with headache, shiverings, white slimy tongue, and a throbbing pulse, 150 in the minute. No abdominal tenderness. One breast was hard and inflamed. I gave her in a pill three grains of opium with the like quantity of calomel, to be followed by an ounce of castor oil an hour after. I also gave her a saline effervescent mixture, and ordered the breast to be poulticed. The next day the gastralgia was better, the tongue cleaner, and the pulse was 100 with diaphoresis. Subsequently diarrhœa came on, with great irritability of stomach, for the relief of which I gave her chalk mixture, and effervescent to check the vomitings. The pulse did not again get higher than 100, although she continued very

ill until the breast broke at the end of the third week. She had become quite emaciated. She had, after this, a very rapid recovery.

CASE XIV.—INTESTINAL FEVER; HYSTERIA.

Mrs. J—S—, of H—, a healthy young woman, the wife of a carpenter, was confined on July 12th, 1851, after a hard labour with very rigid os uteri. It was her fourth confinement. Calling on the 18th July, I found she had just had a shivering fit. Her pulse was 150, small; there was much headache, with some hysterical delirium; the skin hot and rather moist; the lochia and milk abundant; the bowels had been moved twice the day before, but were now confined; the tongue white; no pain or tenderness of abdomen, except slightly in right groin. I gave her a draught with valerian, and the following:

℞ Magnesiæ Sulphatis, ℥j;
 Pulv. Ipecac. comp., ℥ss;
 Sp. Ætheris Nitrici, ℥ss;
 Tinct. Valer., ℥ij;
 Mist. Camph. ad ℥viiij. M.
 Sumat coch. ij quartis horis.

July 19th.—Better altogether; less headache; bowels have been well moved. Continue medicine, without the sulphate of magnesia.

23rd.—Saw her again this evening; she complains of being alternately hot and cold; she has hysterical urine; the pulse 140, soft and rather full; headache; white tongue; appetite is failing; lochia natural; milk checked; great excitability; pain in back, but none in abdomen.

℞ Potassæ Bicarb., ʒij;
 Pulv. Ipecac. comp., ʒss;
 Sp. Æth. Nitrici, ʒss;
 Liq. Ammon. Acet., ʒiiss;
 Tinct. Valer., ʒss;
 Mist. Camph. ad ʒviiij. M.
 S. coch. ij quartis horis.

24th.—Is rather better; complains of pain in one breast.

26th.—Is much better; the breast is suppurating; the pulse about 100. Continue medicine.

27th.—The breast broke. After this she got well rapidly.

CASE XV.—INTESTINAL FEVER.

Mrs. J— S—, of Alford, a delicate-looking young woman, the wife of a hedge carpenter, was confined on Feb. 13th, 1853. She was already the mother of several children. Her present labour was an easy one, except that there was adhesion of the placenta, requiring manual extraction. On the fourth day she had some shiverings, followed by fever and headache, arrest of milk and lochia; she complained of “pain all over,” and she had a small sharp pulse, 120; the bowels confined. I gave her my usual medicine, which, to save space, I will henceforth in these reports call *Mistura puerperalis*, viz.:

℞ Magnesiæ Sulphatis, ʒj;
 Pulv. Ipecac. comp., ʒss—ʒij;
 Spir. Ætheris Nitrici, ʒss;
 Mist. Camph. vel
 Aquæ Ment. Pip. ad ʒviiij. M.
 Ft. mistura.

The next day she was better, the pulse had dropped to 90, and the following day it was down at 70. After this she was sometimes better and sometimes worse, until suppuration of one breast took place towards the end of the month. She then recovered at once.

CASE XVI.—DIARRHŒA; IRRITATIVE FEVER.

Mrs. T— S—, of B—, near Alford, a very delicate young woman, the wife of a farm-labourer, was confined of her first child, May 27th, 1858. Her labour was an average one, but was complicated with troublesome adhesion of placenta.

June 2nd.—Two shivering fits, followed by fever and headache. Mist. puerp.

3rd.—Pulse 105; tongue clean; headache; no abdominal tenderness; skin cool; lochia and milk all right. Continue.

5th.—Pulse 100; no fever; diarrhœa; occasional pain in abdomen; tongue clean; lochia and milk abundant. Mist. cretæ cum Tinct. Opii.

6th.—Feels better; pulse 86.

She was in this way better and worse until June 18th, when I have the following note:—A shivering fit yesterday; is now feverish; pulse 120, small; one breast inflamed. Mist. salina; poultices to breast.

A few days later the breast broke, and thenceforward she had an uninterrupted progress to perfect health.

CASE XVII.—DIARRHŒA; IRRITATIVE FEVER.

The subject of the preceding case was confined again on August 15th, 1859. On my arrival at 9 p.m., I

found that the child had been born three hours, the labour having been very quick. The women present, thinking that they could get on "without the doctor," had been trying to remove the placenta by pulling at the funis, which they had torn away. There was great hæmorrhage going on; the poor woman was in great pain, and quite pulseless. I found the vagina full of large coagula. The placenta was still wholly within the uterus, the os being nearly closed; it was not adherent, and was easily removed. The funis, as I found, had broken off at about three inches distant from the placenta. I gave her a full dose of laudanum and some brandy, and left her about an hour after, with the pulse rallying.

The next morning I found her with a sharp pulse, 120, with a good deal of hæmorrhage and pain. I gave her another opiate.

The next day, August 17th, in the evening she had a rigor, and on the 18th, p.m., I found her feverish; abdomen swollen and tympanitic, but bearing pressure pretty well everywhere except near left groin; she said she had not then so much pain as in the morning; the pulse 120, sharp; lochia checked; milk sufficient; bowels open. Mist. puerp.

19th, 20th, 21st.—Better.

24th.—Fever; pain; pulse 130, fluttering; diarrhœa; vomitings; headache; countenance flushed and anxious; milk in breasts; no lochia; respiration hurried; tongue clean. Chalk mixture, with laudanum and aromatic confection.

25th.—Skin hot and feverish; diarrhœa better; abdomen soft, and free from pain and tenderness; the pulse 130, firmer. Continue astringent medicine.

26th.—Diarrhœa abated ; is frequently sick ; looks anxious ; pulse 140.

℞ Bismuthi Trisnitratis, ʒij ;
 Acid. Hydrocyanici (Scheele), ℥xij ;
 Tinct. Aurantii, ʒss ;
 Mucilaginis Acaciæ ad ʒviij.
 Sumat coch. ij quartis horis.

28th.—Diarrhœa continues ; pulse 120 ; the stomach now retains food ; countenance and respiration better. Rep. mist. astring.

29th.—Improving in every respect ; pulse 108.

September 2nd.—Much better ; diarrhœa well ; pulse 96 ; complains, however, of one breast. Poultices to breast.

7th.—The abscess broke, and I had no further anxiety about the case ; for although, along with a copious discharge of pus from the breast, which continued for several weeks, there was also a troublesome cough with purulent expectoration, I regarded the latter as well as the former as merely a salutary outlet for an offending material, and not as *disease of the lungs*. And so it proved. And such in all probability would be the correct explanation of the purulent expectoration which took place in Case XI.

CASE XVIII.—PERITONEAL FEVER ; TYMPANITIS.

Mrs. C— B—, of T—, near Alford, the wife of a farmer and the mother of three children, was confined on March 29th, 1859, after a very easy, natural labour. There was considerable hæmorrhage after the removal

of the placenta, which was arrested by the usual means, such as emptying the uterus and vagina of coagula, cold dash, pressure, &c. On my visit on the third day, March 31st, I found her going wrong; the pulse 125, soft, moderately full, but unsteady, as if a rigor was impending; the countenance good; the after-pains still severe, as they had been all along; abdomen hard, full, and tender on pressure about left side; lochia abundant, hæmorrhagic. She said that after I left on the 29th she had great hæmorrhage, with frequent faintings. Foment, and take mist. puerp.

April 1st.—Had a smart rigor yesterday soon after I left; nevertheless slept well last night. This morning has much headache; white tongue; is thirsty; the pulse 120, with some sharpness; abdomen tympanitic; complains of nausea; bowels well relieved; lochia right; plenty of milk; skin cool; no hurry of respiration; pain and soreness of abdomen relieved. To take some effervescent saline medicine.

2nd.—Better; pulse 114; abdomen full, and very tympanitic; no tenderness; cheerful and smiling. Continue.

4th.—Pulse still quick, 110; abdomen not so full and tympanitic as on the 1st, but there is great tenderness on pressing fundus uteri, which may be felt distinctly; bilious tongue; appetite bad; lochia and milk abundant. To take a few doses of quinine.

6th.—Pulse 104; feels altogether better; soreness of abdomen nearly gone; there is, however, still tenderness on left side, as well as more tympanitis than I like; some headache; tongue still bilious; appetite not good; skin cool and pleasant. Continue quinine, and take 4 grs. of pil. hyd. every night for three nights.

11th.—Is improving. Continue quinine.

23rd.—Is nearly well.

But she was not quite well. About the end of the month a swelling appeared in one breast, which acquired the size of a walnut and broke, discharging a small quantity of pus. At the same time the skin became covered in several parts, about the arms, the side of the neck, the pit of the stomach, and elsewhere, with a pustular eruption, which was very troublesome, although decidedly salutary; for after these purulent discharges she had no more unpleasant symptoms.

CASE XIX.—INTESTINAL FEVER.

Mrs. G—H—, of D—, primipara, was confined, after an average labour, during which she had a dose of ergot of rye, on the 15th May, 1859. I was summoned again on the 24th, and found the following symptoms:—Milk very abundant; child refuses the breast; fever; pulse small and sharp, 130; countenance and respiration natural; no abdominal tenderness; lochia checked since yesterday, when she had a rigor—up to that time had been abundant; bowels moved this morning; headache; appetite impaired. Mist. puerp.

May 25th.—Feels better; pulse fluttered, 110-120; no headache; lochia returning; child sucks again. Continue.

26th.—Altogether better; but having had another rigor, I gave her a few doses of quinine.

29th.—Appetite better; no more rigors; less fever; pulse 80. And so she went on, sometimes better, sometimes worse, until—

June 4th.—Left breast inflamed; fevered, moist skin; pulse 120, full; appetite bad; no milk in either breast; lochia checked again. Mist. puerp., and foment the breast with scalded chamomile flowers.

9th.—Breast suppurating; frequent rigors. To take quinine again.

17th.—The breast broke. After which, she had no unpleasant symptoms, although she had a slow recovery.

In Case XI there was purulent expectoration with hectic fever prior to, or coincident with, the final elimination of the offending material, by means of the abscess in the calf of the leg. In Case XVII there was cough, with purulent expectoration, going on for several weeks while the breast was discharging pus. In both cases, doubtless, the purulent expectoration was subsidiary, as an eliminating process, to the evacuation of the *materies morbi*, from the leg in the former case, from the mamma in the latter; there was purulent disease *in*, not *of*, the lungs, as I have already observed. And I think we may regard the occurrence of a similar phenomenon in the following case, although it was unassisted by any other outlet for the evacuation of pus, as affording another instance of a condition usually regarded as highly dangerous to life, becoming a salutary process in the kind of disease under discussion :—

CASE XX.—PERITONEAL FEVER; DIARRHŒA.

Mrs. S— A—, of H—, the wife of a shoemaker, a very delicate, phthisical-looking young woman, was confined of her first child on the 12th of December, 1852. Her labour was a very easy one. On the 16th I was summoned again:—Frequent rigors since midnight; hot moist skin; pulse 120, small; headache; great flow of milk; abdomen soft, but painful and tender to touch; bowels well moved yesterday; lochia abundant. To foment abdomen and take mist. puerp.

Dec. 17th.—Feels better; less headache; less pain; no more rigors; pulse 120. Continue.

18th.—Attack of pain in abdomen at 11 this morning. Pulse 120, as before. *Applicentur hirudines xij abdomini, et repetantur fotus. Cont. med.*

19th.—Better; no pain; diaphoresis; pulse 100.

20th.—Better; pulse 100.

27th. Pain in micturition; pulse 100.

℞ Tinct. Opii, ʒj;
Spir. Ætheris Nitrici, ʒvj;
Tinct. Buchu, ʒij;
Liq. Potassæ, ʒj;
Mist. Camph. ad ʒvj. M.

M. Sumat coch. ij quartis horis.

This medicine gave relief, with the aid of fomentations, and I heard no more until—

Jan. 9th.—When I have this note:—Shivering fit this morning, with fever and some pain in groin; pulse 130; dry tongue; lochia arrested.

℞ Potassii Iodidi, ʒss;
 Liq. Potassæ, ʒj;
 Liq. Morph. Acet., ʒj;
 Decoct. Sarzæ comp. ad ʒviij. M.

M. Sumat coch. ij quartis horis, cum unâ pilularum seq.

℞ Hydr. Chloridi, gr. viij;
 Opii, gr. ij;
 Micæ panis q. s. ut fiant pilulæ viij.

10th.—Better; no rigors this morning; pulse 100.

11th.—Rigor this morning. Pulse 120. To take two grains of quinine every four hours.

12th.—Diarrhœa; great pain; pulse 110; lochia returned. To take chalk mixture with laudanum and aromatic confection, omitting the quinine.

13th.—Diarrhœa better; no return of rigors; stomach irritable; dry tongue; pulse 108. To continue astringent medicine.

14th.—Pulse 120. Great pain in groin. To take iodide of potassium again, and apply turpentine liniment to groin.

15th.—Better.

16th.—Frequent vomitings; diarrhœa; pulse 120. Cough, with very hectic countenance. Pain in groin better. To take astringent mixture.

And so the case went on. The expectoration from the cough soon became purulent and she had night sweats, and on the 20th she began to take cod-liver oil, which, with quinine occasionally, she took for many months, until the cough, hectic fever, purulent expectoration, and other untoward symptoms simulating genuine phthisis, altogether left her. Her convalescence was very protracted. She was confined again, April 24th, 1854, recovering without any un-

favorable symptoms. But after her next confinement, July 24th, 1855, I had occasion to report as follows :

CASE XXI.—PERITONEAL FEVER; DIARRHŒA; TYPHOID SYMPTOMS.

July 29th.—I was called in the night. Fever; diaphoresis; pain in head and back; pulse 120, soft; no abdominal tenderness or pain; lochia and milk abundant; has had no distinct rigor, but yawns frequently; feels hot; has been sick; lochial discharge has an offensive odour. To take Mist. puerp. ℥j every three hours.

30th.—Is much the same as yesterday; less headache; pulse 115. The bowels have been moved. Continue.

31st.—Better; less fever; pulse 104, soft; lochia suppressed; milk sufficient; tenderness in groin; pain in back, but none in head; tongue white. Continue.

August 1st.—Less fever; pulse 96.

2nd.—Diarrhœa; vomitings; tongue brown and dry in centre; confusion in head; pulse 112; abdominal tenderness. To foment with turpentine and take :

℞ Magnesiæ Calcin., ℥j;
 Ammon. Ses.-Carb., ℥ss;
 Confect. Aromat., ℥iiss;
 Tinct. Opii, ℥j;
 Aquæ Ment. Pip. ad ℥vj. M.
 Sumat coch. ij 4tis horis.

Same day, evening.—Is better; lochia returned, better in colour and quality; diarrhœa and vomitings checked.

3rd.—Pain and fever; pulse 120; complains of gid-

diness; tongue brown and dry; no appetite; great thirst; no diarrhœa. To continue the ammonia and magnesia, omitting the laudanum and aromatic confection.

4th.—Pulse 130; diarrhœa returned with occasional abdominal pain; has shiverings; tongue brown and dry; one breast is inflamed, and is likely to suppurate. To resume the astringent prescribed on the 2nd; poultices to breast.

5th.—Is better; cool and comfortable; pulse 96; breast suppurating.

6th.—The breast has broken; feels better; pulse 100; no diarrhœa; to take Quinine with dilute Sulphuric Acid.

8th.—Is well; pulse 72. Continue Quinine.

I have no further notes of the case. She is now a strong healthy-looking woman, having had three more confinements, from which she "got away" without any unfavorable symptoms.

The pyogenic diathesis in the puerperal state may show itself in the development of the *chronic* form of abscess, as in the two well-marked examples given below; the first of which (Case XXII) I should have regarded as merely the coincidence of a large strumous abscess with pregnancy, if the recurrence of a precisely similar condition in the same patient towards the termination of her next pregnancy (Case XXIII) had not unmistakably shown that the abscess was really a disease, of which the pregnant or puerperal state was the exciting cause. Cazeaux, indeed, speaks of a *suppurating arthritis* as a form of puerperal fever.

CASE XXII.—SUBFASCIAL ABSCESS OF THIGH.

Mrs. W—C—, of S—, near Alford, a strumous-looking young woman, the wife of a labourer, was confined on the 20th May, 1841, after a very easy primiparous labour which I attended, the case having been given up to me by the medical gentleman engaged, who had been attending the patient for some weeks, for what had seemed to be diseased knee-joint. About six weeks before her confinement she began to complain of pain and swelling about the knee, which extended up the thigh. At the time of her delivery, the whole thigh was much swollen and very painful, and the poor woman was in a bad state of health, with great emaciation, quick pulse, and other symptoms of hectic fever. At the end of the lying-in month, there being fluctuation along the whole extent of the outside of the thigh, I opened the abscess, giving exit to a very large quantity of strumous pus. She had medicine and nourishment given her to support the strength, the thigh was bandaged, and she soon made a good recovery.

That this subfascial abscess depended as much on a *puerperal* pyogenic diathesis as on a strumous constitution was well proved by the fact that, with reference to this woman's next confinement, which took place July 9th, 1843, I have the following brief note :

CASE XXIII.—SUBFASCIAL ABSCESS OF THIGH.

Inflammatory pain about the knee and thigh began about a month before her confinement. A large abscess

formed as before under the fascia of the thigh, which I opened the day before she got her bed. She made a good recovery, as on the first occasion, although this time there was left a permanent lameness of the hip.

I attended this woman in her two next confinements, but she had no more abscesses. Since then I have lost sight of her.

GROUP C.

OF DIARRHŒA AS A VARIETY OF PUERPERAL FEVER.

It is worthy of remark, that diarrhœa was either a prominent symptom, or was itself the disease, in most of the cases above given, in which a natural cure took place by means of an escape of purulent matter. Is it not possible that a similar elimination of materies morbi in puerperal diarrhœas may sometimes take place without being detected; the pus escaping from the rectum? Indeed, the frequency with which diarrhœa occurs as a symptom in puerperal fevers, added to the difficulty sometimes experienced in checking it by means of astringents, when a single dose of castor-oil will occasionally arrest it at once, while it furnishes an argument in favour of the notion, that nature may occasionally seek to make a discharge from the intestinal canal a vehicle for the removal of a morbid poison from the system, suggests also the caution that the administration of astringents in these diarrhœas may be an improper interference with a salutary process; but we must not allow our

patients to sink before our eyes, as they might in some cases from the exhausting effects of the purgings alone. Such cases as Nos. XII and XVII, pages 33 and 39, and Nos. LXVII and LXVIII to be reported further on, are to the point, as is also the following :

CASE XXIV.—DIARRHŒA.

Mrs. M— G—, of M—, the wife of a labourer, confined of her third child after an easy natural labour, Feb. 2, 1845. On the third day a very troublesome form of diarrhœa came on. The nurse gave her a dose of castor oil, and the next day I was sent for. She was having profuse liquid bilious motions every half-hour. A common astringent mixture—chalk, aromatic confection, and laudanum in peppermint water—gave no relief whatever, for the following day I found her as bad as ever; the pulse 150, small and weak, with great pain and restlessness. I added tincture of catechu to the mixture. In the evening there was febrile reaction, the pulse being fuller, the diarrhœa as frequent as ever. Gave some kino in powders along with the mixture. The medicine now began to make her sick. The next day, she being no better, I gave her a starch clyster with laudanum, and added some ext. hæmatoxyli to the mixture. In the course of this day there was some slight abatement of the purging, there being one interval of three hours. But the following day she was if possible worse than ever, although taking a dose of her medicine every two hours. I gave some more starch clysters with laudanum and decoction of logwood in them. These she could not retain a single minute. I now tried the following :

℞ Cupri Sulphatis, gr. xij;
 Quin. Sulph., gr. x;
 Pulv. Opii, gr. v;
 Ext. Gentianæ q. s. ut ft. pil. xij.
 Quarum sumat unam alternis horis.

She took eight or ten of these pills as directed, with considerable advantage, but grew tired of them, preferring the chalk mixture, probably because she felt a more cordial effect from it. The diarrhœa now gradually abated, although it continued in a mitigated form about a week longer. The pulse got down to 100 on Feb. 9th, the fifth day of the disease, and the eighth of the lying-in; and on the 10th of February it was 85; after which she improved steadily. The milk and the lochia had become suppressed. The former returned.

The following case is a better illustration of diarrhœa as a variety of puerperal fever; there was a slight metritis accompanying it:

CASE XXV.—DIARRHŒA.

M—O—, an unmarried primipara, confined after an easy natural labour, June 27, 1850. At 3 a.m., June 30th, I was summoned hastily; she had had a shivering fit followed by pain and diarrhœa. I found her with a pulse 160, soft and throbbing; fever, headache, delirium, tenderness of body of uterus, white tongue; stools frequent, abundant, and very offensive. The after-pains had been severe. I gave her calomel, gr. viij, with pulv. rhei, gr. x, in a powder, ordered fomentations to abdomen, and sent an ordinary astringent mixture, to be commenced when the powder had acted. At 2 p.m.

same day, delirium and pain better; pulse 125; diarrhœa somewhat abated. Continue medicine. At noon the next day, she was much better; pulse 108; no delirium; no headache; although the uterus was still tender to touch; there was some milk in the breasts, and a slight lochial discharge. She had had considerable lochial discharge from the first until the access of febrile disturbance, when it had become arrested. On the following day the pulse was below 100; and so she speedily recovered.

CASE XXVI.—DIARRHŒA.

Mrs. J— S—, of Alford, the wife of a blacksmith, was confined, after an easy natural labour, of her second child, September 23, 1854. She was attacked with diarrhœa on the 28th, with fever and a pulse 120 in the minute. I gave her an ordinary astringent mixture.

29th.—Diarrhœa somewhat abated; pulse 120. It returned in the evening, with a hot moist skin, and the pulse 140.

℞ Cupri Sulph., gr. vj;
Pulv. Opii, gr. iij;
Confect. Rosæ q. s. ut ft. pil. vj.

℞ Spir. Æth. Nitric., ℥ss;
Acid. Sulph. dilut., ʒij;
Decoct. Quercûs ad ʒvj. M.
Sumat coch. ij et pil. j quartis horis.

30th, a.m.—Pulse 120; diarrhœa several times in the night. Continue medicine.

Evening.—Pulse 140; more fever again; bowels better; has been very sick. Milk going.

℞ Acid, Hydrocyanic (Scheele), ℥xvj;
 Acid, Sulph. dilut., ℥ij;
 Æther. Chloric., ℥ij;
 Spir. Æther. Nitric., ℥ss;
 Aquæ ad ℥viiij. M.
 S. c. ij quartis horis.

October 1st.—Diarrhœa six or seven times during the night; pulse now 110; no fever; sick at times; throws up her medicine. To take acetate of lead and opium in pills, discontinuing the mixture.

Evening.—There is pain and sickness; pulse 120; skin moist; diarrhœa better.

℞ Magnesiæ Calcin., ℥j;
 Acid. Hydrocyanic., ℥xij;
 Liq. Morph. Acet., ℥ij;
 Tinct. Aurantii, ℥ss;
 Aquæ ad ℥viiij. M.
 S. c. ij quartis horis, cum singulis pilulis.

October 2nd.—Better; pulse 110; no evening exacerbation; sickness gone; diarrhœa well. Discontinue pills.

4th.—Pulse 90; no complaint; milk returning; and so she recovered.

CASE XXVII.—DIARRHŒA.

Mrs. J—G—, of T—, the wife of a shoemaker, and the mother of several children, was confined June 16th, 1858. The vectis was used. She was doing well until June 26th, when she had a shivering fit, followed by fever and diarrhœa. The next day, when I saw her, the pulse was 120, small; diarrhœa profuse; great pain; headache; tongue white, moist; lochia and milk

checked. I give her chalk mixture, with laudanum, &c. The diarrhœa was checked by that medicine, but returned the following morning with greater violence than ever. I added decoct. quercûs to the mixture.

June 29th.—Better ; pulse 86 ; no fever ; lochia and milk returned.

The two following cases, which occurred in my practice with but a short interval between them, are illustrations of an unusual variety of puerperal fever ; the former of the two commencing with diarrhœa, the latter with some symptoms of phlebitis.

CASE XXVIII.—DIARRHŒA ; SCIATICA.

Mrs. J— L—, of S—, the wife of a blacksmith, confined February 15th, 1851. A very easy, quick, natural, multiparous labour. I was sent for again to this patient, February 21st. I found her suffering from profuse diarrhœa, which had been going on for two or three days. She was feverish ; the pulse 100, soft ; slight headache ; griping pains ; milk diminished ; lochia unaffected. Sent her chalk-mixture with laudanum. When I called on the 24th, I found her nearly well, with the exception of want of appetite. I saw her no more until May 13th, when I was sent for again, and found that she was suffering from sciatica, which she stated had commenced within the lying-in month. She was now in a very bad state, weak, hysterical, hectic, pulse 130 ; complaining of great pain, intermittent, from the hip down one leg, which was colder than natural and somewhat wasted. She said it

had been swollen (Query—a slight phlegmasia dolens?). I gave her various medicines with little or no benefit—such as opiates, quinine, colchicum, guaiacum, &c., internally; oleum camphoratum, and other liniments externally, until May 30th, when I commenced the use of galvanism, directing her to have it applied whenever the paroxysm of pain came on. This treatment was followed by perfect success, the pain ceasing on every occasion as soon as the galvanism was felt, and on the 22nd of July she brought the machine home herself.

The following case is introduced here, although unaccompanied by diarrhoea, on account of its resemblance to the last case in its termination:

CASE XXIX.—PUERPERAL FEVER; SCIATICA.

Mrs. V—, of Alford, the wife of a groom, was confined of her fourth child, June 25th, 1851. The os uteri was very rigid and thick for several hours; but the application of belladonna ointment at last, along with the administration of a dose of ergot, made it dilate so rapidly, that from a dilatation not larger than a crown piece, very thick and rigid, the labour was completed in half an hour.

The next day she had severe after-pains, with great restlessness, for the relief of which I gave her some opiate doses.

27th.—In the evening, she complained of severe pain in the right side of the abdomen. The part was tender to the touch; there were no signs of milk; the lochia scanty; fever; hot skin; headache; white tongue; pulse 115. To take *mist. puerp.*

28th.—The bowels have acted well; pulse 110, soft and full; pain still in right iliac region, but it is now *relieved* by pressure; countenance anxious; no lochia, no appetite, no milk. Applied six leeches to painful part of the abdomen, and a warm bran poultice after they dropped off.

29th.—Pulse 90, soft; skin cooler, headache less; abdomen tympanitic and rather tender; no lochia; a little milk in breasts; iliac pain somewhat better; bowels well open. Gave calomel and opium to be taken with the mixture.

30th.—Pulse 86. Better altogether; countenance no longer anxious; abdomen very full and tympanitic, but less painful, and quite soft; the pain *relieved* by pressure, increasing when the hand is raised; no lochia; no milk. Continue medicine.

July 1st.—Better; pulse 80-84; abdomen much less full; tenderness in right iliac region; slight appearance of lochia towards evening; no milk; appetite better; no headache. Continue medicine, with fomentations, &c.

2nd.—Greater pain; great restlessness; pulse 86; skin cool; abdomen full and rather tender; no lochia; had only taken two doses of medicine yesterday, none this morning; coldness of right leg; applied eight leeches to right groin. Continue medicine.

3rd.—Better altogether, and she continued to improve until the 8th, when pain with tenderness returned in right iliac region; pulse 100, soft; skin moist; tongue clean; lochia abundant; no milk. Applied eight leeches, and recommenced with calomel and opium pills. She was better the next day, but complained much of coldness of right leg. She sent for

me again on the 15th. The pain had returned a few days previously, and was now distressingly acute in right hip and groin, striking round to the back; the leg and thigh of that side cold and wasted; pulse unaffected; the milk had never appeared. Affection now purely local, probably neuralgia of origin of sciatic nerve. Gave her veratrine ointment with opium to rub in. On the 17th, the pain being no better, I gave her half a grain of morphia twice a day. This she went on taking, with great relief to the pain, for several days. On the 27th I applied a blister to the right groin. The pain returning a week or two after she left off the morphia, I commenced with galvanism, which entirely removed the affection in about six weeks, by being used as in the last case whenever paroxysms of pain came on.

Why Cases xxviii and xxix—especially the latter of them, in the commencement of which there were decided symptoms of phlebitis—did not assume the form of phlegmasia dolens, I am at a loss to understand. In both of them the termination in so purely neuralgic an affection as sciatica was remarkable. In the two cases which will now follow, in which, although with fewer premonitory symptoms, phlegmasia dolens did develop itself, the terminations were also somewhat unusual but unfortunate.

CASE XXX. — INTERMITTENT FEVER; DIARRHŒA;
PHLEGMASIA DOLENS; GANGRENE; DEATH.

Mrs. H—, of B—, near Alford, the wife of a cottager, was confined of her second child, January 5th, 1850. The labour was natural and easy, but there was adhesion of the placenta.

Calling on the fifth day of lying-in, I found her with indefinite uneasy sensations; the pulse about 90; lochia and milk very abundant; bowels relaxed. I was sent for again a week after, and found she was having rigors every day, followed by fever; her pulse when I thus saw her was below 100, but she was just then free from fever. I sent her some doses of quinine to be taken during the intermissions. The next day, when I called upon her, she had some fever, and the pulse was about 130. There was no abdominal pain. I ordered the quinine to be continued. A day or two later I found it necessary to give chalk mixture and laudanum on account of diarrhœa. She was now complaining of pain in both legs, which were swollen, white, and pitting (*phlegmasia dolens*). Pulse 120, with some sharpness; no appetite. I gave her oleum camphoratum with opium in it to rub the legs with. *Two days later*.—The bowels better; legs worse; pulse 120, as before. *Two days later*.—Great complaint made of aphthæ in the mouth; some tendency to diarrhœa; debility great; much emaciation; legs much swollen—the leg which was the worst now the best. Gave quinine again, and ordered fomentations to the legs.

27th.—Frequent vomitings, for which I gave effervescents; other symptoms the same.

31st.—Mouth better; vomitings relieved; legs the same; pulse the same; gave dilute sulphuric acid with quinine.

February 3rd.—Complaining much of sleeplessness, and of the pain in the legs, which were enormously swollen. Gave morphine with aromatic spirit of ammonia.

4th.—Felt better; pulse 115; had slept better; appetite better; legs softer. Continue.

7th.—Great pain in legs with gangrenous vesicles on dorsum of left foot, and slighter appearances of commencement of gangrene on right foot; pulse 116. Ordered wine and yeast poultices.

8th.—Gangrene much more extensive; vesicles on the middle of the left thigh, and on the dorsum of right foot. Pulse 140 and very feeble. Great pain in wrists with swelling like rheumatism. She died the next morning, it being five weeks on that day since she was confined. The milk was never suppressed throughout, as she was suckling the child two or three days before she died. It was scanty of course. The lochial discharge was also present. The freedom from pain in the abdomen or groin was remarkable, in a case developing itself into such a formidable example of phlegmasia dolens. There were, in fact, none of the symptoms of uterine irritation or inflammation which usually precede phlegmasia dolens. To be sure, the women in attendance told me she had a swelling in the right groin with pimples on it during the first week, which, however, disappeared in a day or two. The labour had been quick and easy—second child at the full period—third pregnancy; she having miscarried of her second at the end of the third month. The labour

on the present occasion was preceded by a good deal of hæmorrhage, which was checked by rupturing the membranes. There was but little difficulty in the extraction of the adherent placenta. During the last week of her illness there was a slough on the back from pressure. When phlegmasia dolens is imminent or is commencing, the applications of leeches to the groin or inside of the thighs is recommended, and is frequently efficacious. In the present case they were never admissible. The clearly intermittent character of the premonitory fever called rather for tonics than depletion—as did the diarrhœa; besides all which the presence of the milk and lochia, and the not *very* frequent pulse, deceived me as to the extent of danger; and when the actual disease, phlegmasia dolens, showed itself, there were, *pari passu*, so many signs of failing power as to preclude any kind of depletion. In one word, the absence of abdominal pain was the principal reason why leeches were not thought advisable.

The above remarks stand in my note-book as I wrote them at the time. At the present time I should scarcely have thought them called for. We don't bleed now-a-days. I was at the time passing through the transition state between the system of treating nearly all diseases by depletion, and the present system of stimulation and supporting the strength, which an inexplicable change in the type of disease has gradually forced upon us; and I was endeavouring to explain to myself why I could not then do what I could have done a few years before. We don't bleed now-a-days, because we have gradually

found that our patients will not bear it ; certainly leeching was not borne well in—

CASE XXXI.—PHLEBITIS ; PHLEGMASIA DOLENS ; DIARRHŒA ;
TYPHOID SYMPTOMS ; SUDDEN DEATH.

Mrs. R— P—, of B—, near Alford, the wife of a miller, and the mother of several children, was confined on Friday night, October 25th, 1850. She had an easy natural labour. I saw her on Saturday ; she was doing quite well, but had a sharp expression of countenance, which made me anxious. On Sunday she had severe after-pains, with rigors.

Monday.—After-pains severe ; pulse small and 120 ; tenderness in lower part of abdomen ; white slimy tongue ; lochia sufficient ; no milk ; appetite bad ; countenance sharp. Gave her an ounce of castor oil ; ordered fomentations to abdomen, and sent an opiate mixture.

Tuesday.—Felt better ; pulse 110 ; appetite still bad ; no milk ; lochia sufficient ; less tenderness. Continue fomentations. The bowels were acting well.

Wednesday.—Pulse 112 ; appetite bad ; no milk ; no pain complained of in abdomen ; less tenderness ; bowels acting well ; countenance sharp. Continue.

Thursday.—Appetite better ; pulse 110 ; some restlessness ; no pain in abdomen ; tongue rather better ; no milk ; lochia lessening ; complains of pain in the calf of one leg ; no swelling nor alteration in appearance of skin ; painful part tender to touch. Foment the part.

Friday. — Pulse 120 ; countenance flushed and anxious ; skin cool ; the affected leg swollen and painful ;

it is phlegmasia dolens. Applied twelve leeches to groin, and gave three grains of opium and three of calomel in a pill, and an ordinary saline fever mixture. The leg to be rubbed with camphorated oil.

Saturday.—There was diarrhœa; other symptoms the same. Sent her a chalk mixture, with laudanum and aromatic confection.

Same evening.—Pulse 125, very weak; tongue brown and moist; eyes staring; countenance pale; milk in breasts; no lochia; leg swollen and painful; respiration hurried.

℞ Pulv. Ipecac. comp., ʒss;
 Ammon. Sesquicarb., ʒj;
 Spir. Æth. Nitric., ʒss;
 Liq. Ammon. Acet., ʒij;
 Mist. Camphoræ ad ʒviij. M.

Sumat coch. ij, cum j pil. seq. quartis horis.

℞ Calomelanos, gr. viij;
 Pulveris Opii, gr. iij;
 Confect. q. s. ut ft. pil. viij.

Sunday, Nov. 3rd, mane.—Pulse 130; more milk in breasts; countenance rather better; respiration not so hurried; not so much pain in leg; reappearance of lochia; tongue creamy-white; complains of pain in right side; there is no cough, and auscultation reveals nothing; applied a blister to side. Continue medicine.

Vespere.—Pulse 135; still milk in breasts; countenance anxious; speech dragging; respiration hurried; more pain in right side; calf of leg mottled; inside of thigh, which yesterday had been tender to touch, not quite so painful this evening. Repeat the mixture with double the quantity of ammonia. Continue the pills. An anodyne draught at bed-time. The blister is not acting.

Calling the next morning, I found she had died rather suddenly in the night.

The appearance of the milk and the reappearance of the lochia were remarkable phenomena, occurring, as they did, when the disease was assuming a most dangerous character. They are usually regarded as critically favorable.

I learned subsequently, that on Friday afternoon after she had had the leeches, feeling her pain relieved, she got out of bed and called her servant, the nurse not being in the house. The servant not at once answering her call, she stepped out of her bedroom in her night-dress as she was, and with bare feet stood on the landing of the staircase calling for the servant until she came; she then made the servant assist her to get into a cold bed in another room. I suspect that this imprudent conduct led to a sort of metastasis from the leg to the chest. It most unquestionably aggravated the danger of the case; the exertion alone in a case which so rapidly assumed a typhoid character would be dangerous.*

* "Death, however, may be caused by suppuration or gangrene, or by exhaustion proceeding from the violence of the constitutional disease; or from exertion made by the patient, which has sometimes proved suddenly fatal."—Burns' 'Principles of Midwifery.' Fourth edition, p. 437.

And Denman says he had been informed of several cases, and seen one case which proved fatal, in which it appeared on a retrospect that the fatal event might have been averted, "if more regard had been paid to the feelings of the patients; for they were urged to exert themselves beyond their abilities and inclinations, and sunk immediately after, or while they were making some great effort."—'Practice of Midwifery.' Sixth edition, p. 463.

In some cases phlegmasia dolens seems to constitute a sort of critical termination of puerperal fever or irritation, being itself a merely local affection, as in the following cases :

CASE XXXII.—EPHEMERAL FEVER ; HYSTERIA ; DIARRHŒA ;
PHLEGMASIA DOLENS.

Mrs. J— G—, of C—, near Alford, the wife of a village carpenter, of healthy aspect, was confined of her first child, November 22nd, 1844. Her labour was an average one, rather lingering. The placenta was adherent, and there was considerable hæmorrhage before its extraction. She had two fits of ephemeral fever at the end of the fortnight, during which the pulse was 140. She continued weakly a long time, with a pulse varying from 80 to 90. Toward the end of the month phlegmasia dolens came on, without fever or acceleration of pulse, and not preceded by pain of abdomen, for which I gave her camphorated oil externally and tonics internally. She had been frightened into hysterics three or four days after her first attack of ephemeral fever by some silly women who surrounded her bed and said she would die. In the course of the treatment previous to the access of phlegmasia dolens, she had frequent attacks of diarrhœa and great want of appetite, for which I gave quinine, blue pill, and opium in pills. Mixtures or fluid medicine of any kind made her sick. Her convalescence was protracted, but she had no unpleasant symptoms after the development of her complaint into phlegmasia dolens. She was of a hysterical constitution.

CASE XXXIII.—DISORDER OF STOMACH; FEVER; PHLEG-
MASIA DOLENS.

Mrs. W—, of B—, near Alford, the wife of a labourer, an unhealthy-looking woman, was confined June 15th, 1859. It was not her first child. Her labour was remarkably easy and quick, but was followed by profuse hæmorrhage *ad deliquium*. She got on very well during the first few days, but I was requested to see her again on the 23rd, Thursday, on which day I have the following note:

Great agitation; faints when out of bed; complains of headache; forehead hot; was delirious last Sunday, and had a shivering fit last Tuesday; bowels confined; appetite not impaired; lochia still fresh and abundant; tongue clean; pulse 140, fluttered; frequent eructations, and very acid vomitings; her milk is gone, but her child died last Saturday.

Pil. aper. ij statim sumendæ.

℞ Magnesiæ calcinatæ, ℥j;

Spir. Ammon. Aromat., ℥ss;

Tinct. Card. comp., ℥ss;

Aquæ, ad ℥vij. M.

Sumat coch. ij quartis horis.

An alterative pill to be taken at bed-time.

Friday, June 24th.—Fevered pulse, 140; feels rather better; skin hot; it is reaction without perspiration; abdomen quite free from pain or tenderness, soft, full, and tympanitic; bowels have not been moved; throws up her medicine; her milk has returned.

℞ Potassæ Bicarb., ʒij ;
 Tinct. Aurantii, ʒss ;
 Spir. Æth. Nitrici, ʒss ;
 Aquæ, ad ʒvij. M.
 Sumat coch. ij quartis horis.

Repeat the aperient pills.

7 *p.m.*.—Better ; bowels moved ; pulse 120 ; less fever ; less headache.

25*th.*.—Pulse 114, a better pulse altogether ; no heat of skin ; had two rigors yesterday, one in the morning, the other in the evening, the latter followed by perspiration, that is, by satisfactory reaction. Continue.

26*th.*.—Better ; pulse 108.

27*th.*.—Doing well. To take quinine in infusion of roses.

July 1*st.*.—Feverish ; pulse 120, unsteady ; appetite good ; milk in breasts ; lochia stopping. Continue tonic.

7*th.*.—Phlegmasia dolens of right leg ; some tenderness in groin, none in abdomen ; pulse 120, soft and regular ; milk in breasts. Oleum camphoratum to leg ; and an opiate pill to be taken.

10*th.*.—Pulse 106, pleasant ; leg easier ; no bad symptoms. Continue camphorated oil.

I have no further notes of this case. — The woman made a very satisfactory recovery.

CASE XXXIV.—IRRITATIVE FEVER ; DIARRHŒA ; PHLEGMASIA DOLENS.

Mrs. A—, of S—, near Alford, the wife of an agricultural labourer, was delivered of her first child with the forceps, July 2nd, 1856. The delivery was very difficult, the child being unusually large, and the peri-

næum was lacerated. The labour was followed by considerable hæmorrhage, and for several days after she had diarrhœa, with a good deal of irritative fever; the pulse 120, sharp; headache; abdominal pain and soreness, and general *malaise*. The diarrhœa was arrested by means of ordinary astringents. She had some inconvenience during the first week from the lacerated perinæum, and especially so as there was diarrhœa, being unable to retain either fæces or flatus; but the laceration soon healed perfectly. As she had shiverings frequently, I gave her quinine. I did not see her during the second and third week, as she was better; but in the early part of the fourth week I was summoned again, and found her suffering from phlegmasia dolens of one leg, all other symptoms being better. Quinine internally, and camphorated oil applied to the leg, speedily removed the swelling, and I heard no more of the case.

I find that, by tracing puerperal diarrhœas through several varying manifestations, I am gradually drifting into the consideration of yet other varieties of puerperal fever. I have alluded to a change in the type of disease generally, from a sthenic form, requiring, and obviously benefited by, active depletion, to an asthenic form in which depletion would be as obviously injurious. This has undoubtedly been found to be the case with pneumonia, and so I am convinced it has been with puerperal fevers. I was led into the allusion from a retrospect of some of the phenomena in the cases reported. I now propose to present a few cases more directly illustrative, in

GROUP D,

OF PUERPERAL FEVER REGARDED AS A STHENIC
DISEASE.

The following case might have appeared in the last group, in illustration of the fact that phlegmasia dolens sometimes seems to constitute a favorable crisis in puerperal fevers, but as the subject of it had attacks of similarly sthenic disease in several subsequent confinements, I prefer to place it at the head of the group which I have ventured to designate as above.

CASE XXXV.—PERITONITIS; DIARRHŒA; PHLEGMASIA
DOLENS.

Mrs. B—, of I—, the wife of a shoemaker, was confined Dec. 7th, 1837. The labour was severe and protracted, from a thick and rigid state of the os uteri. After-pains severe for several days without acceleration of pulse. On the ninth day symptoms of peritonitis came on; and, when I saw her the next day, there was exquisite tenderness of the abdomen, with a pulse 150, small and sharp, and the other usual symptoms. I bled her in the arm, and in two hours the pulse dropped to 120, the pain being greatly relieved. I leeches the abdomen, gave calomel and opium in frequent doses, &c. A week after, the symptoms of peritonitis being quite checked, diarrhœa, with subsultus tendinum, came on, but the pulse did not get higher than 120. I gave chalk mixture, with carbonate of ammonia, aromatic confection, wine, &c., which speedily removed those symptoms.

At the end of the month a smart attack of phlegmasia dolens came on, which was readily subdued by leeching the inside of the thigh affected.

CASE XXXVI.—SEVERE AFTER-PAINS.

Mrs. B— was confined again, March 30th, 1840. Her labour had the same unpleasant complication of rigid os uteri, and was very tiresome and protracted. I have the following note of her case:—"After-pains severe, with tenderness of abdomen and deficient lochial discharge; no acceleration of pulse. Fomentations, with opiates, diaphoretics, and decoct. alöes comp. relieved her and she soon recovered.

There having been no fever, no acceleration of pulse, and, above all, no bleeding in this second case of Mrs. B—'s, it would not have deserved a place here at all; but it is important when compared with the circumstances of her next confinement, in which also there was no acceleration of pulse, and which will come in as—

CASE XXXVII.—PERITONITIS.

Mrs. B— was confined again, April 12th, 1842, after a very severe and lingering labour from rigid os uteri. On the fourth day her lochial discharge ceased. Pains severe; great abdominal tenderness; countenance rather anxious; pulse 80, full. On account of the state of the

pulse I trusted to opiates for a day or two, but they gave no relief. I then bled her in the arm with immediate benefit. I then gave aperients with calomel and opium, using frequent terebinthinate fomentations. The day after the bleeding, viz., April 17th, she was better. Continue.

April 19th.—Worse; pulse over 100; has had rigors; tenderness excessive. VS. again. Continue calomel and opium with saline mixture containing digitalis.

20th.—Symptoms but little alleviated. *Applicentur hirudines xij. abdomini.* Continue medicine.

21st.—Something better; a blister to abdomen. Thenceforward she gradually recovered, but the calomel and opium pills were pushed to ptyalism.

CASE XXXVIII.—PERITONITIS.

Of the same Mrs. B—'s next confinement in September, 1846, I have the following brief note:—
“Symptoms of peritonitis on the third day rendered bleeding, with doses of calomel and opium necessary. Her labour had been, as before, complicated with rigid os uteri. She was soon quite well.”

CASE XXXIX.—METRITIS.

Mrs. J— C—, of C—, the wife of a labourer, a healthy woman, was confined of her second child, January 2nd, 1839. She had an easy labour. I was sent for again on the fifth day of lying-in; I found great tenderness of uterus, which was hard and larger than it ought to have been at that period; parietes of abdomen lax;

pain aggravated on turning in bed, or on coughing ; pulse 156, small and soft ; skin hot, but moist ; white tongue ; thirst ; lochia and milk suppressed. *VS. in brachio ad ʒxij*, and to take immediately a powder containing calomel, gr. v, pulv. jalapæ ʒj. Half an hour after the bleeding the pulse dropped to 130, and the next day it was only 112 ; but the day after it had risen to 140, the abdomen still being tender to touch, though the patient expressed herself as feeling better. *VS. ad ʒx*. On the following day the pulse was 125, with amelioration of all the other symptoms, and after that she mended without any further medical treatment. I ought to say that after the first bleeding she had a saline mixture containing antimony.

CASE XL.—PERITONITIS.

M—O—, an unmarried woman, confined of her second child, March 30th, 1841 ; easy labour. Attacked with abdominal inflammation at the end of nearly a fortnight, in consequence of cold caught. Abdomen tender to touch ; pain great and aggravated in paroxysms ; countenance anxious ; pulse 120, small. *VS. in brachio*. To take a powder containing calomel and jalap ; and, after its operation on the bowels, a saline mixture, and a calomel and opium pill with each dose of it. Next day, still feverish ; pulse 115 ; tenderness gone. Continue. The day after, quite better ; pulse 85. The blood taken was buffed and cupped.

CASE XLI.—PLEURISY; DIARRHŒA.

July 25, 1843.—Multipara. Easy labour. An attack of pleurisy came on during the first week. There was great pain, with dry cough; inability to lie on side affected; lochia and milk checked; pulse 125, sharp. The pleuritic pain was preceded by a general feverish state, which commenced on the second day, and for which I had prescribed Dover's powder in a saline mixture, with vin. ant. tart. Two days after there was diarrhœa, which was checked by a few doses of chalk mixture, with laudanum and aromatics. The next day, violent pleuritic pain coming on as above described, I bled her freely in the arm, and gave her antimony, digitalis, &c. The following morning, there being little or no relief, I applied a dozen leeches to the side affected; and in the evening, the symptoms being still urgent, I bled her again in the arm, which cut the disease short. I then put on a blister. She was soon quite well, continuing the antimonial medicine for a few days.

The case described above, besides being a good example of a sthenic inflammatory affection, not abdominal, occurring as a puerperal disease, furnishes an instance, in addition to those already given so copiously, of diarrhœa occurring as a puerperal complication.

CASE XLII.—PERITONITIS.

Mrs. J—P—, of I—, the wife of a small farmer, a very healthy-looking woman, was confined of her third child

April 29th, 1840, after an easy natural labour. May 8th, she was aroused from sleep at two in the morning by a sudden seizure of pain. She had a rigor, followed by heat of skin and great thirst. There had been considerable lochial discharge since the day when she was confined. When I saw her at half-past seven the pain was very great; countenance anxious; abdomen excessively tender; inability to turn or move; there was no tympanitic distension of abdomen; the pulse 120, small; lochia checked as well as milk; some diaphoresis was present. *VS. ad deliquium* in recumbent position. The pain ceased while the blood was flowing, and the pulse dropped to 100. A dose of castor oil was given, followed by calomel and opium, one grain of the former with a quarter of a grain of the latter every four hours. The next day all unpleasant symptoms had left her.

The reader will scarcely have failed to notice the great liability to recurrence of inflammatory puerperal fever in the person of the patient whose repeated attacks—four in four successive confinements—I describe above (Cases xxxv, xxxvi, xxxvii, xxxviii). The case which now follows, besides constituting a fitting introduction to the next group of cases, is also illustrative of this liability in certain women.

GROUP E.

OF PUERPERAL FEVER REGARDED AS AN ASTHENIC
DISEASE.

CASE XLIII.—PERITONEAL FEVER.

Mrs. J—P—, the subject of Case XLII, was confined again, July 26th, 1847, after an interval of seven years. The face turning to the pubis, the labour was perhaps not quite so easy as on the previous occasion. She was attacked on the ninth day with symptoms similar to those described as following the previous labour, except that she had no decided rigor. There was also less heat of skin, and less anxiety of countenance; the pulse 120, soft; diaphoresis present when I saw her. She recovered without bleeding this time, using fomentations, and taking a few doses of calomel and opium with salines.

CASE XLIV.—PERITONEAL FEVER; METRITIS; DIARRHŒA.

Mrs. W—K—, of Alford, the wife of a labourer, a delicate woman, was confined after a tedious labour, with rigid os uteri—multiparous—June 2nd, 1850. Calling on the fourth day of lying-in, in the evening, June 5th, I found her just rallying from a shaking fit, of which she said she had had three. She was feverish and restless; the pulse 150, small. There was abdominal pain and tenderness; body of uterus hard and tender; tongue white; lochia sufficient;

milk gone, she having been using spir. camph. to her breasts in consequence of the death of her child, which was small, puny, and premature. The bowels had been moved, but were now confined. I gave her a calomel aperient, and a mixture with Dover's powder and camphor julep, ordering fomentations. The next morning she felt better; pulse 120; some perspiration. Continue medicine and fomentations. In the evening of the 8th the pulse was below 100. On the 10th I was summoned at 5 a.m. I found her suffering from diarrhœa; the pulse 108; some perspiration; less pain in abdomen, which was, however, full and tympanitic. Gave chalk mixture with laudanum. She now gradually recovered, the pulse seldom after this getting above 100.

CASE XLV.—PERITONITIS.

Mrs. W—, of W—, near Alford. During my temporary absence from home, my assistant was sent for by a midwife to lend his aid in the delivery of this patient, at 6 a.m., November 27th, 1850. She was the mother of a large family, and the midwife had been in attendance about forty-eight hours. She had ruptured the membranes the day before, but was unable to feel the presentation, and there was no pain. Pains had gradually come on, which had increased until an arm came down. Turning, doubtless, would have been easy enough when the membranes were first ruptured, but Mr. S—, my assistant, although he had given her two full doses of laudanum, found it impossible to get his hand up. He desisted after a quarter of an hour's efforts, and sent for Mr. C—, of W—, a distance of about a mile. Mr.

C— tried perseveringly and patiently for two hours, and was about to desist from what appeared to be a useless attempt to pass his hand into the uterus, when all at once, a gush of blood came away. The uterus relaxed, he passed up his hand, turned and delivered. The child was dead. This was about noon. Mr. S— saw the woman again in the evening, and found her very bad. The next morning, having returned home, I saw her myself; the pulse 120, soft, and reasonably full; great abdominal tenderness with tympanitic distension; no lochia; tongue white; some nausea; she had not made water. I passed the catheter, and drew off a large quantity of urine, which gave some relief to her pain. A dozen leeches were applied to the abdomen, and she was ordered to take a mixture containing *magnesia sulph.* ℥j, in eight doses, each of which was to be taken with a pill containing two grains of calomel and half a grain of opium.

29th.—Pulse 120, weaker; great tympanitis; great flatulence of stomach; lochia sufficient; bowels confined. Gave an enema, which brought away a very offensive motion. Continue medicine.

30th.—Pulse 115, stronger and sharper; lochia abundant; less pain; some tenderness on pressure; abdomen softer, but very full and tympanitic; great thirst; bowels open. Continue medicine.

December 1st.—Found her sinking. She died the next morning at ten.

Post mortem examination in the afternoon of same day, with the assistance of Mr. C— and Mr. S—. Uterus large; peritoneum gangrenous; slight adhesions of intestines to uterus, easily broken up. Internal surface of uterus showing a black gangrenous patch on

right side, probably the part bruised in the attempts at turning, or, more probably, the "*plaie placentaire.*" There was no rupture.

The three following cases are specimens of adynamic varieties of puerperal fever now frequently met with in practice :

CASE XLVI.—PERITONEAL FEVER.

Mrs. B—, of A—, near Alford, confined of her first child, February 2nd, 1850. Sharp labour, with rigid os uteri. Calling a week after, I found her feverish, with headache, and a pulse 160, soft. No abdominal tenderness; bowels confined; no appetite; tongue white; lochia and milk sufficient; had had rigors. *Mist puerp.* Ordered also a dose of castor-oil. Next day she was better; pulse below 100, and she was soon all right. But ten days after I was sent for again. Fever; pulse 120, sharp; complaining of pain above pubis, with some tenderness; headache; appetite bad; to take *mist. puerp.* again. Next day the pulse was 80, and I heard no more of the case.

CASE XLVII.—PERITONEAL FEVER.

F— P—, an unmarried woman, multiparous, confined after an easy labour, August 18th, 1850. After-pains severe for two or three days; better after an opiate. I was hastily sent for in the night of the 29th August, the twelfth day of lying-in. She had had a shivering fit, followed by fever; pulse 110, rather small and sharp; abdomen painful and tender to touch; great pain in

head; some anxiety of countenance; skin moist; bowels confined; tongue white; lochia scanty; milk in breasts. To foment and take eight grains of calomel, and afterwards go on with *mist. puerp.* The next day all the symptoms were better; the pulse 100. The day after she was quite well. The child having refused the breast when the woman was taken ill, a woman sucked the milk and found it tasted *salt*.

CASE XLVIII.—METRITIS.

Mrs. T— G— M—, of Alford, primiparous, was confined September 6th, 1854. Her labour was very tedious and tiresome. On the fourth day, September 9th, she had the following symptoms:—A rigor last night, followed by perspiration; after that rested pretty well. This morning, 8 o'clock, feverish; pulse 120, soft; tongue covered with bilious fur; feels sick; complains of choking in throat; great thirst; no appetite; milk and lochia right; bowels open; *fundus uteri* hard, and painful on pressure; headache. To take *mist. puerp.*, and foment. At 2 p.m., some perspiration; feels better; pulse 115. At 7 p.m., perspiration going on; is still better; pulse 120.

Sept. 10th, Manè.—Has had a good night; there is slight diaphoresis; pulse 90. Continue. *Vesperè*—Pulse 96; still feverish; bowels not moved since yesterday morning; abdomen soft, and free from pain; *fundus uteri* cannot be felt. *Sumat ol. ricini* ʒss, *et pergat*.

Sept. 11th.—*Fundus uteri* again to be felt hard and tender; has rested well, however; tongue much coated; bowels have not acted sufficiently; there is trouble with

the milk, which does not flow readily when drawn. *Sumat statim calomel. gr. iij, ext. coloc. comp. gr. vj, in pil., et pergat in usu misturæ.*

She continued feverish and uneasy for a few more days, the milk gradually leaving her, in spite of every effort to keep it.

The following, also an adynamic case, is a specimen of a more troublesome form of puerperal fever not unfrequently met with since the change in the type of disease which I am now endeavouring to illustrate :

CASE XLIX.—ACUTE TYMPANITIS ; DIARRHŒA.

At 10·30 p.m., February 4th, 1854, Mrs. R—, of Alford, expecting her confinement to take place in about a fortnight, was suddenly surprised by an immense gush of blood. She fainted, and was carried up stairs to bed. As I was detained at the time in attendance on another case at a considerable distance from home, I did not see her till 1·30 a.m.; meantime she was under the care of one of my professional neighbours. On my arrival, I found the cranium presenting in the first position; the os uteri dilated to the size of a shilling, rigid, and rather thick. There were very slight pains at considerable intervals, each accompanied by a gush of slightly-coloured serous fluid. I immediately ruptured the membranes, after which the flow of fluid ceased entirely. There was, however, some faintness felt occasionally; there was frequent yawning, and a very blanched countenance. I then gave a full dose of ergot. This speedily brought on

nice pains, and the labour was safely completed at 4.15 a.m. The child was quite dead, probably in consequence of the hæmorrhage, as it had been felt to move just before the labour began. Immediately after the child was born, a very large, firm coagulum, larger than the after-birth, was expelled. I think it probable that the gushes of pale fluid which took place with the first slight pains were composed chiefly of the serum of the blood, the coagulum of which was expelled after the birth of the child. The opening through the membranes was found to be close to the edge of the placenta. I could not feel any portion of the placenta during the labour. A considerable portion of the maternal surface of the after-birth, near the opening through the membranes, was found to be covered with a thin layer of very adherent and firmly coagulated blood.

During the remainder of that day, Mrs. R— felt exceedingly well, the pulse and appetite being perfectly good. The next day the pulse was quick, but there was no other unfavorable symptom. On the third day, in the morning, I found her suffering from great pain in the abdomen, with tympanitis, and great tenderness on pressure. The pulse was 140, weak; tongue clean; no shiverings; lochia and milk all right. There were frequent eructations. I ordered fomentations. She had some difficulty in micturition. I gave her :

℞ Liq. Morph. Acet. (Ph. Lond.), ℥ss;
 Spiritus Ætheris Nitrici, ʒj;
 Aquæ, ad ʒjss. M.

Fiat haustus statim sumendus.

A calomel and compound scammony powder was

ordered to be taken an hour after, the bowels not having been moved since the confinement; and she was directed to go on with the following mixture:

℞ Pulv. Ipecac. comp., ℥ss;
Magnesiæ Sulphatis, ℥vj;
Spiritus Ætheris Nitric., ℥ss;
Aquæ Menthæ Piper., ad ℥vj. M.

Fiat mistura cujus sumantur cochlearia ij tertiis horis.

In the evening she felt better; she had less pain and tenderness; could pass urine; the bowels had acted once slightly; pulse 120. There had been no headache to-day, though some was felt last night.

Fourth day a.m.—Pulse 125, very feeble and indistinct; no pain; tenderness and swelling nearly gone. She was flatulent, and had been sick several times. The bowels had acted three or four times in the course of the night. She complained of thirst, and was *very smiling*.

℞ Confectionis Aromaticæ, ℥iiss;
Tincturæ Opii, ℥iiss;
Spiritus Ammonizæ Aromatici, ℥ij;
Magnesiæ Calcinatæ, ℥j;
Aquæ Menthæ Piperitæ, ad ℥vj. M.

Sumat cochlearia ij tertiis horis.

Pulse at noon, 125, fuller; at night, 140, *fluttered*. The bowels were acting too much. The mixture was continued.

Next day (fifth) the pulse was feeble and palpitating, 125-130. She had had a good night; was not sick; had no appetite; tongue clean; forehead hot. The bowels had acted again very freely after I paid my visit last night.

℞ Cretæ Præparatæ, ℥ss ;
 Confectionis Aromaticæ, ℥iiss ;
 Ammoniæ Sesquicarbonatis, ℥ss ;
 Tincturæ Opii, ℥ij ;
 Aquæ Menthæ Piperitæ, ad ℥viij ;
 Sumat cochlearia ij quartis horis.

4 *p.m.*—She was better ; pulse steadier, 120. The bowels were quieter.

Next day (sixth) *a.m.*—Pulse 100 ; *p.m.*, 90. Her appetite was returning ; bowels quiet ; and so she recovered rapidly.

CASE L.—LATENT PNEUMONIA, BECOMING CHRONIC; HECTIC FEVER ; TEDIOUS RECOVERY.

Mrs. W— A—, of H—, near Alford, the wife of a labourer, in impoverished circumstances, and already the mother of a large family, was confined October 6th, 1861. Her labour was remarkably quick and easy, her child being born before my arrival (distance five miles). When I saw her again, on the third day, she was doing perfectly well. But, on the 18th of the month, the 13th day of her lying-in, I was requested to see her.

October 18th.—Feverish ; frequent shiverings ; pulse small, 125 ; cough with white viscid expectoration ; headache ; no other pain anywhere ; bowels right ; appetite bad ; milk abundant. I gave her quinine in grain doses every five hours.

19th.—Still feverish ; pulse fluttered, full, soft, 130 ; headache ; appetite better ; bowels right ; no pain ; cough better. Continue.

21st.—Pulse firmer, 120; appetite good; cough better; no heat of surface; no shiverings.

22nd.—Pulse full, throbbing, 125, but weak; a good deal of white, frothy expectoration; cough better; dyspnœa; appetite failing again; tongue clean; no pain anywhere; bowels right; milk in breasts. Continue.

24th.—Pulse full, but compressible, 125; cough troublesome, with white viscid expectoration; uneasy when she lies on left side. Auscultation—Crepitation at base of left lung; dulness on percussion; respiration puerile in right lung. No headache; feverish skin; milk and lochia right; dirty, moist fur on tongue. Applied a blister to left side.

℞ Calomel, gr. viij;
Opii, gr. ij;
Confect. Rosæ, q. s. ut ft. pil. viij.

℞ Antim. Pot. Tart., gr. viij;
Tinct. Camph. comp., ℥ss;
Spir. Æth. Nitrici, ℥ss;
Liq. Ammon. Acet., ℥ij;
Aquæ, ad ℥viij. M.

Sumat coch. ij 4tis horis cum pil. j.

26th.—Great relief felt from blister; pulse 125; cough and expectoration as before. Continue.

28th.—Pulse weaker, 125; cough and expectoration better; breathing bad; milk sufficient; lochia not checked; appetite moderate; tongue raw-red; bowels confined. To take a dose of castor oil, and continue medicine.

29th.—She sweated a great deal last night, and feels better this morning.

November 2nd.—Pulse 120; occasional night-sweats;

in every other respect she feels better. Respiration rather panting; little or no cough; can lie on either side; appetite bad. To take wine if she can get it, and compound infusion of gentian.

7th.—Pulse 108; is better; appetite good; bowels right; less cough; breathing better.

I have no further notes of this case. She continued an invalid for many weeks after, having a cough, with hectic fever, &c., and was not churched until the middle of the following April; but she lives at the distance of a mile from her parish church.

The local phlegmasy may be a non-suppurative inflammation of the mamma, as in the following instance. Such a complication is entirely, I think, free from danger, however severe the pain in the part, or whatever the amount of constitutional disturbance.

CASE LI.—MASTITIS.

Mrs. T— S—, of S—, primipara, was confined January 13th, 1851; she had a very easy labour.

Jan. 26th.—Was doing well until yesterday, when she had a smart shivering fit in the evening. This morning she has one breast inflamed, much swollen, very red, and painful; the milk in the other breast gone—the milk had been abundant in both; the countenance natural; tongue white; headache; no great heat of surface; no perspiration; no pain in abdomen; pulse 140, soft, weak, and undulating; lochia

ceasing, as they usually do towards the end of the fortnight; appetite gone. I gave her calomel. gr. iij, to be followed by a black dose, then to take *mist. puerp.* ʒj every four hours, and foment the breast.

Jan. 27th.—Better; pulse 100; profuse perspiration; bowels well moved; the breast easier and less swollen.

The medicine being continued, and the fomentations persevered with, the breast got well in a few days, without suppurating.

CASE LII.—IRRITATIVE FEVER.

Mrs. A—, of W—, near Alford, was confined Nov. 3rd, 1861. Finding the funis prolapsed by the side of the head, which was low in the pelvis, the membranes having burst, I, with some difficulty, delivered by turning. The child, however, was dead. I divided the funis without tying it; it did not bleed: it had probably, therefore, been dead some hours.

Nov. 4th.—Feverish; chilly; countenance rather anxious; pulse small, uncertain, 98; appetite good; tongue clean; no headache; after-pains severe, with great soreness; lochia scanty. To take a dose of castor oil, and foment abdomen.

6th.—Countenance good; pulse 94, soft and steady; a warm, free perspiration; appetite good; milk abundant, also lochia; bowels well moved. The pain continues very bad. To take *mist. puerp.*

10th.—Is quite well.

CASE LIII.—IRRITATIVE FEVER.

This was, like the last, a case of “meddlesome midwifery.”

Mrs. J— B—, of Alford, multipara, feeling symptoms of labour, sent for me March 10th, 1862, in the morning. I found the os uteri closed and tight, so that I left her, after giving her a full dose of laudanum. She had, by-the-by, fancied herself in labour three weeks before. She sent again the next morning, March 11th. There was, this time, some effect on os uteri, but not so much as to require my stay with her. I left her again, but only to be summoned again in the evening. The os uteri was now open to the circumference of a crown piece, but very unpromising and thick. The pains, instead of acting from the fundus uteri, seemed to twist round and round the os, as if determined to hold the head in, rather than push it out. Fearing I should be detained at the bedside all night, I resolutely passed my hand through the os uteri, sought for a foot, which I found readily, and delivered. The child, a premature and small one, survived only a few minutes. I gave her a full dose of laudanum before leaving her.

March 12th, being the following morning.—Pulse 125, small and angry; warm, perspiring skin; lochia abundant; occasional pains; no tenderness of abdomen; complains of her head, but thinks her headache has been caused by the laudanum given after the termination of the labour. To foment the abdomen.

13th.—Has had a good night; is cheerful; no abdominal pain; lochia scanty; pulse sharp, 120; less heat of surface; head better. To take a dose of castor oil.

14th.—The oil has operated, and she is better altogether; pulse, 100, soft. After this she had no unpleasant symptoms.

CASE LIV.—RETAINED PLACENTA ; IRRITATIVE FEVER.

Mrs. —, of —, the mother of a large family, and who had had five premature confinements during the previous four years or thereabouts, sent for me in the morning of December 7th, 1861, thinking she was about to miscarry. I found the liquor amnii had escaped, but she had no pain whatever, and no hæmorrhage. As she was only about four months advanced in pregnancy, I merely recommended patience and quiet, telling her that the process, if it went on, would certainly be attended with pain, and most probably with hæmorrhage, either of which occurring, I was to be sent for. The same evening hæmorrhage began with slight pains, and a four months' foetus was rapidly expelled. The process was so quick, and attended with so little pain and hæmorrhage, that I was not sent for. The placenta did not follow. When I called the next morning, I learned what had taken place. I found, on examination, that the os uteri was closed, so that it was impossible to remove the placenta; there was not a stain of hæmorrhage.

December 9th.—She was feverish, and had a good deal of headache; pulse sharp, 120; placenta still retained; no hæmorrhage; there was no abdominal pain; but the fundus uteri being tender to the touch, I ordered fomentations to be used, and the following medicine to be taken:

℞ Pulv. Ipecac. comp., ʒij;
 Sodæ Biboratis, ʒiv;
 Spir. Ætheris Nitrici, ʒss;
 Decoct. Ergotæ, ʒiv (containing ʒij of Ergot);
 Aquæ, ʒiiiiss. M.
 Sumat coch. ij 4tis horis.

10th.—Less feverish; placenta still retained; slight shew, coloured, with pieces of membrane. A smart rigor yesterday after I called, followed by perspiration. The pulse to-day 90. Is frequently sick. Continue medicine.

11th.—Pulse 116, sharp: less feverish heat of skin; *feels* less feverish; complains of headache; eyes look heavy; tongue white; has been sick again; no more rigors; there is slight coloured loss, offensive in odour; no pains. To continue medicine, and take two common aperient pills.

12th.—Much headache; pulse 120, sharp; several large coagula came away yesterday; placenta still retained; no pains; os uteri still nearly closed, but when touched, it communicates a feeling to the finger as if uterine action was impending; that is, it grasps the finger when introduced within it. I could still only recommend patience, and perseverance with the medicine given.

13th.—I was sent for hastily this morning early. There were strong pains, with hæmorrhage. I found the placenta in the vagina, and removed it. Headache and fever symptoms all gone.

CASE LV.—PERITONITIS.

Mrs. H— B—, of S—, near Spilsby, the wife of a farmer, primipara, was confined early in the morning of January 30th, 1852. A rather severe labour; ergot given; head an hour in pelvis after full dilatation of os uteri, and another hour on perinæum. Child living. I remained with her two hours; after-pains very severe;

pulse 140. Gave a dose of laudanum and ordered fomentations. Called the next day, and found she had had no pain since using the fomentations; she felt quite well; was very cheerful; appetite good; abdomen soft and quite free from tenderness—but the pulse was still 140! I ordered a dose of castor oil; and left instructions with the nurse to send for me immediately if she should have a shivering fit, for I did not like the pulse at all. I was sent for the following afternoon. She had had two rigors the night before—one at nine, the other at ten—and had had great pain in the abdomen ever since. I found her suffering from excruciating pain all over the abdomen, aggravated in paroxysms; pains also in loins; abdomen excessively tender to touch; she was lying on her back with her knees up, unable to bear the bed-clothes; no distension; the lochia, which had been abundant, now checked; no milk; countenance anxious, that is, expressive of suffering, but she can smile; pain in forehead, with dizziness; tongue clean; no appetite; great flatulence of stomach, with continual eructations; the bowels moved twice last night; there was no great heat of skin, and she complained much of thirst; the pulse was 145, soft and weak. *VS. in brachio statim ad deliquium*, in recumbent position; bleeding borne well, two pounds being drawn before she fainted. *Sumat statim calomelanos gr. x.* To foment the abdomen, and take *mist. puerp.* and a grain of calomel with each dose every four hours.

February 2nd, 9 a.m.—Is better; skin cool; pulse still 145, softer; less pain; no paroxysms; abdomen still tender to touch; is lying on her side. I was told that an hour after the bleeding yesterday, she turned on her side and slept three hours. Slept well last

night ; no pain in head, but is still rather dizzy. Countenance better and more cheerful ; a flush in one cheek ; bowels relieved once slightly yesterday. Tongue slightly coated with moist dirty-yellow fur ; still thirsty ; respiration easy, as, indeed, it was yesterday ; not so flatulent ; lochia watery ; no signs of milk ; blood drawn very buffy. *Applicentur hirudines xij abdomini.*
Cont. fatus et med.

7 p.m., same day.—Bowels have not acted again ; great restlessness, with flatulence and dizziness ; pulse 150 ; abdomen not so tender. An enema of gruel and turpentine brought away an immense accumulation of scybala, fæces, and flatus, giving great relief. Lochia a better colour. Continue medicine.

3rd.—Is much better ; pulse 120, firm ; slight fever ; no pain ; tenderness better, but still felt, chiefly towards left groin. Bowels relieved twice more, with more scybala. Has been bleeding at the nose. Slept well last night ; is now very cheerful and smiling ; a little flatulence ; tongue the same ; lochia the same ; no milk. Continue medicine, without the sulphate of magnesia. To foment with turpentine sprinkled on the flannels.

4th, 11 a.m.—Not so well ; pulse 130, soft ; tendency to paroxysmal pains again, during which the abdomen becomes hard and more tender to touch ; in the intervals the abdomen but slightly tender ; what tenderness there is is chiefly in left groin. Head feels flighty ; was delirious in the night and did not sleep well. She is talkative and cheerful ; tongue the same ; mouth feels dry, and she complains of her throat feeling sore in swallowing ; slight appearance of lochia ; no milk. Bowels have not acted again. *Applicentur hirudines vj inguini sinistro.* *Cont. med. et fatus tereb.*

At midnight—Much worse; pulse 140; great pain, distension, and tenderness. Difficulty and pain in micturition, so that she has refrained too long. Can still turn in bed, but with difficulty; no headache; no delirium; lochia checked; tongue brown and dry; great thirst. Drew off about a pint of urine with catheter. Gave a turpentine enema. Ordered turpentine stupes to be continued; gave her a grain of morphia in a draught. Stayed till 2 a.m., and left her disposed to sleep.

5th, 9 a.m.—Found her sinking. She died at 10.

At the time, I was much annoyed at not being sent for until so many hours after the first rigor, for I thought with pain and regret on what I quote in the foot-note below.* I think now, however, that as Blundell was writing when these diseases were much more frequently sthenic in type than they have been since the year 1847 or thereabouts, when, in short, depletion was in its hey-day of success, his remarks are scarcely applicable to such a case as the one just reported, occurring as it did in 1852. The following example, however, shows that we may still occasionally meet with puerperal fevers in which bleeding may be

* "In using venesection it is of the greatest importance to commence the bleeding as early as may be. I have laid it down as a sort of rule in my own practice, that if, in the less vehement attacks, the bleeding be commenced within six hours after the chill, your patient will be saved often, and if within twelve hours, not unfrequently; but that, if you do not begin until twenty-four hours have passed away the patient will usually die."—Blundell, 'On Puerperal Fever,' 'Lancet,' August 23, 1828, vol. xiv, p. 643.

beneficial. Although somewhat out of place in the present group of asthenic cases, I introduce it here as an exceptional case. It is instructive *because* it is exceptional. It is interesting, also, as having occurred so late in the lying-in month as the 27th day.

CASE LVI.—PERITONITIS.

Mrs. R— W—, of Alford, the wife of a blacksmith, æt. only 17, was confined, after a remarkably easy labour, of her first child, November 2nd, 1853.

On Monday, November 28th, the 27th of lying-in, I was requested to call. I found her sitting up and suckling her child. She was complaining of pain in the abdomen. She said she had had a shivering the previous Friday. The bowels were open. The pulse below 100. To take *mist. puerp.* and foment.

November 29th, a.m.—Great pain in abdomen, great tenderness over the whole of it; white angry-looking tongue; pulse 150; countenance flushed; respiration hurried. *Applicentur hirudines vj. abdomini*, and foment. To take two strong aperient pills containing calomel, and continue mixture.

Same day, p.m.—Pains relieved, but tenderness as great and extensive as ever. It is thirty-six hours since she passed any water; used the catheter. *VS. in brachio ad ℥xij*. Continue mixture, taking a grain of calomel with each dose.

30th.—Feels better, but the pulse is 156; blood drawn very buffy; tympanitic distension of abdomen. Foment with turpentine. Continue medicine.

December 1st, a.m.—Pulse 140; respiration hurried; tongue still white on top, but not so red at tip and edges.

Same day, p.m.—Pulse 125; *App. empl. canth. abdomini.*

2nd, a.m.—Has had a good night; feels much better; pulse 120; abdomen still tympanitic, but not so tender. Continue medicine.

Evening.—Very drowsy, has been so all day; pulse still 120. I don't like this drowsiness. Continue.

3rd, a.m.—Pulse still 120; with tympany and some tenderness of abdomen; otherwise feels better; drowsiness gone. Continue medicine.

4th.—Pulse 114; some return of appetite.

5th.—Pulse 108; is gradually leaving off her medicine.

6th.—Pulse 100.

7th.—Pulse 90; and so she recovered steadily.

It was with much hesitation that I bled this patient; probably if she had *not* been bled she would have died, and, as probably, if the subject of Case XLIX *had* been bled, she would have died. But I cannot understand why the last reported case should have recovered, while Case LV died.

CASE LVII.—RHEUMATIC FEVER.

February 2nd, 1844. — Multipara. Easy, natural labour. She caught cold about the ninth day, and had an attack of rheumatic fever. I saw her on the fourteenth day. High fever; pulse 140, full and soft; skin moist; great pain in head; some delirium; lumbago, and “pain all over;” lochia and milk suppressed; no appetite; tongue white, with red edges; some tenderness at epigastrium, none lower down; bowels confined.

Sumat statim calomelanos gr. v., et pulv. jalapæ comp.
 ʒss.

℞ Tinct. sem. colchici, ʒij;
 Pulv. ipecac. comp., ʒij;
 Magnesiæ bicarb., ʒij;
 Spir. ætheris nitrici, ʒss;
 Mist. camph. ad ʒviij. M.
 Sumat coch. ij quartis horis.

Next day.—Pulse 90; headache nearly the same; no delirium; still pain at scrobiculus cordis; the pain in the loins and joints is better. The bowels have not been sufficiently relieved. *Sumat ol. ricini ʒvj, et pergat in usu medicament.*

Next day.—Feels nearly well; the pulse 70. The milk had not returned when I saw her three days later, although she was doing quite well in other respects.

I now pass on to the consideration of a subject of great interest, the cases to be reported in illustration occurring in the sthenic period, viz., in 1842.

GROUP F.

OF PUERPERAL FEVER REGARDED AS A CONTAGIOUS DISEASE.

The following cases, which are corroborative of the opinion that puerperal fever may originate from the attendance on erysipelalous patients, and that a malady so originating is communicable from one puerperal woman to another, are also suggestive of other conclusions on this painful subject, which are, I think, of some practical importance.

On the 6th of January, 1842, I was called in to attend an elderly gentleman, in a village where I was then residing, who had erysipelas of the face. As yet his symptoms were not at all urgent; it appeared to be quite a slight and common case. I sent some saline medicine and a lotion. The same evening I attended a case of midwifery, two miles from my residence. The next morning, before visiting my erysipelatous patient, I attended a second case of midwifery, four miles from my residence. On my return home I found my patient considerably worse; I applied nitrate of silver freely all over the affected part. At one or two o'clock in the morning of the next day, January 8th, I was called up to him. He was much worse; face and head frightfully swollen down to the shoulders on both sides. After visiting him again the same morning at nine o'clock, I called upon both my lying-in patients. They were doing well, and, in fact, recovered without a single bad symptom. In the evening I found the old gentleman in a very bad way; there was some delirium, and the head and face were still more swollen. I made a few punctures in both cheeks, and while busy with him, was sent for in all haste to attend a case of midwifery, Mrs. T— T—, of S—, a distance of three miles. I believe I went without washing my hands. I was not detained more than a couple of hours, and as I was riding homewards I was met by my groom, who had been sent to me with the announcement that an alarming change had taken place with my erysipelatous patient. I hastened on, and found him comatose, with a dusky livid appearance of the face. He died in the course of the night, a frightful spectacle.

CASE LVIII.—PERITONEAL FEVER; DYSURIA.

And now commenced my troubles. In the night of the 9th January, or rather early in the morning of the 10th, I was again summoned to Mrs. T— T—. I found her in the following state:—Very severe pain, aggravated in paroxysms, like after-pains; some abdominal tenderness; had had a shivering fit; some headache; no anxiety of countenance; pulse 120, soft and full; skin hot; diaphoresis; lochia abundant; no signs of milk, but as it was barely thirty hours after delivery, it was quite early enough for that. I ordered fomentations, and sent some doses of Dover's powder in a saline mixture. Eight hours after, pulse 100; felt much better. Sent her an opening powder—calomel and rhubarb.

January 11th.—Pulse 112; more pain again, with tenderness; *complained much of pain and heat of the vulva.* Ordered eight leeches to the abdomen, and four to the vulva, and gave her a grain of calomel and three grains of Dover's powder with saline mixture every four hours.

12th.—Tenderness increased; abdomen tympanitic; pulse 130, smaller, but not sharp; some anxiety; lochia still abundant; no milk; tongue white and slimy. I proposed venesection, but finding the husband inclined to be dissatisfied, I made him fetch my friend Dr. Barker, of Spilsby, with whose sanction I bled the patient. The medicines were continued.

13th.—Pulse below 100; pain better; abdomen very full; did not pass sufficient water.

She continued to improve till January 16th, though

very nervous and timid, and on that account giving a good deal of trouble; but in the evening of that day I found it necessary to pass the catheter, which had to be repeated once or twice a day until the 26th, when the retention, after resisting various medicines, such as tinctura lyttæ, strychnine, mucilage with liquor potassæ, &c., yielded at once to the tinctura ferri muriatis, in doses of fifteen drops every four hours. The pulse never got above 100 after the venesection. She continued weakly for about a month.

On the 15th of January, at one o'clock in the morning, I attended a case of midwifery in a village about six miles from my residence. The woman had "got it over" before my arrival; I had not even occasion to remove the placenta. I, however, felt her pulse, of course, besides ascertaining, by pressing the abdomen, that the uterus was safely contracted, which I never omit to do before leaving a lying-in woman.

On the 17th I called upon this patient again, after having in the morning passed the catheter for Mrs. T—T—. She was getting on well, and *recovered without the occurrence of a single unpleasant symptom.*

CASE LIX.—PERITONITIS; MALIGNANT PUERPERAL
FEVER.

In the evening of the 16th of January, immediately after my return home from a visit to Mrs. T—T—, on which occasion, be it remembered, I had been obliged to use the catheter, I was summoned to attend Mrs. R—B—, of C—, about a mile from my residence. I was with her about an hour before she was delivered;

it was her fourth child, and her labour was easier and quicker than common.

On the 18th, in the morning, being about thirty-six hours after her delivery, I was again summoned to this patient. She was suffering very severely from constant pain in the abdomen, aggravated in paroxysms (which I have generally found to be the case in *puerperal* peritonitis); there was very considerable tenderness on pressure; pain in the forehead; pulse 130, small and sharp; respiration hurried; countenance flushed and anxious; restlessness; lochial discharge slight; bowels confined; some nausea; tongue white; skin hot; could not find that she had had any rigors. I bled her in the arm immediately, after which the pulse dropped to 100, and the pain was somewhat abated. Sent an opening powder, and some fever medicine.

When I called in the evening the aperient had not acted; the pain had returned as bad as ever, the tenderness being excessive; pulse 130, as at first. I took some more blood from the arm, and gave her an enema, which brought away some scybala. The pains were now materially relieved, though the pulse did not drop this time. Sent an opening mixture, with magn. sulph. and tinct. hyoscyami.

19th.—Felt better; purged two or three times; no return of paroxysmal pains; tenderness still remaining; pulse 130. The milk had appeared in the breasts, which I looked upon as favorable.

20th.—Complete retention of urine, causing pain and tenderness again. Passed the catheter, which gave great relief. In other respects better.

21st.—No water passed since the catheter was used at noon the day before; catheterism therefore necessary

both morning and evening; there was still *malaise*, though the symptoms were apparently less urgent; there was still pain, with abdominal tenderness; and the pulse was never below 130. I therefore this day gave calomel and opium in pills, and applied a dozen leeches to the abdomen.

The next morning, January 22nd, the catheter was not needed; there was some tendency to diarrhœa, and she had a severe rigor. I found all the symptoms aggravated. Any further depletion I could not venture upon; on the contrary, I sent some aromatic confection, continuing the calomel.

I saw her twice or three times on this day. I was called up the next night, and finding the result likely to be fatal, persuaded the husband to fetch Dr. Barker. By the time he arrived, in the course of the morning of the 23rd, the poor woman was beginning to be typhoid; she had been at times delirious; there was tympanitic distension of the abdomen, with other untoward symptoms. We gave carbonate of ammonia, to which was added wine the next day.

On the 25th she was quite typhoid; black tongue; subsultus tendinum distressingly frequent; hiccup, &c.; and in the evening of the same day she sank. A constipated state of the bowels in the first instance seemed to complicate the disease unfavorably. There were some scybala voided even on the 23rd. The milk continued in the breasts to the last; its appearance, therefore, in this disease, is not critical, as indeed I have had occasion to remark in some of the previous reports.

Dr. Barker and I discussed the matter most anxiously while he was with me on the 23rd, and although we

were both of us quite unconscious that the case of erysipelas had had anything to do with the puerperal affection, we felt compelled to the decision that Mrs. R—B—'s case was genuine malignant puerperal fever, and that, as it had probably been communicated from Mrs. T— T—, my only safe course to prevent its further spread would be to discontinue attending midwifery for a time. I therefore at once sent for a substitute. But before his arrival (I had twenty-three miles to send) I was *obliged* to attend another midwifery case. I was terribly anxious. I changed all my clothes before going; washed my hands in several waters, with solution of chloride of lime; and although I delivered the woman, I was careful to make as few examinations as possible. This case, it will be understood, was attended on the 23rd of January. The woman had some slight symptoms of peritonitis on the 25th; her pulse was very frequent, and there was severe pain with some tenderness. She had some saline aperient medicine, with fomentations, and did well.

As soon as I could be released from my attendance on Mrs. T— T— (for I did not think it prudent to allow my substitute to pass the catheter for her, or even to see her), I went on a visit into Leicestershire for a fortnight. I am happy to say that I found, on my return to my practice, that I was completely disinfected.

I may be allowed to observe upon the above accurate detail of facts, that if it be conceded that my attendance on the case of erysipelas was the cause of this formida-

ble malady getting into my practice, which, painful as the thought may be, I think was the case, it seems probable—

First. That, as the cases attended on the 6th and 7th of January recovered without the appearance of any unfavorable symptoms, a form of erysipelas which may subsequently, in its *malignant* and almost *putrid* stage, originate puerperal fever will not do so in its *early* stage.

Secondly. That as the disease did not come on in the same patients, notwithstanding my visiting them after attending the erysipelatous case when the symptoms *had* become formidable, the merely taking a lying-in woman by the hand will not originate the disease.

Thirdly. That as the woman attended on the 15th of January recovered without any symptoms of the malady, although I might at that time be supposed to be tainted with both the erysipelas and the puerperal disease of Mrs. T— T—, it requires something more than a mere *visit* to a parturient woman to communicate the disease from one puerperal patient to another.*

Fourthly. That, if we bear in mind the above suppositions, we must conclude that the circumstances immediately preceding and accompanying the attendances on Mrs. T— T— and Mrs. R— B— go to prove that it requires actual contact of the accoucheur's infected

* From what Dr. Blundell says in his lectures (*vide* 'Lancet' for August 30th, 1828, page 677), he appears to think a mere visit dangerous.

hand with the mucous membrane of the vagina, both to originate and communicate the disease. (Query—would not the heat and pain of the vulva in the first case confirm or strengthen this supposition?)

Fifthly. That the slight manner in which the disease appeared in the woman attended on the 23rd (notwithstanding I was still passing the catheter daily for Mrs. T— T—, and had but just returned from a visit to Mrs. R— B—, the latter being at the time almost typhoid), would seem to prove that ablution, change of clothes, chlorides, &c., are of *some* little avail.

Sixthly. That erysipelas may originate a *mild* form of puerperal fever, which may in its turn communicate a *more malignant* form. (In the two cases here alluded to, the symptoms in the commencement were nearly the same, the occurrence of dysuria in them both being somewhat remarkable; the fatal difference was in their *terminations*—typhus and death in the one, gradual recovery in the other.)

And *lastly*, that a puerperal fever, originating from a case of erysipelas, is not *necessarily fatal*.

I offer the above remarks with considerable diffidence. The *facts* I have detailed may be relied on, and I leave the reader to found upon them what conclusions he may please.

GROUP G.

OF PUERPERAL FEVER REGARDED AS AN EPIDEMIC.

In the following series of cases, although the notion of infection conveyed by myself and communicated by manipulation would seem to be invalidated by the fact that so many intermediate cases where there was much even *meddlesome* manipulation, escaped altogether, I feel, nevertheless, that no other hypothesis will explain the facts, unless indeed, we may look on the whole series as an epidemic—a view which would certainly seem to be corroborated by the occurrence of well marked diphtheria as a symptom in two of the cases (Cases LXIII and LXIV), that disease being very rife at the time throughout the district in which the puerperal fevers occurred. At any rate, the epidemic of diphtheria imported itself into my puerperal fever cases—a proof of the force of epidemics, if of nothing else.

CASE LX.—PERITONITIS.

On the 29th of December, 1858, I received a note engaging me to attend Mrs. S—R—, of W—t, distant six miles, in her confinement, which she expected would take place in the following March. And on Wednesday evening, March 2nd, 1859, I received another note from the husband, a labouring man, informing me that his wife had been taken hastily in labour the evening

before; and that there having been no time to send for me from Alford, a midwife living close by had been called in to afford the necessary assistance; and that the patient, as well as her child, was doing well.

On the following Friday evening, March 4th, it being the fourth day, I received a hasty summons to go and see this woman—"They were afraid that inflammation had taken place." I drove to W—t immediately, when I found matters as in the following report:

Friday, March 4th, 6 p.m.—Pulse 140, very small and weak; abdomen much distended; excessive pain and tenderness, so that percussion could not be borne; headache; delirium; tongue white and slimy; had had a smart rigor the day before; there was milk in the breasts; lochia checked; countenance wild and expressive of pain; the bowels had been well moved the day before.

I felt tolerably certain that the case would be fatal; in fact I told the friends and neighbours that I did not think she could possibly live beyond the following Tuesday.

Sumat statim Opii et Calomelanos āā gr. iij.

℞ Pulv. Ipecac. comp., ℥ij;

Magnesiæ Sulph., ʒvj;

Spir. Ætheris Nitrici, ʒss;

Mist. Camph. ad ʒvj. M.

Sumat coch. ij ampla 4tis horis.

Also, frequent fomentations to abdomen.

The midwife not being present, and the woman herself not being able to tell me anything, I could elicit from the crowd of women surrounding the patient only the indefinite information that the child, a very fine, large, healthy male, was born after a very rapid but sharp labour at 7 in the evening of the previous Tuesday;

that the placenta came away in about five minutes without any trouble whatever, and that the woman had been quite "brave" until she felt the rigor on Thursday, the third day. She had previously borne four children, the youngest of them being then five or six years old. Her age, 29. I had, myself, never seen the woman before. My prognosis—"that she would die next Tuesday"—was founded on the strong impression that the case, as one of puerperal fever, was a very bad one; and the seventh day from the lying-in was the earliest period at which I had known the death to take place in such a case.

Saturday, March 5th, 11 a.m.—Pulse, and nearly all the other symptoms, the same as last night; not quite so much headache. She had been very sick all night, rejecting nearly every dose of the medicines taken, as well as, probably, the opiate pill. As she was lying more on her back, I was able to percuss the abdomen slightly; the swelling fluctuated, and was not tympanitic. I had, the evening before, taken it to be a very early developed tympanitic condition. I now did not know what to make of it. It was acutely tender to the touch.

I found the woman was a great opium-eater, taking on an average ʒij of solid opium daily; and a great deal of her present complaining appeared to arise from her having, in vain, been all night begging her friends for a dose. She had been an opium-eater since she had the smallpox some years before.

℞ Liq. Ammon. Sesquicarb., ʒij;
Tinct. Card. comp., ʒss;
Mist. Camph., ad ʒviij. M.

Sumat coch. ij ʒtiis horis.

It was clearly useless *my* giving anything of the nature of an opiate; I, however, told the women, that the patient had better have, at least, her usual quantity.

Sunday, March 6th, 11 a.m.—Free from pain since 5 this morning; pulse countless; countenance rather better, but still very wild; was vomiting frequently quantities of dark green stuff. Abdomen more swollen; could, however, bear percussion much better; upper part of intumescence tympanitic; the principal bulk slightly fluctuating; there was a feel, too, near the umbilicus, as of something solid. Query—*Ovarian disease?* I ordered a dose of castor oil, and wine to be given with the medicine.

On my way home, I was told by one of the neighbours that the husband, entertaining the preposterous idea—in which he was confirmed by some of the silly women about him—that there was another child in the womb, had, the evening before, solicited the attendance of another medical man, who, on hearing the history of the case, had declined it altogether.

Monday, March 7th, 11 a.m.—I took my friend and neighbour, Mr. Handsley, with me this morning.

Not so much tenderness of abdomen, which was still, however, greatly swollen and fluctuating, containing also something solid. Pulse 130, with more volume and distinctness than the day before; countenance bad; coffee-ground vomiting in considerable quantities. Bowels well relieved the day before with the castor-oil; milk still in breasts.

Vaginal examination.—A substance prolapsed quite exterior to vulva; dry, and feeling as if covered with skin, as an old-standing prolapsed uterus usually feels, but which could not be the *prolapsed* uterus, for I could

not feel the os uteri at its extremity. Query—The *inverted* uterus? But no, that would scarcely feel *dry*; besides that, on pushing it up, and feeling carefully round it, I felt the os uteri slightly patent, quite *behind* the prolapsed mass, which itself, as it now lay loosely in the vagina, felt hollow, and as having thinner parietes than the uterus, if inverted at this early period, would have had. Query—the bladder? She had had no difficulty in micturition. I could not push the prolapsed mass above the pelvis.

Continue ammonia, and give wine *ad libitum*.

We now went and called on Mrs. Patchett, the midwife, who had had some experience, and is reasonably intelligent. She reported that the woman was delivered out of bed; that the placenta came *clean* away in about five minutes; and that, after she had got her patient into bed, she felt her abdomen, and thought there must be another child; but relying on the woman's own assurances that she had this swelling *before her pregnancy*, and trusting to the safe manner in which the placenta had come away, she left the woman, satisfied that she had done all for her that could be done. I now felt convinced that there was ovarian disease, and told Mrs. Patchett so.

Tuesday, March 8th.—Received a message this morning that Mrs. R— died last night at 7 o'clock.

Post-mortem examination with Mr. Handsley this afternoon.—A large tumour, looking like black liver, occupying abdomen. Small intestines, with their peritoneal covering quite black, pushed up towards left hypochondriac region. The large tumour, as large as an adult head, proved to be an unilocular cyst of the left ovary, containing the usual fluid. It was black and

gangrenous, like the peritoneal covering of the small intestines. There were also some masses of solid disease of the same ovary. Removed the uterus. It was quite empty, and still rather large; it was not inflamed at all. The prolapsed mass proved to have been the bladder; and the resonance felt at the upper part of the intumescence was well explained by the presence there of the transverse colon, which, distended with flatus, lay across the upper part of the cyst.

This, then, was a case of puerperal peritonitis, commencing about the third day, and involving chiefly the peritoneal covering of an old-standing ovarian cyst; for the husband now told me, that he believed there had been a swelling in the abdomen, gradually growing larger, ever since she had her first child ten years before. Her last pregnancy being her fifth, she must, if the husband's statement be correct, which is probable enough, have conceived four times since the commencement of this ovarian mischief. I take it, the cyst was bruised this time by the labour-process, and so became inflamed.

It was clearly a complication irremediable by art at any stage of its progress, and its exact diagnosis especially puzzling to me, when I first saw the patient, as I had not officiated at the actual delivery, and had consequently not, as neither had I previously, had the opportunity of examining the tumour before its inflamed state had rendered percussion insupportable. It is not by any means the first case in which I have met with

healthy pregnancy and *mature* natural parturition coincident with extensive ovarian disease. That point in the case does not constitute its singularity, for I believe such an association is by no means uncommon. The case proves clearly, however, that such an association may be immediately dangerous, by introducing a very awkward and almost unintelligible complication, in the event of peritonitis arising after parturition, where the treatment of the disease falls into the hands of a medical attendant who may not have had any previous knowledge of the patient. Until after I had had the opportunity of percussing the abdomen, although I thought the amount of swelling unusual and its shape peculiar, I was inclined to think it must be a dangerously early developed tympanitic condition; and, therefore, at first made but little remark to the women present about it; but finding, later in the case, that there was really little or no resonance, I expressed to them my surprise; and then they said that "*her body had never settled*" after the birth of her child—a remark which certainly threw but little light on the precise nature of the case, except so far as it served to show that the swelling was not, as I at first thought, an effect of the peritonitis.

I must also, in conclusion, be allowed to say, that, although an exceptional occurrence, this is not the first case of fatal puerperal peritonitis in which I have seen the milk continue in the breasts to the end. Let us not, therefore, rely too much on the presence of the

milk as constituting a favorable symptom, or even a favorable *crisis*; for I have also known the milk, the secretion of which had been arrested during the first few days of the disease, *reappear* in the breasts, both in fatal puerperal fever and in fatal puerperal mania, shortly before the termination of the case in death.

I think the case an instructive one in all its points, besides affording an example of a train of circumstances of very peculiar interest, conspiring to obscure what is under any circumstances generally difficult enough—the diagnosis of an abdominal tumour.

My attendance on the case above described, and especially, perhaps, the post-mortem examination of the subject of it, were followed in my midwifery practice by such an unusual proportion of febrile diseases of the puerperal state, caused either by direct contagion or by some epidemic influence, that I think it may be instructive if I introduce in this place some account of the whole of the cases of midwifery attended by me during the months of March, April, May, and June; with which last month the epidemic, if epidemic it was, ceased. I may premise, that having felt a wholesome dread of the possible consequences to my lying-in patients of my having conducted this unlucky autopsy, I took every possible precaution, by way of disinfection, such as many ablutions, entire change of wearing apparel, &c., to obviate what I was afraid would take place. From the following narrative it will be seen, that on a gross total of forty-eight midwifery cases

attended between the 8th of March, the day of the post-mortem examination, and the end of June, there were ten cases of puerperal disease sufficiently grave to excite considerable apprehension for the result, although they all recovered. This was surely a very undue proportion. Although some of them, as did the case from which they all appeared to originate, exhibited inflammatory symptoms, they were all, equally like that case, more or less asthenic in type, and were benefited by stimulant or tonic treatment. The brief notice, which follows, of the circumstances attending all the labours, as well of those women in the series who were not attacked with any puerperal febrile disease as of those who were, will show how very little influence such circumstances have in the production of those diseases, even during an epidemic of puerperal fever. Madame Boivin says—

... "Que l'accouchement de quelque genre qu'il ait été, lorsqu'il s'est opéré par les voies naturelles, n'influe presque en rien sur la nature des couches. Nous avons vu un grand nombre de femmes, qui étaient accouchées naturellement et très promptement, être frappées de maladies fort graves et même mortelles; tandis que d'autres, qui étaient accouchées, soit au moyen de la version de l'enfant par les pieds, soit par l'application du forceps, même celles qui n'avaient pu accoucher qu'après la perforation du crâne de leur enfant, n'avaient pas senti le plus léger symptôme de maladie."*

That all this is absolutely true, I am quite con-

* 'Mémorial de l'Art des Accouchements,' tome i, p. 442.

vinced from my whole experience. In the course of the well-known discussion on Puerperal Fever in the French Academy of Medicine, in the spring of 1859, M. Serres (d'Alais) is reported to have said—

“ Il faut tenir compte d'abord du traumatisme qui résulte du passage de la tête à travers les parties génitales; puis de l'hémorrhagie, qui pré dispose si puissamment à l'ébranlement nerveux; enfin de la plaie placentaire,” &c., &c.

To this, which expresses accurately and concisely the prevailing prejudice, M. Depaul very properly and very conclusively replied—

“ Les faits invoqués dans la discussion ont montré que le traumatisme ne jouait qu'un rôle très secondaire dans le développement des accidents. Les femmes les plus dilacérées pendant le travail, même en temps d'épidémie, et placées au foyer de l'épidémie, ne sont pas atteintes par la fièvre puerpérale.”

It is only fair to M. Serres, however, to point out and acknowledge, that in the following series, the *hæmorrhagic* cases were followed by puerperal symptoms in a proportion greater than would be explicable by coincidence merely. I think Depaul is quite right about the innocuity of *traumatism*.

On the 9th March, the day after the post-mortem examination, I attended a case of midwifery. It was an average natural labour, multiparous; but being rather lingering, I gave a dose of ergot of rye. The

after-pains were severe, but otherwise the woman recovered without any unpleasant symptoms.

On the 11th March I attended another case. Multiparous; quick, easy, natural labour; good recovery.

On the 13th I attended two cases, of both of which I must report as above.

On the 14th I attended two cases, both of which made a good recovery, although of the latter of them I had to report "after-pains severe from retention of a portion of the membranes." This was next door to the house in which I had made the post-mortem examination.

A primiparous woman, delivered with the vectis after a hard labour on the 15th, had abscess of breast in the fourth week, from mismanaged lactation. There was little or no constitutional disturbance. So far I began to hope that there would prove to be no contagion; but it is bad taste to shout before we are out of the wood.

CASE LXI.—METRITIS, PERITONEAL FEVER.

Mrs. F—, of W—, the village where I had had the post-mortem examination, was confined early in the morning of the 16th of March. Multiparous. A languid labour with vertex presentation. I delivered her by turning, after waiting several hours for pains, which the ergot of rye failed to arouse. The removal of the placenta was followed by great hæmorrhage with faintings and vomitings.

March 17th.—Has had a great deal of pain with considerable hæmorrhage. Had a long rigor last night.

Pulse now, 11 a.m., 125, very weak and thready, perhaps hæmorrhagic. There is headache; countenance pale, not anxious; tongue quite clean; there have been frequent vomitings; milk coming abundantly; perhaps the rigor was only a "milk rigor," but I do not like the symptoms altogether; abdomen soft but sore, body of uterus easily felt, and very tender to touch. To foment and take—

℞ Magnesiæ Sulph., ʒvj;
 Tinct. Opii, ʒij;
 Spir. Æth. Nitrici, ʒss;
 Tinct. Card. c., ʒss;
 Aquæ, ad ʒvj. M.

Sumat coch. ij quartis horis.

18th.—Better in every respect; pulse 96, fuller; plenty of milk; the bowels have acted, and she has expelled many coagula; she has no appetite. To take a few grain-doses of quinine. She had no further unpleasant symptoms.

CASE LXII.—PERITONEAL FEVER.

Mrs. D—, of M—, the wife of a farmer, multiparous, was confined March 18th. She had a remarkably easy and quick labour, but soon after the removal of the placenta she had profuse hæmorrhage attended with frequent faintings, blindness, and deafness. The hæmorrhage was checked by the usual means.

March 19th.—Had a rigor at noon. At 3 p.m. pulse 120, full, reactive; restlessness; headache; nausea; no pain in abdomen; milk coming. Ordered to take mist. sennæ comp. until the bowels acted.

20th.—Pulse 120; bowels not moved yet; appetite bad; complains of thirst; is hot and feverish. To take some more "black dose."

22nd.—Feverish ; has had another rigor with a good deal of headache ; head better this morning ; countenance good ; no appetite ; tongue white ; milk in breasts ; lochia scanty and watery ; abdomen soft and free from pain, but there is some flinching when pressure is made on *fundus uteri* ; bowels moved once on the 20th, but not since. Pulse 120, rather smaller. To take *mist. puerp.* and foment abdomen.

23rd.—Better ; no headache ; less fever ; pulse 104. Bowels well moved this morning ; appetite coming ; lochia and milk as yesterday. Continue.

25th.—Feels quite well ; pulse 96 ; a good deal purged yesterday.

Some short time after her month was up, she had a slight attack of pneumonia, after which she got quite well.

On the 26th of March I attended an easy multiparous case of midwifery, the woman “getting away” without any untoward symptoms.

On the 27th I attended a multiparous case, which was so tardy that I delivered by turning. The woman recovered without any unfavorable symptoms.

On the 29th I attended a multiparous case, which was very easy and quick, but was followed by severe after-pains with considerable hæmorrhage. This woman had troublesome peritoneal fever, terminating in purulent elimination, so that her case may be found already reported in detail in this paper (Case XVIII) in the pyogenic group.

On the 31st of March I attended an easy, natural,

multiparous labour ; the subject of it recovering without the development of any unfavorable symptoms.

On the 2nd of April I attended a languid labour, in which I gave the ergot of rye. No bad symptoms.

CASE LXIII.—PUERPERAL FEVER, TYMPANITIS,
DIPHTHERIA.

Mrs. St. P— R—, of H—, the wife of a farmer, who had been out of health some time, suffering from facial neuralgia and general debility, was confined on the 3rd of April, after a very tedious, hard labour, ergot given, and ultimate difficult delivery with the vectis. The child was dead, and certain signs of incipient putridity showed that it had died some days before its birth. I stayed with her two hours, and left her quite comfortable, pulse full, 70. After which I have the following notes of her case ; it was the most alarming and troublesome one of the series :

April 4th, 10 a.m.—The after-pains have been severe all night, and she has had no sleep ; complains of pain and soreness all over, and of much headache ; she is lying on her left side, with her knees drawn up, and she cannot turn over ; skin warm and comfortable ; pulse pleasant, but 126 ; no appetite ; lochia sufficient ; countenance good ; no hurry of respiration. There has been no rigor.

℞ Calomel. et Opii, āā gr. iij, statim sumend. ;
et, post semi-horam, Ol. Ricini, ʒj.

The abdomen to be fomented.

5th.—Position as yesterday ; a bad night from pain ; easier this morning ; pulse still 126, soft and pleasant ;

abdomen full and soft, no tenderness on pressure; lochia sufficient; no milk as yet; appetite bad; complains still of headache, chiefly over one eye—it is probably the old neuralgia; bowels well moved yesterday; skin open and pleasant; no rigor; respiration good.

℞ Magnesiæ Sulph., ʒj;
 Pulv. Ipecac. comp., ʒij;
 Sp. Æth. Nitrici, ʒss;
 Tinct. Card. comp., ʒss;
 Aquæ M. pip. ad ʒvii.

Sumat coch. ij quartis horis.

Sumat haustum anod. (Liq. Morph. Acet., ʒj) horâ somni.

6th.—Much the same as yesterday; pulse soft, and with moderate volume, 128; abdomen very full and very tympanitic, soft, and bearing pressure all over, except in right groin where there is tenderness; lies on her back with knees down; skin cool and open; countenance good and pleasant; no headache; tongue clean; bowels have again been well relieved; some dysuria last night; complains of vulva being swollen. Warm water to vulva; turpentine stupes to abdomen.

Rep. Mist. cum Spir. Ammon. Aromat., ʒss, vice Magnesiæ Sulph.

℞ Camphoræ, ʒss;
 Solve in Chloroform, ʒj;
 Adde Ol. Lini, ʒiij.

Ut ft. linimentum, diligenter abdomini et inguini infricandum.

Sumat horâ somni haustum anod. ut antea.

Same day, 8 p.m.—Great alarm, sudden and hasty message. Found her in a hot, feverish state, with diaphoresis. Had been vomiting; and the pain in the abdomen, which had been gradually increasing since I

left in the morning, had been much relieved ten minutes before my arrival by a copious evacuation from the bladder, and the expulsion of several coagula from the uterus. Abdomen soft and bearing pressure well, though tender, with some hardness on left side; pulse 140; head very free from pain and very clear; countenance good; she is very smiling and inclined for conversation. It is probably a condition of reaction, and not unfavorable. *Pergat*, and let her take the draught as ordered.

7th, 10 a.m.—Has had a good night; feels some pain this morning; abdomen amazingly swollen and tympanitic, but bearing pressure well; no soreness now in groins; pulse 104, very soft and distinct; warm perspiration all over; some slight appearance of milk in breasts; bowels and bladder relieved twice last night; no headache. Gave a turpentine enema, which caused the expulsion of a great quantity of flatus; and the bladder being again relieved, she felt much better when I left her at 11; complaining, however, of thirst and dryness of mouth,

℞ Potassæ Bicarb., ʒij;
Tinct. Card. comp., ʒss.
Aquæ Ment. pip. ad ʒvj.
℞ Acid. Tartaric., ʒiiss;
Spir. Æth. Nitrici., ʒss;
Aquæ ad ʒvj. M.

Sumat āā coch. ij in actu efferv., quartis horis.

Same day, 8 p.m.—Has felt better all day; no milk; skin hot, with diaphoresis; not much pain; abdomen not quite so much distended; has been slightly delirious all day; pulse 134; is very restless and depressed.

Habeat statim enema Terebinthinæ.

After the enema she felt less full, having again parted with some flatus. Towards 9 o'clock, the pain returning in abdomen, I gave her her anodyne draught, and sent her—

℞ Pil. Galb. comp., gr. v.
Ft. pilula, quartis horis sumenda.

8th, 10 a.m.—A restless night, having talked a good deal; pain began again at 6; found her tolerably easy, but very depressed in spirits; abdomen not so full; no tenderness on pressure; less fever; pulse 140—145, but I think a good deal of this acceleration is due to mental disquietude; tongue clean; she vomits bile occasionally; was delirious in the night; the bowels are very loose, the motions coming away in bed, without consciousness on the part of the patient. I, nevertheless, on account of the tympanitic condition, gave again a turpentine enema, which brought away a great quantity of flatus, &c. Left her at noon, expressing herself as feeling altogether better; abdomen very soft, and nothing like so full; bowels very loose; the lochia have ceased.

℞ Confect. Aromat., ʒij;
Ammon. Sesquicarb., ʒss;
Tinct. Opii, ʒiss;
Spir. Ammon. fætīd., ʒij;
Aq. Ment. pip., ʒvj;
Sumat coch. ij., quartis horis, cum pil. Galb. comp., gr. v.

Same day, 8 p.m.—Has had a few hours of refreshing sleep this afternoon, and feels better. No pain in abdomen, and very little distension or tympanitis; pulse 132. She is talkative and hysterical, inclined rather to cry than to laugh. Has been delirious in the course of the day, having fancies of the nature of *incubus*; fancying she was her own nurse, for example, and that she was

lying in two separate pieces on the bed—one on one side and one on the other; insisting that the nurse, who had been rubbing her abdomen on one side of the bed, should go to the other side to rub the abdomen of the other body that lay there. Has some slight return of appetite. The mucous membrane of the tongue is abraded in patches.

Continue medicine, omit the night draught.

9th, 10 a.m.—Has had a good night. Complains of sore throat. It is decidedly *diphtheritic*. There are white patches on left tonsil and on uvula. Abdomen soft, full, and tympanitic. Is not correct in her ideas; is very cheerful. Still has some strange fancies, chiefly on the subject of her own personal identity. Never inquires about her children, or seems to care about them; naturally a very anxious mother. Pulse 132.

App. Argenti Nitr. Tonsillis.

℞ Potassæ Chloratis, ʒj;

Quin. Sulph., gr. xij;

Acid. Hydrochlorici, ʒss;

Tinct. Ferri Sesquichloridi, ʒj;

Aquæ distill., ad ʒvj.

Sumat coch. ij quartis horis.

Same day, 8 p.m.—Pulse 120; throat worse; is much agitated, and afraid of choking. I decided on staying all night. The throat is very full of viscid mucus, besides being diphtheritic in patches. I ordered her to take as much cold port wine as she could get down. At twelve (midnight) she had vomited several times, and felt her throat as well as her flatulent stomach much relieved. Pulse 110.

10th, 4 a.m.—Has been sick again; pulse 106; at 8, pulse 104; at 9, pulse 100. Complains of pains at scrobiculus cordis.

℞ Quin. Sulph., ʒss;
 Acid. Hydrochlorici, ʒss;
 Aquæ ad ʒxij. M.
 Sumat coch. ij quartis horis.

℞ Mellis, ʒj;
 Tinct. Capsici, ʒj;
 Acid. Hydrochlorici, ʒj;
 Tinct. Myrrhæ, ʒj;
 Aquæ ad ʒvj. M.

Ft. gargarismus, sæpe utendus.

The application of nitrate of silver to the throat was repeated. The steady and equable dropping of the pulse made it obvious that along with the access of diphtheria a critical change for the better was taking place in the puerperal disease. The port wine ordered must, however, be allowed the credit of its part in contributing to this change; she drank altogether a bottle and a half in the course of the night.

Same day, 8 p.m.—Is better in every respect. Pulse 86. There is milk in the breasts.

11th.—Going on well; throat still requiring the nitrate of silver; continue quinine.

12th.—Throat troublesome; pulse natural.

13th.—Throat still diphtheritic; continue gargle, quinine, and nitrate of silver dressing.

16th.—Throat still diphtheritic, especially about the uvula; tongue bright, glazed, but moist—a small ulcer on it; is very weak; soft, weak pulse, 88; appetite bad. Continue treatment.

17th.—Pulse 88, stronger and firmer; throat and tongue the same.

℞ Potassæ Chloratis, ʒss;
 Quin. Sulph., ʒss;
 Acid. Hydrochlorici, ʒj;
 Aquæ pluvialis ad ʒxij.
 Sumat coch. ij, ter die.

18th.—Pulse 80. No diphtheritic patches visible. Is very feeble; occasionally vomits. Appetite bad.

19th.—Pulse 96. Is sitting up. There has been some reappearance of lochia during the last three days. Throat well; still occasionally vomits bile. Ordered beer instead of wine. Continue medicine.

20th.—Lochial discharge quite fresh and sufficient; is sitting up; pulse 90. The beer agrees.

23rd.—Sitting up; pulse 68.

25th.—Her recollection of all that has occurred is very dim and indistinct. She remembers, however, some of her delusions, which, by-the-bye, were so nearly of the same character as those in Case IV, that I cannot help thinking there was a maniacal element in the case.

I have no further notes of this case. The patient improved gradually, but her convalescence was slow.

As a point of great interest, illustrative of the force of epidemics, I must here mention that a tradesman's wife at Alford, whom I was attending for remittent fever, *not puerperal*, which was complicated with asthenic pneumonia, had well-marked diphtheria, imported, so to speak, into the disease, as the pneumonic symptoms declined, exactly at the same time and in the same way as the preceding patient.

On the 4th of April I attended an easy quick multiparous labour, which was followed by considerable hæmorrhage; the subject of it, however, making a good recovery, without the occurrence of any bad symptoms during the month.

On the 9th of April I attended a similarly easy multiparous labour, which was followed by unusually severe after-pains. No bad symptoms during the month.

On the same day, in the evening, I delivered a woman of an anencephalous child which presented the back. The fœtus having been forced down low in the pelvis before my arrival, I found the delivery difficult and troublesome. This woman recovered without any unfavorable symptoms.

April 11th.—An easy, quick, natural labour; multiparous. No bad symptoms.

On the same day I attended a very easy, quick, natural, multiparous labour. I had only time to make two vaginal examinations before the child was born. This patient had puerperal fever symptoms, followed by hysteria and melancholia, being the subject of Case VIII (page 23), which see.

13th.—A rapid case of twins; the mother affected with excessive œdema of lower extremities, which soon disappeared after her confinement. Good and quick recovery.

CASE LXIV.—REMITTENT FEVER BECOMING A PUERPERAL FEVER; DIPHTHERIA, ETC., ETC.

Mrs. T—, of W—, the wife of a farmer's foreman, who was in daily expectation of her second confinement, sent for me on the 13th of April, in the evening. She was not in labour, but I found her in a high state of fever, with great headache; very hot, moist skin; pulse 140;

great thirst. She had had several rigors. In the next room there was lying ill in bed a farm-labourer, a lodger in the house. He had, I found, fever, with some typhoid symptoms. I sent the woman a calomel aperient, and some simple saline fever medicine. The next morning she sent for me again. This time I found her in labour, and she was soon delivered, after a very easy, quick, natural labour, all her fever symptoms being quite in abeyance; skin cool, head quite free from pain; pulse 70, &c., &c. Being anxious about my lying-in patient, surrounded as I was by these nasty puerperal affections, I advised the removal to another house of the sick man, who, with typhoid fever, was lying in the adjoining room. He was removed, and died, poor fellow, three days after.

19th.—Third day of lying-in. Fever returning. Continue saline medicine.

21st.—Feverish; pulse quick and small; great dryness of mouth. *Sumat quin. sulph. gr. ij, quartis horis.*

23rd.—Throat diphtheritic; pulse 90; tongue very much furrowed or cracked; its mucous membrane covered here and there with diphtheritic patches. I applied a strong solution of lunar caustic to the diphtheritic patches; continuing the administration of quinine.

24th.—Pulse 96; throat still diphtheritic; tongue dry, glazy, and cracked; lochia suppressed two days; milk going; feverish heat of skin continues.

26th.—Throat worse; pulse 104, smaller.

℞ Potassæ Chloratis, ʒij;
 Quin. Sulph., ʒss;
 Acid. Hydrochlorici, ʒss;
 Aquæ ad, ʒxij. M.
 Sumat coch. ij, quartis horis.

I dressed the throat again with sol. arg. nitr.

After this date she recovered gradually, taking the medicine as prescribed above for two or three weeks.

On the 15th of April I attended a multiparous labour, lingering and slow; ergot given. This woman had some feverish symptoms during the first week, with the pulse over 100. She had some simple medicine, aperient and febrifuge, and her unfavorable symptoms soon passed away.

On the 16th of April, I attended an easy, quick, natural multiparous labour, the subject of which had a rapid recovery without any unfavorable symptoms.

On the 19th I attended a similarly good labour; no bad symptoms.

On the 26th and 28th also I attended similarly easy quick labours; no bad symptoms following either of them.

On the 2nd of May I attended a multiparous labour, which was slow and tedious, so that I gave a dose of ergot. No bad symptoms.

On the 3rd of May I attended two cases of labour, both multiparous; the former of which was slow and lingering, so that I gave ergot of rye; the latter quick and easy. No bad symptoms followed either of these cases.

On the 14th of May I attended a case of labour, multiparous, in which the face came round the pubes. I rectified the position with my finger, and afterwards,

there being still some delay, I delivered with the vectis. No bad symptoms.

On the following day I attended an average primiparous case; ergot given. This woman was the subject of Case XIX, I therefore omit the details of it here. There were rigors and fever, with abdominal tenderness, in the second week; the pulse 130, small, &c., &c. This state continuing until suppuration of the breast, in the fourth week, put an end to the symptoms by elimination of the *materies morbi*.

A hard primiparous labour, in which I accomplished the delivery with the long forceps, was attended on the 17th of May; no bad symptoms following.

On the 19th of May I attended an average, natural, multiparous labour; ergot given. No bad symptoms.

On the 28th of May I attended a case of placenta prævia, with twins, delivering both children by turning. No bad symptoms.

On the same day I attended an easy, natural, multiparous labour—the patient recovering without the occurrence of any unpleasant symptoms.

A similar case, attended on the 31st, had an equally favorable termination. But a second case attended on the same day, the 31st May, an average multiparous labour in which ergot was given, must come in here as—

CASE LXV.—INTERMITTENT FEVER.

I was summoned again to visit this patient on the 21st of June. I found she had had two shivering fits the day before, and one six days before that. She looked thin and ill; was feverish, with some perspiration, and the pulse 140, small and weak. The milk, which had been abundant, was now going. Her appetite was bad, and the tongue showed signs of irritation of the mucous membranes. There was no abdominal pain or tenderness.

℞ Quin. Sulph. gr. xx;
 Infus. Rosæ ʒxij. M.
 Sumat coch. ij, ter in die.

27th.—Is better; no return of rigors; pulse 100. Continue medicine. I heard no more of this patient until her next confinement took place, about a year and a half after.

Four labours attended on the 1st, 2nd, 9th, and 10th of June, respectively, one of which was primiparous; had all of them good recoveries without any bad symptoms.

June 15th.—A labour attended on this day; easy, natural, multiparous, but complicated with considerable post-partum hæmorrhage, *ad deliquium*, was followed in the second week by anomalous febrile symptoms, terminating in phlegmasia dolens, after which the patient recovered rapidly. The details of this case having been already given in the group of cases illustrating the occasional occurrence of phlegmasia dolens, as seeming to constitute a favorable crisis in puerperal fevers (*vide* Case XXXIII), I do not repeat them here.

A woman, attended on the 20th June, after an easy natural multiparous labour; had a slow recovery, in consequence of hysteria, dyspepsia, headache, and other anomalous symptoms, including a preternaturally *slow* pulse, 60 in the minute.

Four labours attended on the 21st, 27th, 28th, and 29th of June respectively, one of which was a premature case of breech presentation; had, all of them, good recoveries.

Thus, then, on forty-eight labours, attended personally by me between the 8th of March and the end of June, there were at least ten cases of puerperal disease sufficiently grave to excite some apprehension in my mind, when I reflected on the possibility of their having been caused by my attendance on the post-mortem examination of a woman who had died of acute puerperal peritonitis. Although, as I have already remarked, some of the ten puerperal cases, like that unfortunate one, exhibited inflammatory symptoms, they were all, equally like that case, adynamic in type, and were benefited by tonic and stimulant treatment. Of the three labours in which turning was performed, only the first was followed by unfavorable symptoms, and those symptoms were very brief (Case LXI), although the last, a twin case, presented the additional complication of *ante-partum* hæmorrhage from *placenta prævia*, and I had used some force in passing my hand through the os uteri. Of the instrumental labours, four in number, only one was followed by disease of the puerperal state (Case LXIII). The fact that before

entering on this narrative of an epidemic of puerperal fever in my practice, I had already reported the details of several of the cases under other groups in the present paper, furnishes an argument strongly corroborative of the doctrine with which I commenced, viz., that, although we must regard the different febrile diseases which occur in the puerperal state as being *one* disease, yet that one disease presents itself with many varying manifestations; and that, however we may attempt to classify or group together our cases under different denominations, we are continually finding points of general resemblance among them which unite together all the febrile diseases of the puerperal state.

Before passing on to another group of cases, I feel that the narrative above given will scarcely be complete without some account of the cases attended in my practice during the four months next following. In brief, then, I may state that during that period I attended 52 cases of midwifery, including 19 with the following special circumstances, viz., 6 deliveries with the forceps; 2 with the vectis; 4 by turning; 2 cases of incarcerated placenta; 3 with still-born children, of which 2 were putrid; 1 case of breech presentation; and 1 of twins. And as these 52 cases, with two exceptions, recovered without the development of any puerperal febrile affections, I felt that I could reasonably believe that the contagion or epidemic influence, or whatever it might have been, that had produced the alarming series of diseases above described, had ceased with the end of

June. One of the excepted cases, attended on the 15th of August, being one of those complicated with incarcerated placenta, was the case of *diarrhœa*, terminating in purulent elimination from the mamma and lungs—already described in detail in this paper (Case xvii). The other case, attended on the 30th of August, an easy labour, with second child, was followed on the third day by a smart attack of ephemeral fever, during the reactive stage of which the pulse was 180. Both these patients ultimately did well.

I now propose to present reports of a few cases illustrative, in

GROUP H,

OF THE INFLUENCE OF PARTURITION AND THE PUERPERAL STATE ON PRE-EXISTING DISEASE.

Although, as will be seen in some of the following reports, parturition, and perhaps the first day or two of the puerperal state, have occasionally a remarkable influence in interposing a temporary check to the severity of a pre-existing disease, perhaps on some principle of counter-irritation; yet this same puerperal state usually in a short time asserts its pre-eminence, and we find many of the characteristic phenomena of puerperal fevers imported into the original malady. See Case xii, reported in the pyogenic group, and Case lxiv,

reported in the epidemic group; the former a case of dysenteric diarrhœa commencing some days before the premature labour which it induced; the latter, a case of remittent fever commencing a few days before natural labour at the full period. My notes of the first case in this group are somewhat scanty :—

CASE LXVI.—CHRONIC BRONCHITIS.

Mrs. W— H—, of H—, who was expecting her confinement to take place in about three months, applied to me on the 1st January, 1840. She had been suffering from bronchitis for several months, the disease having become considerably aggravated as winter advanced. She improved somewhat under the treatment adopted, which consisted in a little local depletion, blisters on the chest, antimonials, &c. But labour came on the 23rd January, which was about six weeks before the full period. The labour was natural and easy—multiparous. For a few days after she was considerably better, with the pulse below 90, which had previously for the most part ranged between 120 and 140, the milk appearing in the breasts, and the lochial discharge being sufficient. But on the fifth day, after over-exerting her lungs with talking, she was taken worse, her pulse rising to 130, with an aggravation of the cough and hectic symptoms. Counter-irritation and other remedial means were adopted for her relief, but she finally sank on the 12th February in the night, having survived her labour about three weeks.

CASE LXVII.—GASTRITIS; DIARRHŒA.

E—W—, of C—, an unmarried woman, was confined of her second child, March 11th, 1848. She had been suffering from diarrhœa and vomitings for about a month before her confinement, and I had not been informed of it. Her labour was hard and tedious from rigid os uteri. When I called upon her on the third day, she was doing very well, every thing natural and right, parturition having perhaps checked the disease. But on the 23rd of March I was requested to see her again—the thirteenth day of lying-in. I found her very bad. She had had a shivering fit that day week, followed by fever, headache, and a return of diarrhœa with irritability of stomach; this state continuing until the following Monday, March 20th, when she had another rigor, followed by an aggravation of the symptoms above mentioned. These continued until the morning of the day on which I was sent for, when she had a third rigor. When I thus saw her, her pulse was 145, rather hard and small; she was continually vomiting; the skin hot and feverish; there was headache, with some confusion and delirium; slight abdominal pain, with tenderness; lochia not suppressed; milk scanty; the bowels had been sometimes loose, sometimes bound; she had taken castor oil.

Applicetur empl. Canth. epigastr.
Sumat Calomelanos gr. j; Opii gr. $\frac{1}{3}$.
quartis horis in haust. effervesc.

24th.—Sickness abated; pulse 128, very weak; all other symptoms better.

25th.—Pulse 120, very weak; no vomitings; bowels

too loose. To discontinue the calomel and take 5 gr. doses of carbonate of ammonia with aromatic confection and laudanum every four hours, together with a pill containing a grain of Quin. Disulph.

26th.—Pulse 106, firmer. Better altogether. Continue.

27th.—Worse again; tongue dry; pulse 120, feverish; bowels not moved since 25th; sick again; headache; no abdominal pain. Gave effervescent again with calomel and opium as before.

28th.—Another rigor last night; feverish; pulse 130; head confused; vomits frequently. Continue medicine.

29th.—Slight ptyalism; pulse 120, feverish; to discontinue the calomel and opium, but go on with the effervescent.

30th.—Pulse 120; fever of hectic type; there is much cough with expectoration; clammy sweat; some delirium; she still vomits occasionally. She continued in nearly the same state until April 4th, during which time I was giving tonics, and occasionally cordial astringents when diarrhœa was urgent.

April 5th.—On this day, in spite of my advice, she was taken down stairs, and sat up for nearly three hours, until she fainted. I was summoned, and found her with a countless sinking pulse, ghastly face, clammy sweat, &c., although there was no hurry of respiration. I ordered stimulants and cordials to be administered *ad libitum*. The next day she had rallied somewhat, this improvement maintaining itself until April 8th, when I found the pulse 120, firm and steady; but the following morning, April 9th, she fainted again and died exhausted, having survived her confinement a month and a day.

CASE LXVIII.—DYSENTERY.

October 16th.—I was summoned to attend on Mrs. J— R—, of B—, the wife of a labourer. On my arrival I found that the child had been born an hour, and that I should not have been sent for at all, if the women present had been able to remove the placenta, which was adherent. It was the second confinement. I learned on inquiry, that the woman had been suffering from dysenteric diarrhœa for several weeks, and that the child had been unexpectedly expelled while she was straining at stool. I had no difficulty with the placenta. I gave her an opiate and left her, pulse 100. The next day she was comfortable, pulse 90; no return of purging. But on the fifth day—

19th.—An attack of shivering, followed by fever and pain in the abdomen; countenance anxious; pulse 145, small and sharp; lochia scanty; no milk. To foment, and take *mist. puerp.*

21st.—Fever; pain; diarrhœa; pulse 140. To take sulphate of copper gr. $\frac{1}{4}$ with opium every four hours, in infusion of calumbo.

22nd.—Better; pulse 115. Continue.

23rd.—Dysenteric diarrhœa returned last night; pulse this morning 112; diarrhœa frequent. At noon a severe rigor, followed by fever, and a pulse of 150; diarrhœa checked, having been taking her copper pills since the morning in Decoct. Quercûs. She is very thirsty.

24th.—Great agitation; hurried respiration; hot skin; flushed face; abdomen full, soft, not painful, but very tympanitic; pulse 180.

℞ Spi. Ammon. foetid., ℥j;
 Tinct. Opii, ℥ss;
 Mist. Camph., ℥iss. M.
 Ft. haustus statim sumendus.

7 p.m.—Is relieved by the draught; agitation gone; pulse 120.

25th a.m.—Diaphoresis present; pulse 140, full, soft; p.m., the diarrhœa has returned profusely. To take a copper pill with each dose of the following:

℞ Tinct. Opii, ℥ij;
 Quin. Sulph., gr. xij;
 Tinct. Valer., ℥ss;
 ——— Zingiberis, ℥ij;
 Infus. Rosar. ad ℥vj. M.
 Sumat coch. ij quartis horis.

26th.—She died this morning at 10, after suffering great pain.

CASE LXIX.—REMITTENT FEVER; DIARRHŒA; IRRITABLE STOMACH.

March 23rd, 1857.—I was engaged to attend Mrs. T— M—, of T—, who expected to be confined in about two months. She was the mother of a large family, and was at this date suffering from headache with some feverish symptoms, and a cough with pain at sternum. I gave her a few doses of Tinct. Camph. comp. in bitter infusion. I saw her the next day, and found she had *low fever*. Her bowels being somewhat confined, I gave her—

℞ Magnesiæ Sulph., ℥j;
 Pulv. Ipecac. comp., ℥ss;
 Spir. Æth. Nitric., ℥ss;
 Liq. Ammon. Acet., ℥ij;
 Mist. Camph. ad ℥iij. M.

Sumat coch. ij quartis horis.

26th.—The feverish symptoms are unabated; applied a small blister to the sternum, and the bowels being sufficiently open, I substituted ℥ij of Magnes. Sulph. for the ℥j prescribed on the 24th.

29th.—Fever; occasional shiverings; headache; furred, slimy tongue (Query, gastric irritation?); pulse 140.

℞ Quin. Sulph., gr. xvj;
 Spir. Æth. Nitr., ℥ss;
 Infus. Rosar. ad ℥viiij. M.

Sumat coch. ij quartis horis.

and to take 4 grs. of blue pill at bed-time for three nights.

30th.—Is somewhat better; pulse 96. Continue.

April 1st.—Feverish symptoms continue; tongue brown and dry in centre; pulse 80. Continue medicine.

2nd.—Aphthæ in mouth; pulse 90. Continue the medicine; to have a lotion for the mouth, composed of borax and honey.

3rd.—Pulse 96. Fever, with diarrhœa and sickness; mouth better.

℞ Magnesiæ Calcinatæ, ℥ss;
 Pulv. Tragac. comp., ℥j;
 Acid. Hydrocyanic. (Scheele), ℥xx;
 Tinct. Card. comp., ℥ss;
 Aquæ ad ℥viiij. M.

Sumat coch. ij quartis horis.

5th.—I was hastily summoned early this morning, the patient having been taken in labour. On my arrival, distance seven miles, I found she had just given birth to a living boy. She was in a very good state, every untoward symptom being in abeyance; and after removing the placenta, I left her feeling very comfortable, with the pulse 72 in the minute.

6th.—There is some return of febrile symptoms; she has no appetite, and the abdomen is very tympanitic; the pulse 96, but soft and favorable; complains of flatulence; no pain.

℞ Pil. Galb. comp., ℥j, divide in pilulas xvj; quarum sumat ij cum coch. ij misturæ sequentis.

℞ Spir. Ammon. aromat., ℥vj;

Tinct. Rhei comp., ℥ss;

Tinct. Gent. c., ℥ss;

Aquæ ad ℥vij.

Ft. mistura.

8th.—Pulse 112; has been very sick; there is great tympanitis; slight looseness of bowels. To take again the medicine prescribed on the 3rd, with the addition of aromatic confection, in doses, of 12 grs. each.

10th.—Pulse 110; diarrhœa profuse; no appetite; tongue clean; there is great debility; some milk in breasts; lochia sufficient.

℞ Plumbi Acet., ℔j;

Acid. Acetic., ℥ij;

Tinct. Opii, ℥ij;

Tinct. Catechu, ℥ss;

Aquæ Ment. Pip. ad ℥vij. M.

Sumat coch. ij, quartis horis.

11th.—Pulse 106; she is better; diarrhœa checked;

is not so sick ; tongue clean ; tympanitis better ; some milk ; lochia right.

15th.—Pulse 115 ; she is not so well ; diarrhœa returning ; the vomitings are frequent and troublesome ; there are aphthæ in the mouth again ; appetite gone. To take again the lead mixture, and a pill containing one grain of quinine with each dose of it. To use the borax lotion again.

17th.—Pulse 104 ; face flushed ; emaciation ; diarrhœa and vomiting going on. To take sulphate of copper and quinine in pills.

18th.—Pulse 120 ; diarrhœa as before. Continue.

19th.—Pulse 120 ; diarrhœa checked. Continue.

20th.—Pulse 125 ; diarrhœa as bad as ever. To discontinue copper and quinine, and take chalk mixture, with aromatic confection and laudanum.

21st.—Diarrhœa continuing, I gave her—

℞ Tinct. Opii, ʒij ;
Spir. Ammoniæ arom., ʒss ;
Decoct. Quercûs ad ʒviiij. M.
Sumat coch. ij quartis horis.

22nd.—Better altogether ; pulse 100. Continue.

24th.—The vomitings are now the most troublesome symptom, consisting chiefly of large quantities of transparent fluid—a secretion from the coats of the stomach probably, for she vomits more than she takes. The pulse 120, and emaciation great ; the diarrhœa is still troublesome.

℞ Bismuthi Trisnitr., ʒij ;
Pulv. Acaciæ, ʒij ;
Tinct. Card. comp., ʒss ;
Aquæ ad ʒviiij. M.
Sumat coch. ij quartis horis.

27th.—I found it advisable to give Decoctum Quercûs again, continuing the bismuth, which was checking the vomitings.

After this she recovered, but very gradually; she was for a long time hectic and emaciated. She took the bismuth for several weeks, and quinine in pills. I was at one time afraid she would sink from exhaustion. The case altogether gave me a great deal of trouble and anxiety. The child lived and throve, although it suffered a long time for the want of the breast.

CASE LXX.—DIARRHŒA.

Mrs. P— H—, of M—, near Alford, in the eighth month of her first pregnancy, was attacked with profuse diarrhœa, and when I saw her on the 25th of April, 1861, I found her in a bad state, with a very rapid pulse, profuse purgings, nausea at stomach, great pain, fever, and shiverings. I gave her some chalk mixture with aromatic confection and laudanum, and felt some apprehension regarding the possible consequences of labour coming on before the abatement of the diarrhœa. I was, however, summoned early the following morning, and found her in labour, and the diarrhœa somewhat checked. I delivered her of a premature living boy, and left her feeling very comfortable; but this lull was of very short duration, for the diarrhœa returned two hours after delivery, with faintings. At 11 a.m., when I saw her, the pulse was 140, full, reactive; the skin was warm and perspiring; there was very great flatulence of stomach. Sumat statim *Ol. Terebinth.* ʒj *ex lactis* ʒij, and to recommence the chalk mixture.

April 27th.—Diarrhœa not quite so frequent, recurring, however, every two hours; the motions less liquid; no appetite; pulse 125; skin hot; slight tenderness of abdomen and fundus uteri. To foment, and continue medicine.

28th.—Diarrhœa every three or four hours; fever; there is less pain and tenderness of abdomen; continue. She recovered steadily after this, so that *nous en étions quittes pour la peur*. The child lived about a week.

The last case reported I look upon as exceptional in some respects. The duration of the abatement of the symptoms caused by the access of the labour was shorter than in the other cases, as was also that of the *puerperal* complication.

Perhaps the most striking illustrations of the influence of parturition in checking and controlling a pre-existing disease may be found in certain cases of convulsions. There is, it appears to me, a distinct class of *ante partum* convulsions, occurring before any symptoms of labour are present at all. These convulsions would appear to depend not so much on uterine irritation, as on a disturbed state of the system generally, interfering with, and hindering the establishment of, the parturient process, rather than co-operating with it or accompanying it in its progress; a kind of misplaced nervous influence, so to speak. Or perhaps it would be more correct to assume that, while in one class of cases the source of the irritation is in the uterus itself, in this class the irritation originates elsewhere; so that the

attention of the nervous influence is altogether diverted, if I may be allowed such an expression, from the object to be accomplished. The convulsive state is really substituted for the healthy action of labour; the latter process not going on at all, until the former condition is removed; or, conversely, the convulsive action not ceasing, until healthy uterine action is brought on.

The following cases appear to me to confirm this view of the subject :

CASE LXXI.—CONVULSIONS.

In August, 1834, a few months after I had commenced practice in a village near Alford, I was requested to visit the wife of a shoemaker, in an adjoining village, the medical man whose services she had bespoken being absent from home. I found the woman in strong convulsions, and was told that she was at or near the full period of gestation. I found the os uteri perfectly closed, and could not form any idea as to what the presentation might be. I proposed bleeding, but this proceeding was objected to, the cry of the bystanders being, "Oh! that Dr. Wright would come." I was a very young man, and they had no confidence in me. I, therefore, was reduced to the necessity of ordering a mustard poultice to the nape of the neck, and a hot foot-bath. The fit having gone off, the half-comatose patient was assisted to the edge of the bed, and her feet immersed in a pail of hot water; and while this process was going on, to my great relief, in walked "Dr." Wright. He was a trifle tipsy, having

been at Horncastle horsefair, and without much ceremony bowed me out. The husband detained me in his little garden a short time, and I learned that the operation of venesection was being performed, a strong fit of convulsions having come on as soon as I left the room. This was in the evening. The next morning, I was sent for to some distance to see my father (at that time a practitioner at Alford), who had been taken suddenly ill while in attendance on a midwifery case, and on my way I met Mr. Wright returning from a country visit in a direction opposite to where our patient of the previous evening was living. He did not condescend to speak to me. I attended my father's midwifery case, a lingering primiparous one, and that, together with my father's illness, detained me at Alford until the afternoon of the following day; but in the mean time I learned from Mr. C—, a medical gentleman who called to see my father, that he had been sent for in the night by Mr. Wright, to assist in the delivery of the convulsed patient. He told me that, after a copious bleeding, the fits had left her; that proper labour pains had come on on the following day; that Mr. Wright being again sent for, had found the arm presenting; that not succeeding in his attempts to turn, he had sent for him, Mr. C—, to assist; that they had both failed in their efforts, and that he, Mr. C—, not being pleased at Mr. Wright's inefficient co-operation, had left him with his patient undelivered. The fits had not returned. I returned home late in the afternoon, and then learned that Mr. Wright, on being deserted by Mr. C—, had sent for a second medical man, and that they had jointly called in a third; and that, amongst them, delivery had at length been effected

that afternoon by means of embryotomy. The woman got on very well.

Now, in this case, the irritation could scarcely have been uterine: it could not have been caused by the cross-presentation or anything of that sort: if it had been, the rough treatment undergone by the patient for the best part of four and twenty hours, in ineffectual attempts at turning, and in heroic pullings at the protruded arm, which, Mr. C— asserted, Mr. Wright, in his occasional fits of tipsy desperation, practised from time to time, would surely have renewed the convulsions, notwithstanding the bleeding. There was no labour while the convulsions were present; when they ceased, the labour came on. This woman had had several children, having on one previous occasion had arm presentation, when the same Mr. Wright, in a happier moment, effected the delivery by embryotomy without any assistance. She had never had convulsions before.

CASE LXXII.—CONVULSIONS.

On the 6th of April, 1853, one of my medical confrères consulted me respecting the case of a woman who had engaged him to attend her in her first confinement. She was an epileptic, and during the previous fortnight her fits had gradually increased in frequency and severity. She was now at the end of her reckoning, and the intervals between her fits had become very

short indeed. I advised bleeding, as the fits, from Mr. —'s description, resembled puerperal convulsions. He bled her, and then took me to see her. She had a short fit while I was in the room ; but it was much less severe in character than many of the previous ones. Finding that there was no uterine action going on, though the os uteri was dilated to the size of a shilling, the membranes feeling lax, and the head floating loosely above the pelvis, as well during a fit as in the absence of one, while not the slightest appearance of pains had otherwise shown themselves, it struck me that if genuine uterine action could be induced by mild means, the convulsions would cease ; at any rate, that an end would be put to this state of suspense and anxiety by the poor woman's delivery. I therefore advised Mr. — to rupture the membranes. This was done at half-past 6 p.m. Natural pains came on during the night, and she was safely delivered the next morning at 8 of a still-born child, apparently but just dead. She had no fits of any sort after the rupture of the membranes, and got on well.

CASE LXXIII.—CONVULSIONS.

On the 3rd of March, 1854, I was sent for to attend a woman in a village six miles from Alford, who had bespoken me for her expected first confinement. She was a tall young woman, with a very pale complexion, aged 22. On my arrival at 3 p.m., I learned that she had had strong and very frequent pains all the day. She was at the full period of gestation. On examination, I found the os uteri perfectly closed and puckered up: a

wide pelvis, with the head resting on a well-developed cervix. Concluding that they were false pains, I gave her a full dose of laudanum; and being told that the bowels were in a constipated state, I ordered her to take an ounce of castor-oil in the evening. The laudanum quieted the pains at once, and I left her.

I was sent for again the following day, and arriving at half-past 3 p.m., I found that she had had four strong fits of convulsions; the first at half-past 11 a.m.,; the last about half an hour before my arrival. She was semi-conscious, and, when roused, complained much of pain in her head. The os uteri was in the same state as on the day before, and she had had no pains since taking the laudanum. She had taken the castor oil, but it had made her sick, and she had been vomiting at intervals, all night, bilious-looking stuff in large quantities. The bowels had not been moved. The pulse was nearly natural. I bled her in the arm immediately, taking at least thirty ounces from a large orifice, when she began to complain more and more of her head. I asked if it was a faint sensation. She said she hardly knew; it was something very bad. I tied up her arm, and presently a dreadful fit came on—the countenance livid and hideously distorted, and all the muscles of the body convulsed. I examined *per vaginam* during the fit, and found the head pressed tighter into the pelvis, but the os uteri just the same. I forced a finger through the os, passed it round for some space between the membranes and uterus, and then ruptured the membranes, thinking it desirable to induce labour pains. The liquor amnii began to escape forcibly, evidently from the strength of the universal muscular contraction present. I then, when the fit had in about ten minutes

subsided from its extreme violence, took about twenty ounces of blood more. The breathing was very stertorous, and the patient quite comatose for some time. When the fresh quantity of blood began to flow, it was quite black; but, as semi-consciousness returned, it improved in colour. I next applied a large mustard poultice to the back of the neck, gave a powder containing ten grains of calomel and twenty of rhubarb (from the medicine chest of a lady residing near), and then administered an enema of salt and gruel. This acted immediately; the patient jumped out of bed, and voided an immense quantity of dark-coloured fæces, declaring that her head felt quite right again. I waited three hours from the time of the last fit; and then, finding the patient quite relieved, with the countenance and pulse natural, and the os uteri still rigid and indisposed to open, although she had had two or three slight pains, I returned home, leaving orders to be sent for again if the slightest symptoms of convulsions should reappear, or if the pains should rapidly improve in quality. This was about 7 o'clock. At 11, I received another message. I hastened down to my patient's residence, and found that she had been safely delivered at a quarter-past eleven, of a still-born child, apparently but just dead, after only about half an hour's active pains, the labour having been a more than usually easy one for a primipara. She appeared perfectly well, had a nice loss, was rather sleepy, had no headache, and but very slight acceleration of pulse. I was told that, after I left her, she had continued to have slight pains at long intervals until the last three quarters of an hour or thereabouts, when they became all at once quick and strong. She had no recollection of her fits, or of having been bled, or of my having

been with her at all, but she remembered the birth of the child. This woman recovered very rapidly and perfectly; and, notwithstanding she was thrown into a state of great agitation and distress within the week, in consequence of her husband having had his pocket picked at Lincoln of a little legacy of £35, which he had gone there to receive, she had not the slightest symptom of a convulsion after.

In this case, at the full period of gestation, we had derangement of the stomach and bowels, causing such irritation in the whole system as to lead to false pains at first, and ultimately to convulsions. It seems clear to me that it was this derangement that prevented the establishment of the parturient process, and that the inability of the nervous system to set up that process led to the convulsions. The bleeding was probably useful in relieving the induced congestion; but I think that the enema was the principal agent in the cure, by removing the original exciting cause of the disturbed balance of nervous influence; while the rupture of the membranes materially assisted, by directing that nervous influence to the proper work which it had to perform.

I have many times found a similar advantage from rupturing the membranes before dilatation of the os uteri, when, for some inexplicable reason, the uterine action, evidently impending and causing all sorts of irregular pains and disquietude, has still refused to come on properly; the labour has then gone on correctly at once. But this *par parenthèse*.

CASE LXXIV.—CONVULSIONS ; ALBUMINURIA.

In the present case, the cessation of convulsions was not so complete as in the last, there having been one fit during the labour—in its last stage :

Mrs. R— S—, of Alford, the wife of a bookseller, aged 36 ; married eight years, being for the first time in the family way, and expecting her confinement in about a month, was attacked at 5 a.m., December 31st, 1857, with bilious vomitings, which continued all the morning. I saw her at 2 p.m. She complained much of headache, and her pulse was slow and weak. I gave her calcined magnesia with two-minim doses of Scheele's hydrocyanic acid. The vomitings ceased at 3 ; the headache, however, continuing. At half-past 5 she had a short fit of convulsions, and presently another and another, which last I saw. The pulse was rapid, the pupils dilated, the right more so than the left ; the os uteri thin and very rigid, just admitting the tip of the forefinger ; head in first position. I ruptured the membranes, bled her in the arm to 24 ounces ; gave a turpentine enema, and applied a sinapism to the nape of the neck. I suspected albuminuria, the face being puffy and œdematous ; but there was no urine forthcoming for examination. After a copious feculent motion, and when the sinapism began to redden the skin, at about 7 the convulsions ceased, and she fell into a calm sleep without stertor, the sleep between the fits of convulsions having been stertorous. The pulse dropped to about 80, soft and pleasant. At half-past 10 p.m., no more fits ; os uteri dilating nicely, and she had regular pains. I was summoned at half-past 4 a.m. Found

the os uteri fully dilated, with good pains going on; the foetal head well in the pelvis. She had had no more fits. The pupils we now contracted, one being, as at first, more dilated than the other. While I was making an examination, she had a strong pain; but during the next pain, which speedily followed, a strong fit of convulsions came on. I therefore immediately cut the matter short, by delivering with the vectis. The child was living. She presently fell asleep again; and I left her about an hour after still asleep calmly, with a soft pleasant pulse 84 in the minute. She had no more fits, and made a rapid recovery. While the convulsions were going on, she was occasionally between the fits, if not stertorously asleep, very hysterical and unruly. The urine passed in the course of the day I found to be highly albuminous, and of sp. gr. only 1008. The next day all the albumen had disappeared.

GROUP I.

OF THE INFLUENCE OF A MORIBUND CONDITION OF THE MOTHER DURING ADVANCED PREGNANCY IN INDUCING PREMATURE LABOUR BEFORE DEATH TAKES PLACE.

Although, perhaps, not strictly within the limits of a series of reports illustrative of diseases of the puerperal state, I, nevertheless, think it may not be altogether irrelevant, if I venture to introduce in this place my notes of a few cases, which serve to show that, when a woman is on the point of death from disease occurring

during advanced pregnancy, the fœtus will usually be expelled either dead or alive, most frequently perhaps dead, before the mother dies.

CASE LXXV.—PERITONITIS; DIARRHŒA; BRONCHITIS.

February 22nd, 1837.—I was summoned to visit Mrs. N—, of L—, who was expecting to be confined in about six weeks. She had symptoms of acute peritonitis; severe pain over the whole abdominal surface; inability to bear pressure; the pulse 140, small and sharp; hot skin; she had had a rigor the day before, and had been sick. I bled her in the arm, gave her a calomel purge, to be followed up by a saline mixture, with calomel and opium in pills. Being no better the next day, and the blood drawn being intensely buffed and cupped, I bled her again, continuing the medicine.

24th.—Pain as before; bowels confined. I gave her another aperient dose.

25th.—She had a blister to the abdomen, continuing the medicine.

26th.—Abdominal pain not relieved; symptoms of failing power; the pulse 130, weak and fluttered. I gave her now Ammon. Ses. carb., in 5 grain doses, in a mixture, along with 2 grain doses of quinine in pills every four hours.

March 1st.—She was taken in labour, and was soon delivered of a living boy, which, however, did not survive many days.

2nd.—The abdominal pain is not quite so great, but diarrhœa has set in. I gave her chalk mixture, with laudanum and aromatic confection.

3rd.—Diarrhœa better; a troublesome cough, with mucous râle, having come on. I gave her some demulcent medicine with Tinct. Camph. comp., resuming the quinine pill, however, on account of the rapidly failing strength: wine *ad libitum*.

4th.—Cough and difficulty of breathing worse and worse; pulse 145, weaker and weaker. To continue medicine and wine. The symptoms of peritonitis seemed to have entirely left her.

6th.—She died this morning. The milk never appeared in the breasts, and the slight lochial discharge which followed the labour soon ceased entirely.

The substitution of diarrhœa for peritonitis *after* the labour, I consider a remarkable fact. The *puerperal* disease in the case was diarrhœa, and yet we have been taught to regard peritonitis, for which the diarrhœa was substituted, as the *beau idéal* of puerperal fever. The bronchial affection was, probably, merely the *modus mortis*.

CASE LXXVI.—CYNANCHE TONSILLARIS; BRONCHITIS;
PNEUMONIA; DIARRHŒA.

On the 4th of July, 1840, I was requested to visit Mrs. L—B—, of S—, the mother of a large family, and a very robust sanguineous-looking woman. I found she had cynanche tonsillaris. I scarified the tonsil freely, and sent her a gargle, with some aperient medicine. I was sent for again in the evening, and found her considerably worse; the inflammation, it would seem, having extended to the bronchi, for there was more difficulty of breathing than the state of the tonsil would account for, and there was mucous cough,

mucous râle, and pain in the chest. I bled her largely in the arm, and ordered steam inhalations, &c. The blood was very buffy. The next day she was in every respect better, and she then bespoke me for her confinement, expected in three or four months. The next day, Monday, in the morning, she sent me word that she felt so much better, that I should have no need to visit her that day. In the evening, however, I was fetched again in haste. I found she had been talking and exciting herself very much all day, it being the village feast; and had, moreover, taken some ale, some gin, some laudanum, about ʒj, some "Bateman's drops," some tincture of rhubarb—all with a view to the removal of the gradually increasing pain she felt in the chest. I found, in short, that pneumonia had set in. I bled her again, and applied a large blister to the chest. The blood was buffed and cupped. The difficulty of breathing was very great; the bleeding and blistering afforded no relief; and as she turned cold frequently, with a feeble rapid pulse, I soon found I could not go on with the $1\frac{1}{2}$ gr. doses of tartarized antimony I had commenced with after the bleeding. On Tuesday morning, the bowels being confined, I gave two or three doses of castor-oil, which failed to act. In the evening I gave her a turpentine enema. There being no effect, in two hours I gave her another, which acted well. I was called up quite early the next morning with a message that she had had diarrhœa all night. On my arrival, I found her just delivered of a six months' foetus, which never breathed, although its heart continued to beat full twenty minutes after its birth. I removed the placenta. The poor woman was in a very bad state, grasping for breath, and purging profusely,

with a sinking pulse and cold skin. I gave her some ammonia, with hot wine and water; but she expired about two hours and a half after the birth of the child. She had felt no pain in the chest for more than twelve hours before her death; the labour pains having probably taken the place of the chest pain.

CASE LXXVII.—SPASMODIC CHOLERA.

Mrs. W— G—, of S—, the wife of a farmer, bespoke me early in March, 1842, for her confinement, expected to take place in the following May. On the 17th of March I was sent for early in the morning. I found her suffering from some of the symptoms of “English cholera,” namely, bilious vomitings, with coldness of surface and cramps. The bowels were constipated. As the stomach seemed foul, I gave an emetic, to be followed by some alterative doses of blue pill with saline effervescents. When I called the next day, I found the vomiting still going on without any abatement. The bowels had acted. I applied a sinapism to the pit of the stomach. I sent some more alterative doses, and continued the effervescent, not anticipating any danger. The next morning I was sent for early, and found profuse diarrhœa superadded to the other symptoms, with a very rapid pulse and anxious countenance. I ordered brandy, and gave her some astringent medicine with aromatics. At her request, I examined her to ascertain if labour was coming on. The os uteri was closed and pursed up. In the afternoon, however, a man came full gallop to tell me that her child was born. I went in hot haste; distance six miles; and found that she had

indeed been delivered of a seven months' still-born child. I found the after-birth in the bed. She was now moribund, with a rapid sinking pulse, hurried respiration, &c., and died about two hours after.

CASE LXXVIII.—ASPHYXIA FROM CHARCOAL FUMES ; FOLLOWED BY EXHAUSTING VOMITINGS AND DIARRHŒA.

April 7th, 1862.—I received a hasty summons to meet my neighbour, Dr. L—, in consultation on a case he was attending in the country. On arrival at 2 p.m., I found that Dr. L— had been in attendance since 6.30 a.m., and that the patient, Mrs. J— L—, the wife of a labourer, multiparous, was in tedious labour. She was lying in bed with a remarkably hurried, noisy, difficult respiration; the pulse frightfully compressible and uncertain; the pains languid and infrequent. I was told that, a few days before, on going to bed, she had lighted a charcoal fire, in a sort of brasier, in her bedroom, for the purpose of removing damp. In the middle of the night, she and her husband awoke with a feeling of strangulation; they both got out of bed, and both fell on the floor insensible, she falling with her abdomen on the sharp corner of a box. They rallied from their unconsciousness after a time; but the woman continued very ill, being nearly at the full period of pregnancy when the accident happened; she had violent diarrhœa and frequent vomitings, until the crisis arrived, when Dr. L—, who had been engaged for the confinement, was summoned. At three that morning, she had got out of bed, and fallen on the floor in a fainting-fit. Her neighbours were called in,

and they, thinking that labour was commencing, sent for Dr. L—. She was then breathing as hard as when I first saw her, nearly eight hours later. After some consultation on the case, it was agreed that delivery was desirable, as the woman appeared to be moribund, and a tedious labour could only add to her exhaustion. The os uteri being sufficiently dilated for the purpose, the forceps was applied, and a dead child readily extracted. It had evidently been dead several days. A second child was now found to be in the uterus, presenting the breech. This was at once brought away, the pains co-operating admirably, so that but little manipulation was required. This child also was quite dead. In fact, it seemed probable that they had both died from the effects of the mother's asphyxia. The *placentæ* were expelled by a pain. The mother now expressed herself as feeling much relieved, and very grateful; but she soon turned faint again—fainter and fainter, and her respiration got worse. On examination, it was found that internal hæmorrhage was going on. The uterus was at once emptied of a large mass of coagula, on which being done, the hæmorrhage ceased almost entirely, the *fundus uteri* being felt low down and very hard. Brandy and a full dose of laudanum were administered; but her faintness and difficult respiration went on. I stayed two hours by Dr. L—'s desire, and then left him with the case, thinking that, at any rate, nothing more could be done. She lived until eleven the next morning.

There can be no doubt that the woman was moribund when Dr. L— first saw her, and that her premature powerless labour was induced partly by the death of the

two fœtuses three days previously, but chiefly by her own moribund condition.

I look upon the occurrence of diarrhœa in the four cases given above, especially in the first of them, as highly characteristic. Indeed, I am inclined to think, that if there be any one symptom more than another characteristic of puerperal disease, that symptom is diarrhœa. We have, in fact, seen that it is present in nearly every case of febrile disease of the puerperal state.

PART II.—NON-FEBRILE DISEASES.

GROUP I.

OF DYSURIA AS A PUERPERAL DISEASE.

It will have been noticed that retention of urine was a prominent, and more or less troublesome symptom, in several of the cases of puerperal fever already reported.—(See Cases XII, XLV, XLIX, LV, LVI, LVIII, and LIX.) But it is not merely as a symptom in puerperal fevers that retention of urine is met with, for it occasionally occurs as an independent disorder of the puerperal state; a disorder too, which is exceedingly liable to recur in the same patient. I subjoin my notes of a

few cases in illustration of this troublesome and painful affection.

CASE LXXIX.—DYSURIA.

March 3rd, 1841.—Multipara. An easy labour. In consequence of retention of urine, catheterism was necessary once, about twelve hours after delivery. She took no medicine, and a repetition of the operation was not required.

CASE LXXX.—DYSURIA.

February 18th, 1843.—Third child. An easy labour—the subject of the last case. Catheterism again necessary, twelve hours after delivery. As on the previous occasion, a repetition of the operation was unnecessary.

Thus, in these two cases, we find a woman suffering from precisely the same affection after two successive labours, her second and third. From her first, a hard and troublesome case of breech presentation, she recovered without an untoward symptom of any kind.

I afterwards met with the same kind of recurrence of dysuria in another patient, whose cases I give below :—

CASE LXXXI.—DYSURIA.

May 3rd, 1845.—Multipara. An easy labour. After-pains very severe on the second and third days. Used

fomentation and anodynes. Catheterism necessary in the morning of the fourth day, to relieve a retention existing from the evening of the second day. The pain was violent indeed, and aggravated in paroxysms like the after-pains. Pulse not affected. Catheter used three successive mornings. The Tinctura Ferri sesquichloridi put an end to the retention after the third catheterism.

CASE LXXXII.—DYSURIA.

July 20th, 1848.—The subject of the last case. An easy labour. After-pains particularly severe, with complete retention of urine. Doses of Pulv. Ipecac. comp., with ʒj doses of Sp. Æth. Nitrici, acted beneficially, and catheterism was unnecessary.

This woman, I was told, in her next labour, in which she was attended by another practitioner, had the same symptoms again, which were relieved by catheterism.

CASE LXXXIII.—DYSURIA, DIARRHŒA.

March 20th, 1851.—Multipara. Easy labour. Retention of urine during the first twenty-four hours after delivery, causing severe pains. It was relieved by Liq. Potassæ with laudanum and mucilage. She was after this teased with diarrhœa for two or three weeks, for which she had chalk mixture with laudanum, tinct. catechu, and aromatics.

CASE LXXXIV.—DYSURIA.

June 17th, 1855.—Multipara. An easy labour. There was complete retention of urine in this case, requiring catheterism every day until the 24th of June, when a few doses of Tinct. Ferri sesquichloridi removed the affection, after the failure of demulcents with laudanum and Liq. Potassæ.

Fearing a recurrence of dysuria with this patient after her next confinement, November 18th, 1856, I gave her the following medicine soon after she got it over, and she had no dysuria—

℞ Magnesiæ Sulph., ʒj;
 Tinct. Opii, ʒij;
 Spir. Æth. Nitric., ʒj;
 Tinct. Card. comp., ʒss;
 Mist. Camph., ʒvss. M.
 Sumat coch. ij quartis horis.

There would appear to be some capriciousness about this troublesome affection, dysuria, when it occurs as a puerperal malady. Its liability to recurrence in the same patient is well shown in the first four cases reported here. With the subjects of the last two cases given here there was no recurrence. They have both had several children since. My cases clearly show this also—that the medicine which will cure or relieve in one case, may altogether fail in another—a peculiarity noticeable in some of the instances in which I have described dysuria as a symptom in puerperal fever.

GROUP M.

OF MANIA AS A NON-FEBRILE DISEASE OF THE
PUERPERAL STATE.

CASE LXXXV.—MANIA.

On the 5th of June, 1854, I attended Mrs. C—, the wife of a labourer, in her third confinement. The labour was natural, quick, and easy. The placenta came away sluggishly about a quarter of an hour after the birth of the child, some slight hæmorrhage having first taken place on the floor. She was delivered kneeling—a very favorite position with the lower classes in this neighbourhood. As she felt faint, I had her laid on the bed without removing her stays or any of her clothes. I watched her for another quarter of an hour, and then went to a neighbouring farmer's. I returned in half an hour, and found my patient quite faint and pulseless. She told me in a feeble whisper that she had a great loss, and that the women in the adjoining room had not heard her applications for a little cold water. I examined immediately, and found an immense mass of coagula in the vagina and uterus, which I brought away. The uterus descended, and the hæmorrhage ceased completely. I applied a few cold wet cloths to the abdomen, but was not able to apply a bandage, as she had her stays on, and I did not like to have her raised up for the purpose of taking them off. Fortunately, there was no return of hæmorrhage; the pulse soon returned to the wrist, and I left her tolerably comfortable. Two hours after she was still in a perfectly satisfactory state. For a few

days she had throbbing pains in the head, with a cool skin and natural pulse. Her lochial discharge was sufficient, and her bowels were acting properly. I gave her a few doses of quinine, and the headache ceased. Her milk was very late in appearing, perhaps nearly a week, and was never satisfactory in quantity. During the latter end of the second week, she complained of flatulence, water-brash, and stomach derangement, for which I gave her some bismuth. She had then some flighty symptoms, with hysterical urine. She was, notwithstanding, able to resume her household duties, and her nurse left her on the fourteenth day; a fortnight being the customary term of a nurse's engagement among the labouring classes.

Now, she had been uneasy several times during the second week, because her nurse had told her there was a probability of her being called away before the fortnight's end. She was also of a rather hysterical temperament. Be the cause, however, what it may, the day after the nurse left she became violent and unmanageable, very voluble, and very noisy. I was applied to on the following day, June 20th, and saw her towards evening. She was quite maniacal; and her attendants, among whom it was found necessary to include her husband, were obliged to restrain her by main strength. Her pulse was perfectly natural, about 70, soft, full, and free; her tongue clean; her head cool. The bowels had not been confined. The bismuth, I was told, had relieved her flatulence and water-brash. She had had no sleep for two or three nights. I sent her a grain and a half of morphia in a draught, to be taken immediately.

June 21st.—The pulse was rather flurried, 110, and

soft; this acceleration probably arising from excitement. She was very voluble, but not obscene. She had not slept; she refused food and drink. I sent her a blister for the back of the neck, a mercurial aperient in a powder, another morphine draught, containing the same dose as before, and a mixture, to be taken in teaspoonful doses, each containing a third of a grain of morphia. I had the hair cut off; and, though the head was still cool, as well as the surface generally, I recommended the occasional application of cold to the forehead.

22nd.—She was more quiet and rational, and called me by my proper name; whereas she yesterday called me “dear Tom.” The pulse was 110-114. She still refused food and drink, and had not taken any of the medicine I sent; and, in spite of coaxing and threats, positively refused to swallow anything whatever. If drink was offered, she lolled her tongue in it, blew in it, and if, by chance, she took a drop in her mouth, she presently spat it out in the face of a bystander. This morning, I put on her a strait-waistcoat, thinking it better than manual restraint, which involved a great deal of exhausting struggling. In the evening, the bowels not having acted, I gave her an enema containing a quart of gruel and a quantity of salt; and before leaving her, I applied a blister on the calf of each leg. She made no resistance to any of these proceedings—her perverseness extending only to the refusing of food and drink.

23rd a.m.—The pulse was 96. She was very quiet, speaking only when spoken to, and mostly giving correct answers. She took food and drink occasionally, but more frequently refused both. She had had a quiet night, but without sleep. The bowels had acted fairly;

but not, I thought, sufficiently. The blisters on the legs had not risen properly. I recommended the attendants to give the morphine mixture whenever she would take it, and to give her as much nourishment as they could possibly persuade her to swallow. In the evening she was much the same: she was sitting up in a chair. The pulse was about 100, very soft and pleasant, and easily felt through the sleeve of her strait-waistcoat. She was capricious in taking food, but did not absolutely refuse it. I sent her another aperient powder, and indulged in what I thought was a reasonable hope that she was recovering.

24th.—I called at 10 a.m., and again at 1 p.m. My patient had had a quiet night, but still without sleep. She had taken the powder, but it had not acted. She was perhaps rather more incoherent than the day before; the tongue was rather dry; and she again positively refused both food and drink. The women said she would sometimes hold a piece of bread in her mouth for two or three hours, and then spit it out. I could distinctly feel through the sleeve a soft, pleasant pulse, about 100 in the minute. If asked to take a drink, she would say, with a smile, "Yes, if you please;" she would then amuse herself with blowing in the teacup, but would not swallow one drop. The case was baffling; but I told the husband to fetch another aperient powder.

In the evening, however, one of the women came to tell me that at six o'clock they had placed her in her chair again; that, after sitting about an hour, during which she had talked occasionally, and had two or three times played with some drink, which she said she would take, but would not swallow, she appeared to turn faint; that her face felt cold to the touch; and

that, when at length, taking the alarm, they laid her on her bed again, they found that she was dead.

I confess I was surprised, as well as disappointed, at this result. I am quite at a loss to know what could have been the exact cause of death, as well as why the unfortunate woman died so soon or so suddenly; for I cannot think that starvation of itself had gone on long enough, and surely she had well recovered from the effects of the hæmorrhage. Possibly, the deprivation of sleep for the best part of a week might have contributed to exhaustion; added to which, the cottage she lived in was a very small, inconvenient, low-roofed place, and the weather was very hot. I am equally at a loss to know what could have been done by way of treatment or management to prevent the fatal termination. And, reviewing the case in all its symptoms, most of which were favorable, as far as ordinary rules go, I am altogether at a loss to know by what signs or circumstances we are to measure the amount of danger in such a strange disease as puerperal mania.

CASE LXXXVI.—MANIA.

May 30th, 1835.—Primipara; unmarried; easy labour. Puerperal mania supervened at the end of the third week. It was pure uncomplicated mania; skin cool; pulse quite natural. She was very voluble, noisy, abusive, and obscene. Personal restraint was neces-

sary. She had aperients, sedatives, and blisters. At the end of her fifth week, having then been maniacal more than a fortnight, she was removed to the Lincoln Lunatic Asylum, and was discharged cured in October.

The attack in this instance appeared to have been brought on by mental irritation, produced by the visit of an attorney, who called to ask some questions with the view of affiliating the child. The woman was "on the parish."

A few years after, I met with what may be looked upon as a *series* of cases of this distressing disease. They all occurred in the same patient, the last case terminating fatally. I subjoin copies of my notes as written at the time :

CASE LXXXVII.—MANIA.

Mrs. G— C—, of M—, primipara; the wife of a shoemaker, in very comfortable circumstances, was confined on the 25th March, 1839. "An average natural labour; child a boy. This woman was troubled with a hysterical sort of irritability, which frightened her friends very much; she was at times almost maniacal. The pulse was frequently 110, with a hot skin, but no shiverings; a white tongue, and occasional headache. This state was apparently brought on by too much talking during the first two or three days, and by neglect of the bowels; and was removed by saline aperients, with hyoscyamus and small doses of blue pill. I was

fetched in the middle of the night of the 28th of March, between three and four days after delivery; the principal symptoms being then watchfulness and volubility. She took her medicines for about a week.” (*Note in Midwifery Register.*)

CASE LXXXVIII.—MANIA.

The same patient was confined again on January 11th, 1841. “Face to pubes; very easy, quick labour; child a boy. The face was turned to the right acetabulum during the passage of the head through the pelvis, and suddenly twisted round to the pubes during the last pain, while the head was sweeping the perineum, not making the turn forward so soon as it is commonly done. She had an attack of puerperal mania. She was rather hysterical during the first fortnight, with pretty nearly the same symptoms as after her first confinement (see Case LXXXVII); and, at the end of that time, became decidedly maniacal. The pulse was variable, but commonly as high as 150, soft; and there was a great degree of perspiration, with occasional shiverings. The urine was very scanty and thick. The milk was gradually suppressed, but the lochial discharge was not much affected. Opiates and nervines rather aggravated the affection than otherwise, probably because they were not given in the full doses which I ordered. I at last, on the 29th of January, applied a blister to the back of the neck, which in three hours gave decided relief; the raving and shouting ceasing, and the pulse dropping to 90. She now gradually mended without any other treatment, beyond an occasional purgative, her senses

daily becoming more and more clear. The milk never returned." (Note in Register.)

She was confined again on January 6th, 1842. "Face to pubes; very easy, quick labour; child a girl. The face twisted round to the pubes during the last pain, as in her former labour (see Case LXXXVIII). There was but one pain after the head cleared the os uteri. She recovered this time without a single bad symptom." (*Note in Register.*)

CASE LXXXIX.—MANIA.

January 16th, 1844. "Vectis. Posterior fontanelle felt at pubes in superior strait. There was adhesion of the placenta, with a degree of hour-glass contraction requiring the introduction of the hand. Child a boy. She was doing well, with the exception of a quick pulse, until about the eleventh day, when nearly the same set of symptoms came on as before (see Cases LXXXVII and LXXXVIII). There was not so much volubility as on the last occasion, but she was maniacal at once. She had occasional rigors and heats towards night, and most of the night lay singing and shouting. She was tolerably peaceful during the day. The pulse was about 140, soft; skin sometimes moist and not very hot. Complained of confusion in the head. The milk and lochia were both suppressed about the fifteenth day of the lying-in—the fifth of the disease; but both returned in a day or two. Remembering that on the previous occasion opiates appeared to do harm, I avoided them, giving a saline mixture with valerian and camphor julep; and two days after I applied a blister to the

back of the neck, anticipating the same decided effect from it as before; but this time it did no good. The symptoms continued unabated until Friday morning, February 2nd, it being the eighteenth day of the lying-in, and the eighth day of the disease, when some kind of a change took place quite suddenly, and she died in a few minutes, at 3 a.m. She had been singing just before. This was her fourth confinement; she had had three boys and one girl; and the maniacal tendency occurred with the boys only." (*Note in Register.*)

Now, in this last case, although the frequency of pulse gave me some uneasiness, yet, as the patient appeared perfectly well in other respects, was sitting up, without the slightest incoherence of speech or oddity of manner, and had got ten days well over, I had some hopes that she would escape her maniacal seizure, as when she had the girl. But it came on, nevertheless; and singularly enough, notwithstanding the disease began later, and was, to all appearance, attended with some more favorable symptoms than on the previous occasion, it rapidly proved fatal. The event took me by surprise; I had seen no reason why she should not recover as she did before. The poor woman was much attached to her nurse, who was unfortunately called away from her the day before the attack commenced. I incline to think that that circumstance stirred up the latent mischief.

The subject of the following case also died, I think, chiefly from exhaustion; but, as will be seen from the subjoined account of the case, which is a verbatim copy

of a letter to a medical friend, the disease was of longer duration, came on sooner after the confinement, and was attended with much greater and longer continued causes for exhaustion, besides being possibly complicated with phrenitis in the first instance. Perhaps, also, I depleted too much ; but I was very inexperienced at the time, now more than twenty-eight years ago. On a calm review of all the circumstances of the case, I incline now to the opinion that, if the patient had not been treated so heroically, but had had full doses of opium or morphine so as to procure sleep, she would have fared better.

The case would perhaps have appeared more appropriately in Group A, among the puerperal *fevers* ; but I insert it in this place for the sake of comparison with others in the present group.

CASE XC.—MANIA ; PHRENITIS (?)

Mrs. V—, the wife of a small farmer, residing near a village in which I had just commenced practice, was taken in labour of her first child sometime in the evening of the 9th of April, 1834. At two o'clock the next morning, the membranes burst ; but for some unaccountable reason she neglected sending for professional assistance till more than six hours after. I was with her at about ten a.m. The child's head was then on the perinæum, and in about a quarter of an hour it was born. During the labour, she complained of pain in the head. There was retention of the placenta from "hour-glass

contraction," accompanied with considerable pain in the abdomen. After waiting about an hour, I delivered the placenta, after slowly and cautiously dilating the stricture, which yielded very readily to the introduction of the hand. The labour itself had certainly not been unusually severe for a primipara. I visited her the two next days, and found her on both occasions free from all pain, or nearly so; the pulse quiet and natural. I ordered an aperient to be given. The child had begun to suck, the milk having appeared in the breasts the day after the confinement.

I heard no more of the case until the morning of the 15th of April—the sixth of the lying-in—when I was hastily summoned at three o'clock. I found my patient sitting upright in bed, and talking wildly about going to heaven directly, in company with her mother and her husband. Her eyes looked very wild; she smiled upon me, and seemed quite happy. I asked her if she felt pain anywhere, and she replied "No." I made pressure on the abdomen, but she laughed, and said all her pain was over now, she should soon be in heaven, &c., &c., &c. The pupils were not contracted, nor did the light appear to hurt her eyes. The conjunctivæ were not discoloured, but the cheeks were slightly flushed, and the pulse was rapid, about 120 in the minute, neither hard nor full; and as there was considerable heat of the surface, and she had all the day before complained of great pain in the head, with intolerance of light and ringing in her ears, I thought the delirium or mania might depend on phrenitis. I therefore took about a pint of blood from the arm, and then sent the husband to Alford for my father, about eight miles. About half an hour after the bleeding, her delirium

ceased, and she complained of great pain in her head and at the pit of the stomach. Warm flannels applied to the part relieved the pain in the epigastric region. By the time my father arrived, the delirium had returned again; and, as the blood drawn was slightly buffed, and had checked the delirium, he advised a second bleeding. We found that the bowels had not been moved until the fourth day of the lying-in. An aperient, composed of calomel and sulphate of magnesia, was given; a blister was applied to the pit of the stomach; a mixture, containing tincture of digitalis, small doses of tartarised antimony, and camphor julep, was left with her, to be given every three hours; and her hair was cut off. The second bleeding had not abated the delirium. In the evening, I bled the temples with leeches, which seemed to quiet her a little, for by this time it was found necessary to hold her in bed; and some days after, I was told, that, being left for a few minutes alone, she had that morning actually got out of bed, proceeded down stairs and into the yard, with nothing on but her night-clothes, and without shoes; and had helped herself to a copious draught of cold water at the pump! The next day she was still raving, having never ceased all night; talking incessantly about devils, angels, and some friend that had been dead several years, &c., &c. I leeches her head again, but with no effect; the camphor and other medicines were continued; but all was of no avail; she continued talking and tossing about almost to the hour of her death. She had a few hours' sleep on the second and third nights of her disease, procured, I believe, by hyoseyamus, which was given in pretty large doses. On the fourth day of her illness, a blister was applied between her shoulders,

and sinapisms to the calves of her legs; and, two days after, a seton was introduced into the back of the neck. She very early refused to take her medicine, and, from inattention or perverseness, she voided everything in bed. The last few days we were obliged to give her her medicines in very small quantities at a time, in the form of powder mixed with spoon-meat; and frequently, after thus swallowing one spoonful, she would spit out the next. It was the same with food and drink; it was only by dint of a great deal of coaxing that she could now and then be persuaded to take a little. Till within two days of her death, she talked loudly and incessantly, except for the very brief periods when she slept; once, indeed, I prevailed upon her to whisper, by telling her she would disturb the child. Latterly, her words were complete gibberish, through continual repetition of the same unmeaning phrases; though all along she seemed to know her acquaintances, and would sometimes, when bidden, put out her tongue for inspection. A strait-waistcoat was used. I must not omit to mention that the milk was secreted for several days after the maniacal symptoms came on, and was regularly drawn. It was at last almost entirely suppressed. The lochia were not suppressed for several days. The tongue was in the beginning covered with a thick white fur, changing to a brown colour towards the termination. Yesterday she talked only at intervals, still recognising her acquaintances. She bit and snapped at the spoon with which it was attempted to give her a little gruel. Her pulse was almost countless, and was undulating. The pupils were somewhat dilated, but obedient to the stimulus of light. She gnashed her teeth, and would have leaped out of bed, if she had not been restrained.

She looked rather more cheerful than the day before, but her pulse frightened me. Just before my arrival, she had been beating time with her fingers to some music playing under the window.

When I saw her this morning, April 24th, at eight o'clock, she was dying. Pulse as yesterday; respiration 60 in the minute; extremities cold; features collapsed. When offered a little wine in some gruel she refused it, biting at the spoon. She died a few hours after.

The medicines we attempted to give her were camphor, hyoscyamus, digitalis, and afterwards opium; and her bowels were kept open throughout the illness.

Some circumstances which took place during the first few days of the lying-in are of importance. Her mother, who was to nurse her, did not arrive until eleven o'clock in the evening, and then found no one in the house with the patient but a little girl. The fires up stairs and down were all out. For the four following days, the mother had all the work of the house to do, cows to milk, calves to feed, and I don't know what, besides attending to her nurselings; Mrs. V— all the time lamenting that her mother had so much to do. A servant had been hired, but had failed to come, which was another source of mental disquietude. On the third day, Mrs. V— sat up an hour, and on the fourth, four hours, being all the time surrounded by gossiping friends, and being driven to bed at last by pain in her head; and her bowels were confined until the fourth day. It was said she drank a quantity of rum on one

of those days. She was constitutionally subject to headache.

On comparing these cases of mania together, I think I am fully justified in repeating the question—By what signs or circumstances are we to measure the amount of danger in a case of puerperal mania? Let us take *frequency of pulse*, which most writers are agreed in looking upon as a guide in prognosis, and we shall find that in Case LXXXV the pulse might be said to be natural throughout, any occasional acceleration being obviously due to excitement only; while in the case of the patient who had the disease three times the pulse was more frequent in the second attack, from which she recovered, than in the third, of which she died;* besides all which, the disease was late in appearing in both

* Speaking of the prognosis in puerperal mania, Dr. Ramsbotham observes:—"The sooner after delivery the attack occurs—the quicker the pulse—the more furious the paroxysms—the greater the danger to life." And again:—"If I were to select any single sign in a case of mania that had shown itself speedily after labour, as a guide to my prognosis respecting the probability of death, it would be the rapidity of the pulse." ('Obstetric Medicine,' third edition, pp. 561, 62.) And Dr. Blundell, on the puerperal state generally, observes:—"I will not say the woman is always in danger when her pulse is above 100, but when this is the case you ought always to watch her; and, on the other hand, when the pulse is below 100, when it is 95, 90, 85, or 80, in the minute, you may be sure she is safe; there is no one symptom which indicates disease or safety so neatly and clearly as the frequency of pulse." ('Lectures on Midwifery,' 'Lancet,' September 27th, 1828, p. 803.)

Surely we shall do well to be on the look-out for hidden rocks, even in places where our best charts have thus most distinctly marked—*deep water*.

those fatal cases. *Suppression of the milk* is another important symptom—so important, that it was formerly looked upon as the cause of this kind of mania, the disease having been thence named “*mania lactea* ;” in like manner as *phlegmasia dolens* has, from a corresponding notion equally erroneous, been named “*œdema lacteum*.” But in the first case reported in this group (Case LXXXV), although the milk was late in appearing, and was then scanty in quantity (circumstances perhaps accounted for by the hæmorrhage), yet the disease did not show itself until the secretion had been in some sort established for several days. That it was gradually suppressed in the course of the disease, was not to be wondered at. Then, again, with the patient who suffered from three attacks, the milk gradually disappeared in the second attack, from which she recovered, and never returned ; while in the third attack, of which she died, the milk was not suppressed until the fifth day of the disease, and actually reappeared in the breasts a day or two before the fatal termination. In Case xc, the milk was abundant for several days after the disease had appeared, and was not quite suppressed when the patient died. So that the presence or absence of the milk can furnish only negative information as regards prognosis.*

* In several other fatal cases reported in the present volume, the milk was either not suppressed at all, or, having been suppressed, reappeared a day or two before death. (*Vide* Cases IV, XXX, XXXI, LIX, LX, XCVI, CI.) Suppression of the milk is popularly supposed to cause all puerperal diseases. “The milk flew all over her,” is a common saying with old nurses. It is a popular error, clearly.

It may be said that we may find indications of danger in other circumstances, if we only watch for them; and such a circumstance was actually present in Case VI, Group A, in which, the disease having commenced as early as the fifth day, and being attended with a quick pulse, the patient had during her pregnancy suffered from occasional pain in the head, with partial blindness of one eye, symptoms very likely to depend on mischief in the brain; but this patient recovered quicker than any of them.

As for the causes of puerperal mania, I think it quite clear that any peculiar circumstances connected with the labour itself can have nothing whatever to do with the production of the disease. I have been somewhat minute in these reports, for the purpose of showing this—the attacks of mania following equally, whether the labour was hard or easy, complicated or uncomplicated; those differences being observable even in the same patient. The attack of hæmorrhage, which complicated or followed the labour in Case LXXXV, may indeed have unduly depressed the system, so that want of food might more quickly destroy life; but I do not think it *caused* the disease. And it would only be repeating arguments already used, if I were to endeavour to show that suppression of the milk, when it takes place, is rather an effect than a cause. I think that mental disquietude in an excitable, hysterical temperament, is generally alone in fault.

In seeking for an answer to the question I have proposed, I must say that I find nothing satisfactory in books, because my own experience contradicts them; nor in my cases, because they contradict one another.

GROUP N.

OF CONVULSIONS AS A NON-FEBRILE DISEASE OF THE PUERPERAL STATE.

CASE XCI—CONVULSIONS.

On the 27th of May, 1841, at three in the morning, I was called up to see the wife of a carpenter in the village where I then resided. I had attended her just twenty-four hours before in her second confinement, when she was delivered of a living child, somewhat premature, after a very easy natural labour. She was a little, delicate woman, palefaced, and anything but plethoric. I was told she had had a "bad shaking fit" lasting about ten minutes. I found her comatose, with the pupils much dilated; the skin hot; the pulse very rapid, 160 or more, and soft. A more accurate description of the fit, in reply to my questions, added to the state I found her in, convinced me that she was suffering from convulsions. I, therefore, bled her immediately to about sixteen ounces, but before the blood had done flowing a second fit came on. It was clearly convulsions. I applied mustard poultices to the nape of the neck, the calves of the legs, and the pit of the stomach, and in about a quarter of an hour I bled her again. She was perfectly comatose, as after the first fit; and while the second quantity of blood was

flowing, the third and last fit came as during the first bleeding. I took away about twelve ounces. The coma was not so complete after this fit, and in about an hour after the application of the poultices, in proportion as the skin began to redden, the coma went off somewhat, and she was able to mutter a few words in answer to a question. In another hour she could talk, but incoherently. As soon as she could swallow, I gave her a smart mercurial purge. All that day her recollection continued impaired; she did not remember having got her bed, and she called her mother by a wrong name, though she knew other people, and answered questions correctly. About two hours after the application of the mustard, the pulse dropped to 90. For a day or two she complained of odd sensations, though the very next day her memory had completely returned. The lochia were suppressed until the next day. She found great relief from valerian in camphor mixture, which was all the medicine she took besides the aperient. The pulse rose again a little higher than 90 in the course of the first day, and continued irritable a day or two longer. Her recovery was so rapid that she was out of doors at the end of the week. It was very hot weather at the time, and her bedroom felt so warm that I had the tiles watered to cool it, with a very good effect. The attack seemed to have been caused by some uneasiness of mind at the prolonged absence from home of her husband, who had gone into Norfolk, and had not returned when he was expected.

CASE XCII.—CONVULSIONS.

I was called up at two in the morning, December 16th, 1849, a few weeks after I had come to reside at Alford, to see the wife of a labouring man, in a village about three miles distant. She had been confined at about four o'clock the previous afternoon, and so hastily, that she did not even send for the midwife who had been bespoke for her, although she did not live quite half a mile off. But three or four hours after her delivery convulsions came on; the midwife was sent for, and she, after a little time, sent for me. It was her third confinement, and her previous labours had not been attended with any unusual symptoms. She had had repeated convulsions when I arrived, and was quite comatose. Her pulse was below 100. She appeared to be a weakly woman. I bled her to about sixteen ounces, applied mustard poultices to the calves of the legs and pit of the stomach, and sent her a blister for the nape of the neck, and a strong mercurial purge. She had one slight fit after the bleeding; and, though she continued comatose for several hours, she recovered rapidly.

CASE XCIII.—CONVULSIONS.

The subject of Case XCII, who, as described, had had convulsions, coming on some hours after an easy and rapid labour of her third child, was towards the end of her fourth pregnancy attacked again. Her midwife was sent for, and she sent off for me, in the middle of

the night, or rather early in the morning, October 31st, 1852. I was engaged with another patient in the country, and Mr. — went in my stead. But before his arrival the labour was over, the whole process, from the first convulsion to the birth of the child, having lasted only about an hour. But the convulsions continued as bad as ever. The patient was bled, and other means were used. Mr. — saw her again in the course of the day (having undertaken the case), and thought her better. He sent her a blister for the back of the neck. He did not see her on the next day, but her husband fetched some medicine. Quite late that evening, November 1st, her brother fetched me to see her. I found her dying, quite unconscious, with a countless, fluttering pulse, and hard breathing. I gave the case up at once, and she died two or three hours after.

I am not able to give more than the above meager description of this case, having been but indirectly concerned with it; but I introduce it here partly as an example of a dangerous variety of puerperal convulsions, and partly as an instance of the liability to recurrence of convulsions in the same patient.

CASE XCIV.—CONVULSIONS; ALBUMINURIA.

Mrs. J—M—, of B—, near Alford, was expecting her first confinement to take place about the end of March, 1862. I was summoned on the 29th of that month, the patient having had “two or three fits.” I found her in a semi-comatose state, unable, when roused, to make herself

understood, or to understand anything with reference to her present condition, or to my having been sent for. Her pulse was soft and natural; the pupils unaffected. There was no urine forthcoming for inspection, but there was œdema of the feet and ankles. While I was talking to her, a powerful fit of convulsions came on. I made a vaginal examination during the fit, and found she was nicely in labour; the os uteri three parts dilated, thin and dilatable; the anterior fontanelle at the left side, but too near the centre of the plane of the pelvic cavity. I ruptured the membranes, and then took some blood from the arm. The labour went on very nicely and rapidly, but the woman was very unruly on the bed, so that I had considerable difficulty in making even the necessary examinations. At the end of about an hour, when I had just made out, by feeling the eyes and nose at the pubis, that the face had turned forward, another fit of convulsions came on: I therefore hastened the delivery by using the vectis. I remained an hour after it was over, but no more fits came on, and I then left her in a quiet sleep, at about noon. When I saw her again at 5 in the evening, I found she had had two more fits, with an interval between them of about two hours. A third fit coming on while I stood by the bedside, I bled her again in the arm. I was afterwards preparing to give her an enema, when, at the touch of the pipe, another short fit came on. Finding now that the bowels had been moved early in the morning, I desisted from the attempt to give the injection, for I thought there was too much reflex irritability to permit that trifling operation being performed with safety. The breathing was very stertorous between the fits. She had not made water. She had taken two doses of *mist*

puerp. She did not know me. I applied a sinapism to the pit of the stomach, and sent her a blister to be applied to the nape of the neck.

March 30th, 11 a.m.—Three fits last night in rapid succession, the first coming on as soon as the blister came in contact with the skin, showing the persistence of a very awkward amount of reflex irritability; the last of the three at 9 o'clock. She has had none since. She is now in a quiet sleep, without stertor; the pulse quiet and soft, and natural in frequency. At 9 p.m., no more fits; is conscious, complains of headache; pulse 100, soft and pleasant. No urine forthcoming.

30th.—Is going on well; no more fits; is rather feverish; pulse 112. Continue *mist. puerp.*

April 2nd.—Still rather feverish; pulse as yesterday; she is quite rational and collected; plenty of milk; has been sitting up in bed, suckling her child; appetite good; bowels open; lochia sufficient; no abdominal pain; tongue bilious. She has no recollection of the birth of her child, or of any of the circumstances of the labour. A specimen of urine procured this morning contained one quarter of its bulk of albumen; sp. gr. 1.005.

3rd.—No albumen in the urine passed this morning; but she is very pale and anæmic. It was fortunate that I was able to procure a specimen of urine yesterday, as the albumen was so rapidly disappearing. I now began to give the patient the ammonio-citrate of iron.

I have no further notes of the case. She recovered rapidly.

CASE XCV.—SECONDARY CONVULSIONS.

Mrs. E. R—, of Alford, the wife of a veterinary surgeon, was confined on the 13th of September, 1861. Mr. O—, the medical gentleman whom she had engaged, being absent from home, the management of the case devolved on me. It was her fifth confinement, and she told me that she had usually had tedious and hard labours. On the present occasion there was sudden spontaneous escape of the liquor amnii at 2 a.m., without pain. She had no pains during the next twelve hours. When I saw her about noon, her pains were recurring at intervals of half an hour, very languid and inefficient, the head lying high in its first position, with a thick, unpromising, but not rigid os uteri. I gave her a full dose of ergot of rye at 3 p.m., and her child, a female, was born, very lively and lusty, at 4.30. As her own medical man returned home a day or two after, I saw no more of her until the evening of Wednesday, September 26th, when I had a hasty summons to meet Mr. O— in consultation.

I was now informed that the patient had gone on well, with the exception of some annoyance from hæmorrhoids during the first three or four days, until the previous Sunday, September 23rd, when she began to suffer from headache, with stomach derangement. Mr. O— gave her some medicine for the relief of those symptoms. The head being worse on Wednesday morning, September 26th, she had a smart calomel dose with a saline aperient, which operated freely several times. About 6 o'clock the same evening, while sitting up, her bowels having just acted, she

was seized with a sudden fit of fainting, with unconsciousness, from which she rallied in a few minutes, but with dilated pupils and complete loss of voluntary power of left side. Mr. O— and I were both summoned, as I have said. Mr. O—, when I arrived, had applied leeches to the temples, and consciousness had returned, as well as some power in left arm and leg. She complained much of pain in the head and of nausea, was very flatulent, and had vomited some bile; the tongue was much loaded with bilious fur; the complexion was strikingly atrabilious. Looking on the symptoms as dependent on gastric irritation, we gave her a few doses of bicarbonate of potash in camphor julep, and ordered four grains of blue pill to be taken every night.

As far as regarded the puerperal state, I may mention that she had plenty of milk, and that her lochial discharge was quite fresh. Her pulse was quickened.

She continued in nearly the same state, taking a little wine, with beef tea, yolks of eggs, &c., which she retained on her stomach, until Saturday morning, September 29th, when she appeared to be better altogether; the pupils were natural, the voluntary power in left arm and leg was nearly perfect, sensation in those limbs being unimpaired; the skin was cool and natural; the pulse 80, soft; the nausea had ceased, and the tongue was cleaner; there were, however, some twitchings about the mouth, and some headache. But at 1 p.m. she had another fit, in which I fortunately saw her almost immediately after the seizure. It had come on during her sleep. I found her quite comatose; the pupils much dilated, the right more so than the left, and quite insensible to the light; the left side was again quite paralysed; she had emitted from the mouth some

frothy saliva tinged with blood, having probably bitten her tongue. We gave her a turpentine enema, applied sinapisms to *scrobiculus cordis*, and liquid blisters behind the ears. She came to herself again in about half an hour, her respiration continuing, as it had been during the fit, markedly laborious, and exclusively abdominal, with frequent deep sighings. A specimen of urine passed just before the fit was found to be albuminous. We called in Dr. Grantham, of Burgh, in consultation, who saw her with us at 6 p.m. Looking on the case as a very adynamic one, and the paralytic or convulsive seizures as depending on gastric irritation, he advised quinine with dilute nitric acid and chloric ether, and perseverance with such nourishing and stimulating fluid diet as the stomach would retain; the blue pill to be discontinued.

Sunday morning, September 30th.—Is lying doubled up on left side, with face nearly buried in the pillow; is quite conscious; pupils natural; complains of her head; pulse 100, very weak; retains her nourishment, which she takes in very fair quantity—wine, jellies, eggs, toast, &c.; the bowels have been moved.

Sunday evening.—Is more torpid; lying on her back; in all other respects the same as in the morning; pulse 96, soft, weak, and compressible; tongue cleaner.

Monday morning, October 1st.—Is less torpid; in other respects the same as yesterday. At noon had another fit, with convulsive (epileptic?) movements of *both* arms, the left arm, which had been paralysed, and had only partially recovered voluntary power, jerking more violently than the right. This fit lasted three quarters of an hour, and then gradually went off, the dilated pupils slowly reacquiring their power of obe-

dience to light. When the fit had quite subsided, she seemed better than last night, articulation, however, continuing imperfect for some hours, and complete hemiplegia returning. There being much flatus in colon, I ordered another turpentine injection.

Monday evening.—Is altogether better; the injection has acted well in bringing away flatus; articulation more distinct; pupils natural; is very clear and rational; complains of much pain in back of head on the slightest movement. Had another fit at midnight, with violent movements of paralysed arm. This fit lasted three quarters of an hour, and then ceased, leaving her placid and rational.

Tuesday morning, 2nd.—I was summoned at 4 a.m., another fit having come on. I gave her a dose of morphine, as soon as it went off, thinking to arrest the irritation on its way to the nervous centres. She had another fit at 9 a.m., a slight one, during which she appeared to have some consciousness. She had another fit at 4 p.m., epileptic in character, and then lay perfectly quiet until—

3 a.m., *Wednesday, 3rd*, when another fit came on, which was followed with but little interval by two or three others until 4 o'clock, when they ceased, leaving her quiet and conscious, but returned again at 8, when she had three or four fits in quick succession, decidedly epileptic in character, the twitching of the face being directed to the left side, and the left arm jerking more violently than the right. At 6 that morning we gave her a grain of acetate of morphia, with a drachm and a half of *tinct. fœtid.*, to be taken in three doses, one every hour.

At 10 a.m. I examined a specimen of urine, which

was obtained with great difficulty; it was no longer albuminous, and I hoped that the crisis of the disease had arrived. Fits of an epileptic character began again at 11, and they returned again every hour until 2.30 p.m., the last of them, which I happened to witness, being a very mild one, with twitchings of the muscles of the left side of the face. At 8 p.m., when I called, I found her in a very good state, having had no more fits beyond a few slight twitchings of the mouth and face, without loss of consciousness; these coming on when the bowels were acting, which they had done several times, as the probable effect of a drachm of turpentine with an equal quantity of castor oil taken in the morning. I felt confirmed in the opinion I had formed in the morning, that a critical change for the better was going on. She had eaten well.

Thursday morning, 4th.—Is apparently better, although she had ten fits in the course of the night, the twitchings being limited to the face. She had another dose of turpentine and castor oil. Had many slight fits during this day, but was for the most part conscious during them.

Friday morning, 5th.—Is still better. The fits keep coming, slight ones, consisting chiefly of twitchings or winkings of the eyes. She can move the left leg, but not the arm of that side. Eats well.

Sumat Ol. Tereb., ʒij, ex lacte.

Evening of the same day.—Many slight fits during the day, with twitchings of face, and sometimes of paralysed arm. Is better to-night; can move left leg, but not left arm.

Saturday morning, 6th.—The fits have been much less

frequent, occurring only when flatus is passing, or when a sensation that the bowels are about to act is felt. In other respects there are no bad symptoms; pulse and pupils quite natural; appetite good. *Evening of the same day.*—She has had two or three fits in the course of the day, of the same slight, unreal character as they have been since Wednesday. At 5.30 I happened to be present when a fit came on; she was getting her tea; suddenly her countenance changed; she said she felt a fit coming, but she continued eating a piece of toast; the left side of her face twitched rapidly and severely for a few minutes, without entirely stopping mastication. There were no other convulsive movements. She then finished her tea, as if nothing had occurred. Power is returning to left arm.

Sunday morning, 7th.—No more fits since 5.30 last evening; can move left arm freely. *Monday afternoon, 8th.*—No more fits of any kind; appetite good; pulse natural; pupils natural; is still, however, annoyed with flatulent stomach. *Tuesday, 9th.*—Has had no more fits. She had all this time continued taking the quinine with nitric acid and chloric ether, but on *Wednesday, 10th, 1 p.m.*, I had to report.—Has had no more fits, but is very bilious again; nausea returning, with increased flatulence, very bilious, furred tongue, and other symptoms of returning gastric disturbance. Gave her a dose of blue pill and some doses of bicarbonate of potash, with bitter infusion, &c. She complained much of her head.

To be brief, there was an end of convulsions and of all dangerous symptoms. She continued a long time very weakly, however. At the end of another week, finding great pallor and œdema of tongue, I gave her

chlorate of potass and *tinct. ferri ses.-chlorid.*, which speedily had a beneficial effect on her general state, which was seen as much in the gradual disappearance of her very atrabilious complexion as in the improvement in the œdematous and anæmic condition of the tongue.

Although her milk had left her some weeks, it was not until after the expiration of two months from her confinement that menstruation returned, and when it did she had a return of unpleasant feelings, as if her fits were coming on again. The period lasted about four days, after which she felt pretty well again.

There was certainly no cerebral *mischief* in this case, all the symptoms, formidable and alarming though they appeared, being merely the effect of eccentric intestinal irritation, associated with slight albuminuria, at a time when the puerperal state rendered the nervous system peculiarly susceptible. And yet, in addition to hemiplegia of some persistence, there were immoveably dilated pupils, great torpor, convulsions, unconsciousness, and other formidable appearances; while, in the rapidly fatal case (No. xcvi), a report of which will follow, although there was, it is true, hemiplegia and imperfect coma, the pupils were quite natural, notwithstanding that, on a post-mortem examination, a considerable quantity of effused serum was found in one of the lateral ventricles, besides other cerebral disease. The two cases, studied together, certainly show how little we can rely on symptoms alone in forming a diagnosis in cerebral affections.

GROUP O.

OF CERTAIN MISCELLANEOUS AFFECTIONS OCCURRING
IN THE PUERPERAL STATE.CASE XCVI.—SUDDEN APOPLECTIFORM SEIZURE, RAPIDLY
FATAL; SEROUS EFFUSION IN BRAIN.

The subject of Case xxxiii was confined again on the 4th of June, 1860. Towards the end of her present pregnancy, I was called in, as I was passing her cottage, to see her. She was suffering from aphthæ in the mouth, and was otherwise in a bad state of general health; her complexion remarkably dingy and covered with freckles like splashes of dried clay. She looked as if there was imperfect elimination of urea from the blood. I gave her some doses of chlorate of potash with *tinct. ferri ses.-chlorid.*, and heard no more of her, until I was called upon to attend her in her confinement about a month after. On this occasion she had a remarkably easy, quick labour, complicated, however, with incarceration of placenta, which was easily removed at the end of about ten minutes, by introducing the hand into the uterus. For the first day or two there was a good deal of hæmorrhage; but, on the whole, she went on very satisfactorily, until Friday, June 8th—the fifth day of the lying-in. On that morning she had a cup of tea at about 5 o'clock, and a breakfast at 8, of tea and toast, conversing cheerfully with her nurse and surrounding relatives, and making no complaint of any uneasy feeling whatever. It was, however, only the calm before the

storm, for at 10 o'clock she was suddenly seized with a kind of fit, and I was summoned to her bedside. I found the patient as described in the following report :

June 8th, 11 a.m.—Semi-comatose ; speechless ; pulse 100, calm and soft ; lochia sufficient. I found that, the child having died the day before, the breasts were much distended ; she could move the leg and arm of the left side, frequently rubbing her face with the hand of that side ; but there appeared to be complete loss of voluntary power in the limbs of the right side, the arm being quite rigid, in a semi-flexed position, and the hand tightly clenched ; the jaw, too, was rigid, and could not be opened, although, when sharply roused and requested to put out her tongue, she was able to show some of the tip of it ; but that was done only when I forcibly pressed down the chin. The tongue, so far as I was thus enabled to see it, was clean ; the pupils were both alike, neither contracted nor dilated unduly, and perfectly obedient to the light. There were no convulsive twitchings, and, with the exception of the occasional (voluntary?) movements of the left arm, she lay perfectly still. The respiration was easy and quiet, not stertorous at all. The bowels had been twice moved the day before. There was no urine forthcoming for examination ; but as there was no œdema of the face or ankles, I did not care for that. On the whole, I was induced to flatter myself that the symptoms depended on nothing more serious than one of the protean forms of hysteria, induced by trouble of mind, her two previous children, as well as her present, having survived their birth only a few days, to her great grief. I applied a sinapism to the nape of the neck, and gave her the following medicine to take—

℞ Magnesæ Sulphatis, ʒj;
 Tinct. Valerianæ, ʒss;
 Spiritus Ætheris Nitrici, ʒvj;
 Mist. Camphoræ ad ʒviij. M.
 Sumat coch. ij 3tiis horis.

June 9th, 11 a.m.—Still silent and semi-comatose; had not spoken since the seizure; had taken her medicine, but no food of any kind; the bowels had not been moved; a neighbour's child had sucked the breasts by my order, for I thought it desirable to keep up that secretion, at any rate. There was the same stiffness of right limbs, and the same, apparently voluntary, mobility of left hand and arm; and the same stiffness of jaw as yesterday; there was no distortion of features, neither were there any convulsive twitchings; there was the same condition of the pupils, the same condition of respiration; the pulse 96, calm, full, and soft. As I have just remarked, the bowels had not been moved, but she had passed her urine in the bed abundantly; the skin—as, indeed, it was yesterday—was cool, moist, and natural. I ordered her a dose of castor oil. She had taken the whole of her mixture, and I ordered it to be continued.

Same day, at 6 o'clock p.m.—Had been thrown into an agitation by the act of taking the castor oil, and since then had been very turbulent, tossing her left arm about, and trying to raise herself up in bed. She was now in a profuse warm perspiration, with a quickened, weak, and sinking pulse; her respiration hurried, not stertorous, but sibilant, as if blown forcibly through the teeth. The bowels had not acted. She died at half-past eight that evening, about thirty-five hours from her first seizure.

I was allowed by the husband and friends to examine the head, but nothing further.

Post-mortem inspection, on Monday morning, June 11th (in which I was assisted by Mr. Handsley).—The dingy, dirty, freckled complexion of face was now more striking than during life. On incising the scalp down to the pericranium, there was a considerable escape of gas. There was a patch of extravasation, as large as a crown piece, inside of the scalp, covering the left side of the occiput, and a similar smaller patch in the corresponding situation on the right side. I thought it possible that these were bruises caused by the patient having, during her turbulent movements, knocked the back of her head against a board at the head of her bed. The skull was unusually thin, and very easily sawn through. The brain was much congested on its surface, but its tissue was healthy, with the exception of some small patches of softening outside of the left choroid plexus. The lateral ventricle of that side was empty, but the right lateral ventricle contained a considerable quantity of serum of a slightly bloody tinge. There was no extravasated blood anywhere in the brain. The cerebellum was healthy throughout.

If a sufficient cause of death had not been found in the brain, it would, for several reasons, have been highly desirable to have examined the kidneys, notwithstanding the absence of œdema of the face and ankles; and especially so as it had been impossible to procure a specimen of urine for examination.

CASE XCVII.—INCARCERATION OF LOCHIAL DISCHARGE.

July 29th, 1838.—Primipara, aged 38. This woman had a very narrow pelvis, and was, moreover, very unruly and unmanageable. The child's head was very large and bony. When she had been many hours in labour, the head making no progress, I applied the forceps, but failed with it. I then introduced the perforator, and, breaking up the head, succeeded in the delivery after much difficulty, until I came to the shoulders; they would not follow, so I at last fixed the blunt-hook in one of the armpits, and thus, with very powerful traction, I brought away the body.

The next day, in consequence of the swollen state of the vagina and labia, added to the coagulated condition of the lochia, that discharge was entirely prevented from escaping. The abdomen swelled very much, and the woman perspired excessively; but she had no bad symptoms, the pulse remaining about 90, soft and full, and there were no shiverings. Fomentations were used diligently, both to the abdomen and the vulva—to the latter with warm Goulard lotion—and the bowels were kept open. On putrefaction of the coagula taking place, and the excessive swelling of the soft parts diminishing, there was an abundant discharge of very black and offensive stuff; the abdomen at the same time diminished in size, and the woman had a speedy recovery.

The case given above was clearly one of *traumatism*, and yet there was no puerperal fever. The following case, unimportant in itself, serves at least to show how

a condition in some respects resembling that case may simulate a puerperal fever :

CASE XCVIII.—INCARCERATED LOCHIAL DISCHARGE.

December 18th, 1838.—Multipara ; an easy labour. Calling at the end of thirty-six hours, I found the after-pains excessively severe ; the lochial discharge obstructed by coagula ; pulse 120, full and soft ; skin hot, but moist ; no tenderness of abdomen. Gave a dose of ol. ricini, followed by anodynes and fomentations. The lochial discharge escaped and all went on well.

CASE XCIX.—HYSTERALGIA.

November 30th, 1838.—Multipara ; very easy labour. Was attacked on the third day in the morning quite suddenly, with violent uterine pain, preceded by slight shivering ; skin hot, pulse 120 and small ; slight tenderness on one side of abdomen. A dose of ol. ricini with fomentations removed the more urgent symptoms. The next day she had sweated a little ; no pain ; tenderness as before, slight fever, pulse 115. Applied half a dozen leeches to the tender part. The lochia was slightly obstructed. The next day she was quite well. Burns describes an affection something like this case, under the term *Hysteralgia*.*

* Burns' 'Principles of Midwifery,' 4th edition, p. 408.

CASE C.—SECONDARY HÆMORRHAGE.

December 13th, 1837.—An average labour; multipara. The woman appeared to be doing quite well until the evening of the 28th December, the sixteenth day after delivery, when I received a hasty summons. She was sitting against the kitchen fire, when suddenly she was alarmed by a great gush of blood from the uterus. I found her in bed on my arrival, with the usual symptoms attending profuse hæmorrhage. I stayed with her two hours, during which time I gave her two large doses of acetate of lead and opium, and applied the cold douche. I afterwards sent her the following:

℞ Plumbi Acet., gr. xvj;
 Liquor Opii Sedat., ℥j;
 Acid. Acetic. Fort., ℥j;
 Aquæ Menth. Pip. ad ℥vij. M.
 Sumat coch. ij ampl. tertiis horis.

There was no return of hæmorrhage, and all went on well.

CASE CI.—SECONDARY HÆMORRHAGE.

This case was not so fortunate as the last, as will be seen. There was, indeed, an element of puerperal fever in it, which would probably contribute its share to the fatal issue, and it might, therefore, have appeared in Part I, adding one more case to the long list of varieties of puerperal *fever*. Shall I add that there was also a *traumatism*? For, although the os uteri was fairly

dilatable, yet, as it was nearly closed, some *little* force was of necessity used in passing the hand through it for the purpose of turning.

February 3rd, 1860.—Multipara. Presentation of a hand with vertex. Premature. Labour pains had been going on for twenty-four hours with but little effect on the os uteri, which remained nearly closed, though dilatable. Delivery by turning in the evening; the os uteri readily giving way to the introduction of the hand. Child living. One hour after delivery there was a full reactive pulse, 120.

4th.—She has had a great deal of hæmorrhage; the pulse can scarcely be felt. Expresses herself as feeling in other respects pretty comfortable.

5th.—Pulse 120, small; no abdominal pain or tenderness; abdomen soft, rather tympanitic; is sick occasionally; bowels confined; no appetite. To take half an ounce of castor oil.

6th.—Pulse 125, small; the bowels have been moved, but not sufficiently. There is considerable *malaise*. To take *mist. puerp.*

7th, evening.—Pulse 140, thin and small; feels “sore all over;” there is still *malaise*; cheeks flushed; tongue clean; is frequently sick; bowels have been well moved; lochia and milk sufficient; abdomen soft and full; no pain or tenderness; no appetite. To take quinine in small doses.

8th.—Sixth day of lying-in. A sudden attack of profuse hæmorrhage came on this morning, which was arrested by cold applications, and gallic acid taken internally, with brandy to relieve the faintings. She rallied in the middle of the day, having taken a good

deal of brandy. The hæmorrhage did not return ; but, notwithstanding, collapse came on again, and she died exhausted in the evening.

In the reports of cases given in the preceding pages, I have endeavoured to embody in a form likely to be instructive the whole of my experience of puerperal diseases. In doing that, it will be understood that I have not included the whole of the puerperal diseases I have met with in practice ; several of the groups in which I have arranged the facts detailed containing only *specimen* cases, in selecting which I have, I trust, been guided less by the desire to parade successful results, than by an impartial wish to insert such cases only as would, in my opinion, best illustrate the various suggestions and opinions founded on them. I have, therefore, not hesitated to insert a large proportion of fatal cases. For the suggestions, remarks, or comments, interspersed among the various groups of cases, or made upon individual facts, I claim no merit of originality, that is to say, I care not whether they may, or may not, have been said by others before me ; I claim merely this merit—that the opinions expressed were the offspring of much careful and anxious thought on my part, mostly indeed while I was in actual personal attendance on the several cases, and while I was feeling the full weight of the awful responsibility thrown

upon me. With regard to the *terque quaterque vexata quæstio* of the *treatment* of puerperal fever, it is, I think, obvious that the main doctrine of the present paper altogether precludes the suggestion of any one *ready method* of curing puerperal fevers. For while I have endeavoured to show that nearly all puerperal febrile affections are ONE disease, I have also been anxious to point out that, as I remarked in my opening paragraph, they are not one and *indivisible*; the various manifestations of that one disease requiring varying and shifting methods of treatment. I would submit that the main thing to be borne in mind in these diseases, as indeed in all others, is the distinction between the sthenic and the asthenic varieties of them, a mistake in making this distinction being exceedingly likely to be a fatal one for the patient. I have, therefore, no *cut-and-dry* plan of treatment to suggest; I would, however, venture to urge that the form so frequently prescribed by me under the designation, "*Mistura puerperalis*" (page 38), is an exceedingly valuable one in most of the febrile affections of the puerperal state. To believe with some that *oil of turpentine* will cure all cases of puerperal fever because it relieves the one symptom, tympanitis; or with others,* that *digitalis*

* "M. Serres (d'Alais), membre correspondant, monte à la tribune et présente quelques considérations sur la *fièvre puerpérale*.

"Après avoir décrit les accidents généraux qui sont la conséquence de cet état, M. Serres indique le remède qui lui a souvent réussi et qui consiste dans l'administration, toutes les quatre heures, d'un granule de

will do the same thing, because it diminishes the frequency of the pulse—is not a much more sensible proceeding than that of the farmer who, anxious for a change in the weather, sedulously every morning shakes the barometer.

digitaline. En quarante-huit heures, tout se calme et rentre dans l'ordre.

“Quant à la question thérapeutique, M. Depaul ne voit pas ce que l'on gagne à agir sur la circulation; car si le sang est infecté qu'est-ce que cela fait que le cœur batte plus ou moins vite? Le sang n'en reste pas moins en contact avec tout l'organisme; c'est ce qui a été démontré pour le *veratrum viride* et pour le sulfate de quinine. Sous l'influence de ces substances, on a pu obtenir un ralentissement de la circulation tel, que les pulsations tombaient à 40 par minute. Cela n'empêchait pas les femmes de succomber.”—*Rapport de la Séance de l'Académie Impériale de Médecine, 26 Avril, 1859.*

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