

## MIDWIFERY.

## ACUTE POST-PUERPERAL AFFECTIONS.—CLINICAL REMARKS.

Acute post-puerperal affections exhibit so many peculiar characters of severity, that they imperiously claim the attention of practitioners. There is a patient labouring under a complaint of this kind at present in the *Hôtel Dieu* of Paris, who has afforded to M. Chomel an opportunity of making some interesting remarks, which we shall now submit to our readers. We shall first give the case which elicited them.

A young woman, aged 21, of good constitution, and habitually enjoying good health, was safely delivered at the Maternity Hospital. She voluntarily left it on the ninth day after her confinement, considering herself recovered, with the exception of a dull pain of which she complained in the left flank, or rather in the left iliac fossa. On coming out she was pale, in consequence, it was presumed, of the loss of blood, which, to a considerable extent, she had experienced during parturition. There was nothing the least remarkable throughout her pregnancy, with the exception of a certain unimportant painful sensibility which she had often experienced in the left hypogastric region, a phenomenon which is frequently observed, now on one side, and now on the other, in many women; and which is usually ascribed to a particular inclination of the uterus. This uneasiness disappeared after repose in bed, and still more after her accouchement. On returning home, the patient engaged in her usual domestic occupations, and fatigued herself during the first two days. She then felt the pelvic pain increase, and to such an extent that she was forced to betake herself to bed. Her trouble then getting worse and worse, she was conveyed to the *Hôtel Dieu*, on the 2d of December, the ninth day after she had left the Maternity. At the present time (December 4th) she is in the following condition:—There is extreme general wanness, especially of the face, the lips and conjunctiva of the eye being exsanguined; there is a marked expression of heaviness and indifference in the physiognomy; the skin is very hot; the pulse small and frequent, beating at 146 per minute. The left iliac region presents a general and painful tumefaction; the vaginal cavity is narrowed and furrowed, being encroached upon, especially on the left side, and near the pubis; the os tinæ is small, tightened, and scarcely admits the introduction of the point of a finger; the uterus is enlarged, mounting up to within a few inches of the umbilicus. To the left of the uterus, and in front of it, the bones of the pelvis cannot be distinguished as on the right side; in examining per rectum vel vaginam, a resisting body is felt, formed from a swelling of the softer parts, arising unquestionably from a swelling of the cellular texture of the part, and of the two laminae of the corresponding broad ligament. In other words, there is in this region a post-puerperal phlegmon, accompanied with constitutional symptoms of the severest kind—symptoms which are not entirely dependent upon the phlegmonous affection, since this is not usually accompanied with such alarming phenomena; and which favours the presumption that there is probably present some other condition of which we have no distinct apprehension, but which in this as in many other cases seriously threatens the life of the patient. Is this disorder uterine phlebitis, or some other affections peculiar to women in the puerperal state, and which morbid anatomy does not always exhibit after death? These questions we may perhaps be able to solve by and by. The prognosis is a most serious one. Leeches have several times been applied to the groin of the affected side, general bleeding being inadmissible, on account of the preceding loss of blood, the paleness, and the miserable state of the pulse. Frictions with mercurial ointment have also been employed, and sinapisms to the limbs; but all to no purpose, her general state getting worse and worse. In all probability this patient will sink.

Among puerperal women, continued M. Chomel, maladies are more severe

the sooner they occur after parturition. When, immediately after delivery, or within a few hours after it, you find the woman seized with shivering, a feverish attack, or any acute disorder, you may be sure that she will sink under it. The danger is always as imminent, or very nearly so, when it occurs within two days of delivery; and becomes less so as it recedes from that epoch. In the case now before us the disorder did not commence till after the ninth day, and notwithstanding, it is attended with all the alarming accompaniments that you find in women seized with shiverings and fever immediately after their delivery. This woman had likewise repeated shiverings before her admission. Are these symptoms, then, the consequence of pelvic phlegmon, or of uterine phlebitis, or of still some other condition which produces the distressing symptoms which are present? At present, we cannot determine. Whilst at the same time it must be allowed, that in this case we find, as an exception, the same severity of symptoms at a considerable period after delivery, as in those instances where they appear almost immediately after that event. The great blood-vessels in the cervical region have been examined in this woman with the stethoscope, and no carotid murmur has been found. The day after this report was written, the clerk thought he perceived a murmur in the jugular veins, a circumstance attributed by M. Chomel to the unconscious state of the patient. M. Chomel also observed that the pelvic swelling had diminished, and had become more circumscribed and less projecting, occurrences which, in relation to the advancing progress of the general disorder, lead to a most unfavourable prognosis. According to a general law, external affections speedily fade and disappear so soon as a serious internal disorder appears. Frequent examples of this are seen in cutaneous affections, which more or less disappear when the internal organs are seriously attacked, not because there is a revulsion or driving in of the external disorder, as is popularly believed, for this fading and disappearance does not precede, but succeeds to the internal disorder which has already declared itself; on the other hand, it is clearly owing to the whole organic economy being implicated, and as it were absorbed by the general constitutional disorder. This woman, as was anticipated, died. The autopsy displayed an abscess in the ovary, and various others in the spleen; the ovarian veins were in a state of phlogosis. No lesion was discovered in the liver, lungs, or elsewhere. The large blood-vessels were not minutely or extensively traced.

One of the diseases, remarked M. Chomel, peculiar to women recently delivered, and which we are often called to treat in the hospital, is that species of metritis which we have designated *Post-puerperal*. Many women who are confined at the Maternity, leave it, like the woman whose case we have been considering, at the end of nine days; others on the seventh day, the fifth, or even sooner. They are allowed thus early to leave the institution, partly because the regulations give no power to the directors to prevent them, and sometimes because it is deemed less dangerous to allow them to go, than for a longer time to expose them to the ravages which, at different times, epidemics are producing. Thus relieved from restraint, they resume their ordinary domestic avocations, or their more serious employments: they walk about, stand, and fatigue themselves, and at the end of a few days are compelled to take to their beds again, and to return to the hospital, where they are forced to remain for six weeks, two months, or more, under treatment. They are thus laid aside from their usual occupations much longer than if they had had the patience to remain a few days more in bed after parturition. The same accidents happen to those who are brought to bed in the town, whether at the establishments of *sage-femmes*, or in their own dwellings, and who are precipitate in considering themselves too soon well. The consequence is, that these women are attacked with post-*puerperal* metritis. The uterus instead of continuing to contract, diminish, and sink into the pelvis, remains upon the level of the superior brim, and even increases in size, and becomes painful, as we find in a patient now in *L'Hôtel-Dieu*. This state is accompanied with pains of the loins and haunches, sometimes with leucorrhœal discharges, swelling of the hypogastrium, and inability to exert. Fever is very seldom present. A cure is generally ac-

complished in this complaint by repose, and antiphlogistic remedies. It is *cæteris paribus* slight, in the ratio of its late appearance after delivery.

The post-*puerperal* metritis to which M. Chomel has thus directed attention, is very frequently seen both in the hospital and private practice of Paris. In the town, the patients have sometimes an interest in concealing the cause of the complaint; and we might be mistaken regarding it, if we were not aware that in Paris there are women who, not till the commencement of labour, betake themselves to their *sage-femme*, get relieved of their load, and immediately afterwards return home, where they sleep, and rise next day, to resume their usual employments, so avoiding the suspicion of those with whom they are holding daily intercourse. No wonder, then, that uterine hemorrhage, metritis, prolapsus, phlebitis, pelvic abscess, &c., are the necessary consequences. M. Rayer has recently originated a practical question of much importance in connection with one of his patients labouring under post-*puerperal* metritis, whom he treated in *La Charité*. He wished to investigate if the science possessed positive data regarding the proportional daily decrease of the uterus after confinement. The doctor's patient, several days after delivery, had the fundus of the uterus very nearly as high as the umbilicus, and the question was: How far such a development was within the normal limits? and if the consecutive decrease of this organ, which was daily noticed at *La Charité* by exact measurements taken by M. Rayer himself, was greater or less than that which happened in ordinary circumstances of health? Many notes are found in works on midwifery upon the increasing dimensions of the uterus at the different epochs of congestion, but none upon the daily decreasing dimensions after delivery. A work on this subject would be of the greatest benefit in many instances. We examined Dr W. Hunter's splendid plates, without finding any allusion to the point, and have failed as much in other quarters. We trust that the want we complain of will not long continue.—*Annales de Thérapeutique*, January 1845.

#### ANOMALOUS CASE OF EXTRA-UTERINE PREGNANCY. BY M. GROSSI.

A woman, aged thirty, of robust constitution and sanguineous temperament, had been married for nine years, but had no children. The catamenia had appeared regularly till October 1842, when they ceased; she had then nausea, vomiting, irregular appetite, and all the other rational signs of pregnancy, her general health, however, remaining good. On the 10th February she was examined by M. Grossi, who found the os uteri very high, and its lips exhibiting none of the softness it usually does during pregnancy. The movements of the fœtus were quite perceptible on applying the hand to the abdomen, but he could discover no *ballotement*. He again examined in the beginning of July; the os uteri was very high, and could not be reached with the finger; the movements of the fœtus were strong, and milk oozed from the mammæ, which were enlarged. The general health was still good. Fourteen months having now elapsed since the first suppression of the menses, and as matters continued much in the same state, it occurred to M. Grossi that the case must be one of extra-uterine pregnancy. In consequence of this idea, he called in two of his colleagues, and a more minute examination was instituted. The uterus had by this time become somewhat lower, and diminished in size. On measuring the abdomen, its circumference was found to be four feet three lines, while its length from the pit of the stomach to the symphyses pubis was two feet three inches. On internal examination, the cervix uteri was found swollen and hard at its extremity, and of the size of a small hen's egg; its length was the same as is usual in the pregnant state, and instead of being inclined backwards, it lay in the centre of the pelvis. The uterus was found empty in the right side, and full in the left; on raising it with the finger, it was light, no *ballotement* could be discovered; the movements of the fœtus were strong enough to raise the hand, and even the head, when applied to the abdomen for the purpose of auscultation.

On consultation a unanimous opinion was come to, that the case was one of abdominal extra-uterine pregnancy. Had it been tubular or ovarian, it is certain that abortion or death of the fœtus would have occurred about the seventh

month, in consequence of one or other of these parts being only capable of a moderate degree of development. It was also agreed that nothing should be done, but to leave the case to nature, and assist in the course she might indicate. The woman, moreover, continued to enjoy good health, and no change occurred till the 9th July 1844, when she was seized with abundant hemorrhage and slight pain of the left side. According to her own account, the movements of the foetus had ceased for a month, and the abdomen had somewhat diminished in size. (A small bleeding was ordered, with rest, low diet, and lemonade for drink). The symptoms soon disappeared, and she regained her usual state.

M. Grossi visited her again on the 4th September. He found the circumference of the abdomen had diminished by half a foot, and the distance between the epigastrium and pubis by two inches. The cervix still remained in the centre of the pelvis, and as regarded size appeared similar to that of a woman who had never borne children. The body of the uterus was empty, light, and moveable. The body of the foetus was found hard and resisting in the region of the colon and spleen, but no movement had been felt for a month. She has again menstruated regularly for the last three months, but less abundantly than before. For some months previous to the cessation of the foetal motions, they had assumed a periodic character, and were only felt every three or four days.

A recent letter from M. Grossi states, that at this date (28th August 1845) the woman continues much in the same state.

Cases somewhat analogous to the above have been described by authors; but there is one remarkable circumstance which, if authentic, distinguishes it from any case hitherto published, and that is, the length of time during which the child continued to live. If the statement of the woman be correct, the movements of the foetus did not cease till *twenty-three months* after the first suppression of the menses, and up till that time they continued strong and frequent! This is a feature in the case which strongly recommends it to the attention of Medical Jurists; for it is rare indeed that, in cases of extra-urine pregnancy, the foetus lives to the normal term of nine months.

There is one other point to which we beg attention, as a model to be pursued, and that is, the course followed by the medical man in charge of the case. As the event has proved, temporising was the best course to follow; it was, indeed, the only prudent one, for before attempting to assist in the extraction of the foetus, it was at least necessary to wait and follow the course nature might indicate for its expulsion.—*Gazetta Medica di Milano*, as quoted in *Gazette Medicale*, 17th January 1846.

#### INTRA-UTERINE PERFORATION OF THE PLACENTA. BY THOMAS TAYLOR, ESQ.

I was called yesterday morning at four o'clock to attend a young married woman in labour of her first child. The membranes had ruptured at four o'clock of the previous morning, but she suffered no pain until two hours before I saw her. On entering the room, I found her pains strong and effective; and on making an examination, I found a footling case with the breech in the pelvis. The pains becoming strong and expulsive, without a corresponding advance of the child, I brought down the presenting right foot, but was unable at that time to reach the other, the leg being in a position parallel with the body of the infant. The breech having been protruded, I again attempted to deliver the left leg, but on passing up my finger for that purpose, I found apparently a strong ligament, very tense, attached immediately below the knee, and which kept the limb in the position it was in, and incapable of being delivered; the arms, however, were easily brought down, and in a few minutes delivery took place, and with it the placenta: the child was still-born. On examination the placenta, which was lying on the chest of the infant, was discovered to be pierced by the right arm and left leg, the part round the leg being so firmly bound round it as to have destroyed the skin and cellular membrane by absorption; the calf of the leg was much swollen by the pressure during labour. There was no hemorrhage; on the contrary, the discharge was less than usual. The child

was small, and about three weeks before its time. The mother is doing well.—*Provincial Medical and Surgical Journal*, 7th January 1846.

## HYGIENE.

### EFFECT OF THE MILDNESS OF THE SEASON UPON THE PUBLIC HEALTH.

THE Quarterly Returns of the State of the Public Health, published by the Registrar-General, show an extraordinary diminution in the average amount of the mortality for the last quarter. From these returns it appears, that the mortality has been below the calculated number in the December quarter, during the last five years; but in the corresponding quarter of last year, (1845,) this difference is nearly double that in any previous year. The actual mortality for this quarter amounted to 31,178, the calculated mortality to 45,647, so that the number of deaths was less by 6,469, or nearly one-seventh, than the estimate.

This favourable condition is attributed in part to the mildness of the season. It is an interesting subject for inquiry—To what extent the greater or less severity of season acts on the public health generally? The Registrar-General's report says, that a fall of the mean temperature of the air from forty-five degrees to four or five degrees below the freezing point, destroys from three hundred to five hundred lives in the metropolis alone, and that it produces the same results on a larger scale all over the country. We are not, however, authorised to infer, that the public health benefits by mildness of season to an extent corresponding with the diminished mortality, nor indeed that the actual amount of sickness is at all lessened. Low degrees of temperature, and severe weather generally, may have a very prejudicial effect upon the delicate, the infirm, the aged, and those whose state of health is generally impaired, while the robust and the healthy may, on the other hand, derive additional strength from the stimulus of cold, and the active exercise which they commonly undergo in such circumstances.

The relaxing effects of undue mildness of season will in all probability also be felt by all; and although the mortality is for the time greatly lessened in amount, there may be, notwithstanding, a greater prevalence of sickness, and the constitutional state even of the healthy may be so far impaired as to render them more liable to the future attacks of disease.—*Provincial Medical and Surgical Journal*, January 1846.

### POTATO FAILURE—THE QUESTION OF FAMINE AND FEVER.

What is the impending fate of the labouring population of Ireland? Hear what Dr Corrigan says on the subject.

“The people of Ireland are peculiarly liable to become the victims of pestilence. The effect of a competition among a population with little employment has been to reduce their wages to the lowest sum on which life can be supported. Potatoes have hence become their staple food. If this crop be unproductive, the earnings of the labouring class are then quite insufficient to purchase the necessary quantity of any other food. Corn is altogether out of reach of their means, and thus, with an abundance of it around them, so great as to admit of exportation, they *starve* in the midst of plenty, as literally as if dungeon bars separated them from a granary. When distress has been at its height, and our poor have been dying of starvation in the streets, our corn has been going to a foreign market. It is, to our own poor, a forbidden fruit.

“The potato has, I believe, been a curse to our country. It has reduced the wages of the labourers to the very smallest pittance; and when a bad crop occurs, there is no descent for them in the scale of food: the next step is starvation.” P. 22.

It is the opinion of Dr Corrigan that famine is always followed by pestilence.