

Original Communications.

A SUDDENLY FATAL CASE AFTER LABOUR.

By T. L. PRIDHAM, Esq., Bideford.

ON October 2nd, I was called to attend E. T., of florid complexion, aged 24. She was in labour for her first child, which was illegitimate. Her pains had been entirely confined to the abdomen from the commencement of her labour, and were described as "very cutting." She had been in labour about ten hours; it was about midnight when I first saw the patient. She had great apprehensions as to the safety of her delivery, more particularly as her mother had always severe times, accompanied, as she said, with convulsions. I had not been in the room more than a quarter of an hour before a pain came on in the lower part of the abdomen, which was quickly followed by the first convulsion, which lasted about a quarter of an hour, passing off with foaming at the mouth; and during the convulsion her tongue had been severely bitten. The pulse was then at 120 in a minute, free and bounding. The pupils were much dilated. Before I had time to tie up the arm, in order to bleed my patient, another pain came on, which was immediately followed by a convulsion not less severe than the first, though not of so long duration. Thirty-five ounces of blood quickly flowed, by which a decided impression was made on the system, as the pulse fell considerably, and she became faint and pale. Her bowels had acted freely during the day, and she had passed her urine just before I arrived. I lost no time in examining the stage of the labour, and found the head presenting above the brim of the pelvis, the os uteri three parts dilated, and the membranes entire. I at once ruptured the membranes, and proceeded to turn the child; but in the attempt I encountered an almost insurmountable barrier in consequence of the irregular action of the muscles of the uterus, which, about its centre, embraced the body of the child so firmly that I was obliged gradually, and with much difficulty, to introduce my fingers, and lastly my hand between the child and the band I have already described, to reach the upper chamber, as it were, of the uterus, in order to get hold of a foot, the contraction still acting most powerfully on my arm. The convulsions, which now occurred about every twenty minutes, had become less severe and of shorter duration since the abstraction of blood. They were still preceded by pains in the abdomen, during which time I, of course, relaxed in my efforts to turn. I should here remark, that perfect consciousness did not return after the first convulsion; although, when the patient was addressed by me in a very decided manner, she would give a confused answer to the question put.

I was much struck with the remarkable expression of the countenance of the patient whilst in pain, which gave, instead of the evidence of suffering, a kind of idiotic smile. My efforts to turn and deliver were fruitless, as the contraction still continued as firm as ever; the convulsions, however, gradually subsided, and by three in the morning had quite left her, as well as the abdominal pain. At this time, I made another effort to turn, and got down both feet; but the evolution of the child could not be effected, as the irregular action of the muscles of the uterus had not given way, and the body of the child remained perfectly fixed in its original position.

I now gave a full dose of laudanum, hoping that its effect would act beneficially in relaxing the unnatural contraction of the muscles of the uterus, which the bleeding had failed to do; and having, with difficulty, replaced the feet in the upper chamber of the uterus, I

waited for two hours, during which the patient had some sleep, which was interrupted by occasional slight pains.

At this juncture, feeling my apprehensions increasing as regarded the safety of my patient, I requested the assistance and advice of Dr. Felce, a medical friend who happened to be in the neighbourhood. Having made a careful examination, he was of opinion that all efforts at turning would be fruitless. Under existing circumstances, it was deemed advisable to repeat the dose of laudanum, and wait. Up to this time, the pulse was favourable, and the patient had taken nourishment there were short intervals of sleep. It now became evident that pains in the back existed, as she called for support in that direction; this gave us great hopes that all would end well.

Three hours afterwards, I made another examination being resolved, as the powers began to fail, to deliver by some means or other; and, to my great satisfaction, I found that the head had descended into the hollow of the sacrum. As the efforts were becoming very feeble, I at once delivered by means of the forceps, under the influence of chloroform. It was evident that the child had been dead some days. The uterus contracted well and no hemorrhage followed; she took in food; and her consciousness in a great measure returned; and so far we were thankful to feel that our anxieties in a great measure were over.

Shortly after her delivery, a sudden change appeared to come over her countenance; and, without further warning, life was quickly extinct. I should state that the blood taken from the arm was greatly buffed and cupped.

It is worthy of notice, that the state of the atmosphere during the time of labour was most oppressive, and lightning and thunder occurred at intervals during the night. I allude to these circumstances, as men of note such as Denman and Smellie, have spoken of the probable influence of a great amount of electric fluid in the atmosphere in attacks of puerperal convulsions; and again, Ramsbotham, in his able work on *Obstetric Medicine and Surgery*, says, in speaking of the remote causes of convulsions in childbirth (page 451), that, amongst other causes, he attributes those of the death of the child and the depressing passions; but the most frequent is some deranged state of the uterus itself—probably, the nervous system—and consists in some irritation propagated from that organ to the brain. I should mention that the poor woman had become greatly dejected by being informed that the father of her child was a married man, to whom she was to have been united on the very day this unexpected circumstance was communicated to her. It is most probable that all the combined circumstances which I have related acted on the sensorium, resulting in the fearful convulsions which so often are the forerunner of death in childbirth, as there was no paralysis or evidence of lesion of the brain whatever. I can only regret that it was not in my power to procure a *post mortem* examination, in order to prove that puerperal convulsions may be produced from exciting causes remote from the brain.

PUBLIC HEALTH IN THE CITY OF CANTERBURY DURING THE YEAR 1861.

By GEORGE RIGDEN, Esq., Surgeon to the Canterbury Dispensary.

As I have already described the geology, drainage, water supply, and other local peculiarities of this city, in the *Journal of Public Health* for July 1856, with other observations upon these subjects; as well as on the general sanitary state of the city for several preceding years, in the *BRITISH MEDICAL JOURNAL* for August