

treatment. She, however, complained of considerable tenderness and occasional pain in the region of the left ovary, and in this situation was observed the cicatrix of a recently closed ulcer; the girl stated that at intervals of a few weeks there was a profuse discharge of matter from this spot, and that a surgeon who had examined her some months previously had told her that the wound communicated with the uterus. While under our observation, however, the cicatrix remained firmly closed, and the amenorrhoea being the only apparent deviation from health, excepting the occasional passage of lumbrici, she was made an out-patient on the 30th July, and in a few weeks discontinued her attendance. It appears that shortly after this time she became subject to convulsive attacks, at first only slight, but afterwards increasing in severity, and putting on an epileptic character; these occurred usually about twice a-week; at times she soon recovered from their effect, but at others they left behind a degree of weakness in the left arm, and for a few hours an almost complete aphonia. There was still no appearance of menstruation, and October 14th, 1854, she was readmitted. She was now suffering from loss of power in the left leg and arm; she could not stand without support, and the leg was dragged after the body in walking. She could move the arm slightly, but not to any useful purpose; she still complained of uneasiness in the region of the left ovary, where there was a slight degree of fullness observed. While in the hospital she continued to have occasional attacks of convulsions, but they were not severe, and it was noticed that the left side of the body remained motionless. After one of these attacks she completely lost her voice, and this state continued for some days. During the whole of her illness she has never had any pain or uneasiness in the head, and the facial muscles have not been paralysed in the slightest degree; neither have the muscles of the affected limbs, although flaccid and relaxed, suffered materially in their nutrition: these facts, taken in connexion with the deranged state of the uterine functions led to the opinion that the hemiplegia was not the result of any organic cerebral disease, but rather a form, and a somewhat uncommon form, of that protean malady, hysteria.

She was accordingly treated on this supposition with tonics, as quinine, zinc, etc., with good diet, and for some days seemed to improve; she then passed a lumbricus, and a brisk purgative was given, which brought away two or three more, but was followed by an aggravation of the paralytic symptoms; she had now complete hemiplegia of the left side, with greatly diminished sensibility of the limbs, aphonia, and refused to swallow any nourishment. Strong beef-tea was administered in small quantities by the rectum, and in a few days she again began to take food by the mouth. The tonic remedies were resumed, but the right side of the body now began to be affected with loss of power and diminished sensibility. This increased till she was unable to feed herself, or to move in bed, and she lay thus for some weeks, taking but little notice of what was passing around her. During this time the muscles of the face and tongue were under perfect command of the will; the pulse, though feeble, was regular, and not above 90, and there was no degree of fever. Urine limpid, and passed occasionally in large quantity, and the appetite remained pretty good. For more than a month this state continued, then she appeared gradually to improve; she regained, in some degree, the power of moving the right arm and leg, and in January was put upon full doses of the carbonate of iron, with the use of galvanism, daily to the affected limbs; the improvement was from this time progressive, and she was discharged March 31st, 1855, able to walk about the ward with ease. She was sent into the country for change of air, and I have since learnt that she has much improved in her general health, though there is still some degree of weakness of the left arm and leg, and the catamenia have not yet appeared.

St. Mary's Hospital. ALBUMINURIA OF PREGNANCY, AND ITS RELATION TO POST PARTUM HÆMORRHAGE.

Under the care of Dr. TYLER SMITH.

[Reported by H. Vernon, M.D., Resident Accoucheur.]

CASES of this kind are important, inasmuch as they are frequently met with in practice, and if detected early, are sometimes amenable to treatment; while, if allowed to run their course unchecked, they produce some of the gravest complications of the puerperal state.

CASE I. E. F., a single woman, presented herself at St. Mary's Hospital, as an out-patient, on the 22nd of October, complaining of difficulty of breathing, obstructed menstruation, and swelling of the legs. She had not menstruated for five months, but upon being questioned denied the existence of pregnancy. On examination, however, the gravid uterus could be felt as high as midway between the pubis and umbilicus, through the parietes of the abdomen, which were thin and flaccid, the mammary areola was dark and distinct, the placental bruit could be heard loudly at the left fundus, and the rapid pulsations of the fetal heart were distinctly audible. The urine, on being tested became semi-solid under the influence of heat and nitric acid. The nature of the case being evident and urgent, she was at once admitted as an in-patient.

The general condition was that of febrile excitement, the pulse rapid and hard, the skin hot and dry, and the tongue glazed and of a vivid red colour. She complained much of headache and insomnia. The bowels had been for some days constipated, and the urine, in addition to its albuminous character, was very scanty, of high specific gravity (1020), strongly acid, and loaded with urates. The urine was examined by the microscope, but no indications of any organic renal disease were found. The feet and legs were largely œdematous, as high as the knee, the following being the measurement taken at the time. Round the calf the girth was fifteen inches, the ankle eleven inches, and the foot, over the instep, ten inches. During the first twenty-four hours after her admission she passed, by measurement, ten ounces of urine only, the specific gravity being as high as 1032. She was, in the first instance, purged freely by the compound jalap powder, and began to take the following mixture on the 23rd of October:—

R Potass. acet. ʒij; ol. juniperi mxx; spir. æth. nit. ʒiij; infusi scoparii ad ʒxii. M. Cap. ʒiiss ter die.

The bowels were so obstinate that she required drachm doses of the compound jalap powder every night to produce anything like free evacuations. A good deal of fluid was in this way obtained from the bowels, but the kidneys continued to secrete very scantily, and the quantity of albumen did not diminish.

October 25th. The pulse continuing hard and frequent, and there being pain and weight in the lumbar region, four ounces of blood were taken by cupping. She was also ordered a warm bath at night, with a view to its diaphoretic effect. The cupping relieved the pain in a marked degree, and the urine now increased to a pint in the twenty-four hours, the fluid evacuations from the bowels being also considerable.

October 28th. The bowels more readily obeyed the action of the purgatives, and the dose of compound jalap powder was diminished to half a drachm.

October 29th. The lumbar pain having returned, she was again cupped to four ounces, and six minims of the tincture of digitalis were added to each dose of the diuretic mixture.

October 31st. Specific gravity of the urine 1008, and considerably increased in quantity; it was pale, and but faintly acid. The albumen had very much diminished in quantity, and the general febrile condition had considerably abated. The amount of water passed in twenty-four hours now reached thirty ounces.

November 4th. The state of matters at this time was, that the condition of the urine continued to improve, and had increased in quantity to forty ounces. The albumen had so much disappeared, that heat and nitric acid now only produced cloudiness. She continued, however, feverish, and the skin refusing to act, she was ordered a vapour bath every night.

November 6th. The vapour bath had caused profuse diaphoresis, and the condition of the patient had every way improved, but she was extremely feeble. The legs had, since her admission, slowly diminished in size, the calf measuring, at this date, twelve and a-half inches, the ankle ten, and the instep nine and a-quarter in circumference, a reduction of two and a-half inches in the calf, and one inch in the ankle and instep. Five drops of the acetate of iron were now added to each dose of the mixture.

November 9th. The patient was not quite so well. There was more headache and heat of skin; the specific gravity of the urine had risen, and the quantity of albumen was somewhat larger. The iron, which had been given with a view to remedy the strong tendency to anæmia, which marks this disorder, was omitted, and she now took a mixture composed of acetate of potash in scruple doses, with tincture of squills and digitalis, in water, the kidneys having become so habituated to the former diuretic, that it seemed to lose its effect, as is common with this as well as other classes of medicine.

Nov. 11th. The albumen had entirely disappeared; the urine being without any kind of deposit. The patient was comfortable, free from pain or febrile action; the secretion of urine abundant; the action of the skin natural; the bowels regular; and, in fact, nothing remains but anæmic debility and slight œdema of the feet, just above the toes. Her appetite is now good, and pregnancy is progressing favourably.

A case similar to the above in every essential respect, occurred in a maternity patient in the course of last year.

CASE II. M. A. S., aged 28, married, a maternity patient, applied at the hospital during the month of August in the present year, for attendance, under the following circumstances. She was within a fortnight of her full time, and had for upwards of six weeks suffered from anasarca of the lower limbs; latterly, the tension had become so distressing, and such great puffiness of the face, and more especially the eyelids, had appeared, that she became alarmed, and applied to Dr. Tyler Smith for advice.

Upon examining the urine of this patient, it was found intensely albuminous, and somewhat scanty; but, when examined by the microscope, there were no casts of the tubuli uriniferi present, or any other indications of organic disease. By far the most striking phenomena of the case were the manifest indications of serious constitutional damage caused by the long drain of albumen from the blood. The patient was of a greenish pale complexion; the lips and conjunctivæ were blanched; progression had become almost impossible; her pulse was rapid, and abnormally compressible; and there was an anæmic murmur, not only in the heart, but in the vessels of the neck.

Recourse was had immediately to as active treatment as the advanced pregnancy would admit of. This consisted of purging by compound jalap powder, and a diuretic mixture containing acetate of potash, oil of juniper, and infusion of broom. Labour came on, however, about ten days after she was first seen; and though the puffiness of the face had somewhat diminished, and the legs were rather softer, it could not be said that any very material benefit had accrued to the patient from treatment in the short time which had elapsed. The case was a primiparous one, and unfortunately the untoward tendencies arising out of the previous albuminuria were given a still further sinister importance to by a pelvic malformation, which consisted of diminution of the antero-posterior diameter of the brim and flatness of the sacrum. Labour had not set in many hours before it was evident that not only were the soft parts of the maternal passages œdematous, but the cervix

uteri itself was undilatable from serous infiltration. The os uteri readily pitted under the pressure of the finger. The general debility, too, was so great that uterine action was feeble and irregular; and altogether there was a prospect of a tedious, if not of a dangerous case.

It is unnecessary to dwell upon the progress of the labour, further than to say that the first stage lasted forty-eight, and the second twenty-four hours. The only head symptoms present during this time consisted of slight delirium during the last half-hour of the labour. No convulsive action was at any time present. The immediate sequæ of parturition consisted of insufficient contraction of the uterus, and profuse flooding, which was not checked until syncope had occurred. The amount of blood lost it would be difficult to estimate, but it was sufficient to jeopardise the patient's life. The hæmorrhage was restrained by dashing iced water upon the vulva and abdomen, and by giving iced water acidulated with sulphuric acid internally. A full dose of ergot was also administered immediately upon the expulsion of the child. For the first twenty-four hours after the labour, she rallied, and went on pretty well; but about that time a gradual oozing of blood took place, which continued for several days, in spite of every remedy that could be devised. All the symptoms of reaction after great losses of blood, so graphically described by Dr. Marshall Hall, became developed to a remarkable extent. There was extreme rapidity of the pulse, jactitation, yawning; insomnia, except under the influence of opium; great heat of skin; cerebral excitement; intolerance of noise and light; besides the subjective sensations of crashing noises in the ears, and flashes and muscæ volitantes before the eyes. Immediately after labour, the anasarca began to disappear, and the albumen in the urine diminished; so that no traces of infiltration remained at the end of a week from the time of delivery.

The treatment consisted of wine and brandy in full and frequent doses; ammonia and opium, and various astringents, such as the acetate of lead, iron alum, gallic acid, and sulphuric acid. For the first week, half a bottle of port wine and eight ounces of brandy was the daily allowance; while of ammonia, five grains, four or five times a day, were given; and of opium, four or five grains in the twenty-four hours. Large quantities of soup and beef-tea were also taken.

When the more urgent necessities of the case had been met by stimulants, steel was resorted to, with a view to restoring the quality of the blood. It was given in the form of the potassio-tartrate of iron, and in doses of ten grains three times a day; but the system seemed to be inadequate to its assimilation; and, although some benefit was undoubtedly obtained from it, she nevertheless, even after two months, was still anæmic in the extreme. At the present time, after a sustained diet and regimen, consisting of various preparations of steel, bark, and a large quantity of animal food, she still presents the appearance of a woman suffering from chlorosis. The blood has received a severe injury, from which it will probably be some years in recovering.

CASE III. A. L., a primiparous woman, in the last month of pregnancy, had for upwards of two months been passing little urine, and had suffered from œdematous swelling of the feet and hands, which gradually extended so as to become general dropsy. Dr. Tyler Smith first saw her on May 27th, 1855, at eleven o'clock at night. At this time she was complaining of violent abdominal pain, occasionally screaming with great violence. The surface of the body was of ghastly paleness, the lips scarcely distinguishable in colour from the rest of the face; and the pulse 140. She had suffered greatly from headache, and had been for several weeks so feeble as to be unable to leave her bed. The character of the pain roused the suspicion that labour might be coming on; and, upon examination, the os uteri was found dilated to a considerable extent, and the head presenting. The vulva was enormously swollen from dropsy; and the whole of the vagina and os uteri was tumid, and so intensely painful that the examination could

only be made with difficulty. A little urine was drawn from the bladder by catheter, and found to be intensely albuminous. Labour proceeded with tolerable rapidity, and at 1 P.M. she was delivered of a healthy living child. The placenta came away soon after the birth, and with it a gush of blood, which caused syncope. The uterus refused to contract under the influence of any stimulus; a slow oozing of blood continued; and she never spoke after the expulsion of the child, but died at 2 A.M.

In speaking of this case to the midwifery class, Dr. Smith mentioned that he had been called to another case a short time previously, in which a woman suffering from albuminuria and dropsy, went with labour, and nearly died of alarming hæmorrhage after delivery, without any symptoms of convulsions.

The first case offers some points of interest as regards the curability of certain cases of albuminuria and pregnancy, and the cause of this affection. Some writers, especially Dr. Litzmann, maintain that the renal disorder cannot be relieved before labour has occurred. With reference to the cause of albuminuria in pregnancy, it has been referred to a depraved state of the blood occurring in pregnancy, the renal affection being a secondary condition; and to pressure exerted on the kidney and its vessels by the gravid uterus, especially in primipara. The first view is that entertained by Professor Simpson; the second has been insisted upon by Dr. Cormack. In the case of E. T., and in others of a similar kind, occurring in the middle part of pregnancy, the disorder can scarcely be referred to pressure. The uterus in her case was not of large size: the muscles of the abdomen were very relaxed: in fact, there was no sign whatever of abdominal tension. Dr. Tyler Smith's own opinion is that, in many cases of albuminuria in pregnancy, the congestion of the kidney which produces the disorder is caused by uterine sympathetic irritation; the uterus irritating the kidney in these cases in the same way that it irritates the mamma, stomach, salivary glands, thyroid, etc., in other cases.

Great attention has been paid to the connexion between albuminuria and convulsions, but very little notice has been taken of uterine hæmorrhage in albuminuria. The two last cases are remarkable, as showing no tendency to convulsions, but as accompanied by marked inertia of the uterus after delivery. It is not difficult to understand that, in the poisoning of the blood and nervous system, which obtains in albuminuria, from the retention of urea in the circulation, and the loss of albumen, the nervous and muscular actions upon which the contraction of the uterus depends may be seriously impaired. The tendency to uterine inertia being recognised, practitioners can be on their guard against flooding as well as convulsions in these cases.

St. George's Hospital.

COMPOUND FRACTURE OF THE SKULL.

Communicated by GEORGE POLLOCK, Esq.

[Continued from page 1006.]

A MAN, aged 43 years, was admitted into the hospital on the 19th October 1854, under the care of Mr. Tatum, with a lacerated wound about an inch and a half in length over the anterior part of the left parietal bone. At the bottom of this wound a ridge of bone was readily felt, elevated about half an inch above the surface of the adjacent and surrounding fractured portions. The injury was occasioned by a blow from a piece of iron. The man was reported to have been insensible for half an hour after the accident; but subsequently recovered perfectly from the state of concussion. He then walked to the house of a medical man, then to a railway station (fifteen miles from town), came to London by the next train, and after this walked between two and three miles in town before arriving at the hospital. He did not recollect the blow upon the head;

but was perfectly collected in all other respects. He said he had lost a large quantity of blood; but all hæmorrhage had ceased before his admission.

Mr. Tatum exposed the fractured surface by an incision through the scalp, when some hæmorrhage was observed—blood making its escape from between the edges of the fractured bone. A small trephine was now applied; and on the outer table being cut through, it separated from the inner one; and now the inner one was found to be more extensively fractured than the external table. The depressed fragment of the inner table could not be raised without a second portion of bone being removed by the trephine. This was done at a lower angle of the fracture, and a circular piece of the whole thickness of the skull was taken away. The depressed portions were then readily elevated, and some removed. One piece was marked by the groove of the meningeal artery, and this vessel itself was observed bleeding, though it soon stopped. There was not much blood under the skull, but the dura mater was perceptibly separated from the bone near this portion of the artery. The man was quite sensible throughout the time of the operation.

Oct. 20th. There has been very slight oozing from the wound. In other respects, he appears in a satisfactory condition, with no symptoms of discomfort or distress. Tongue clean; pulse quiet. Fever diet.

Oct. 23rd. He continued improving till to-day. His manner is now rather more oppressed, and he complains of severe pain in the head. He vomited last evening, and this morning was attacked with a rigor. Pulse quiet and soft; tongue clean. The wound looking healthy.

9 P.M. The pain in the head continuing, he was ordered two grains of calomel every four hours.

Oct. 24th. Some puffiness to be observed over the left temple; the headache gone; and there appear no other active symptoms. The calomel to be omitted.

Oct. 26th. He has slept rather badly. Pulse 80, weak. Complaints of pain over the eyebrow and back of the head. The wound does not look quite healthy, and the discharge rather foul. He was ordered beef-tea and a small quantity of wine.

Oct. 28th. There is an erysipelatous blush over the forehead and scalp, accompanied with some œdema. Bowels not being open, he was ordered a dose of calomel and castor oil.

Oct. 29th. Last night the œdema having increased, some punctures were made in the scalp. He slept badly. Pulse 68, weak. He appears rather low, and speaks somewhat confusedly. There is much œdema at the back of the head. More incisions were requisite, and were made. He was ordered to take six ounces of red wine.

Oct. 30th. He appeared in all respects better. The wine was increased to ten ounces.

Subsequent to this date, he continued progressively improving, the wound healing satisfactorily, and no unfavourable symptoms showing themselves. He left the hospital quite recovered in the middle of December.

I have to thank Mr. Tatum for permission to publish this case.

The above case, with the case of White, which was published last week in this Journal, appear to me to possess many points of interest worthy of observation. On a careful perusal of their progress and treatment, it will be noticed that, notwithstanding their differences in age, the difference in the amount of the forces which occasioned the fractures, and the perceptible difference in the amount of concussion, the plan of treatment considered necessary for the one was also equally requisite for the other, although the conditions which indicated this, differed very materially in these two cases; and as the results in both were most favourable, their record will not have been the less interesting or less instructive.

The extensive amount of injury to the skull in the case of White, the difficulty in replacing into their natural