SEVERE NEURALGIA.

A lady, aged 34, tall and well formed, the mother of three children, was delivered at the seventh month of a female child, which died at the end of six days, after several convulsive paroxysms. The child weighed at birth only one pound and a quarter; its limbs were falcid and shrunk, and altogether it was in a very feeble and languid state. A portion of the placenta and membranes were protruded. The labour was an easy one; the placenta being expelled into the cavity of the vagina, and at once removed, in order to insure a well-contracted uterus. Great exhaustion followed the birth, the surface becoming deadly pale and cold, and the pulse was imperceptibly quick. A hour or two in twelve hours before the birth of the child; but they did not become of a decidedly expulsive nature until four hours preceding delivery, during which time warm brandy and water was repeatedly given.

About the third month of utero-gestation, the patient, after being mixed with aneur fluid and uterine hemorrhage, which yielded to rest and the usual remedies; but a drain of clear fluid from the uterus continued for some days, and, according to her statement, perceptibly reduced the size of the abdomen. At the fourth month, hemorrhage occurred, of a more active and persistent character, and as the sanguineous discharge lessened, the colourless drain became more apparent. At the fifth month, this transparent discharge was so great, that I can only liken it to the sudden rupture of the membranes when protruding through the os uteri and filling the vagina at an ordinary labour. After rest in bed and other appropriate treatment, these grave symptoms vanished, but returned in a few days; and, although the loss was now inconsiderable, it never entirely left the patient till the hour of her confinement.

About every third day, a small clot of blood was discharged; mixed with a transparent uterine fluid which were acted on by a simple enema of warm water, and the vulva and hypogastrum well sponged with cold water night and morning. The patient lay on a mattress, with the pelvis elevated. She had now become much reduced in flesh and strength. She was alarmed, worn, and exsanguine, often hysterical, and afraid of her approaching confinement. The pulsation of the fetal heart was distinctly heard in the left iliac region, and foetal movement felt by the patient. The os uteri was soft and moderately dilated.

The patient progressed satisfactorily till July 25th. 1861 (nine days after delivery), when she complained of feeling very weak and languid, with severe pain in the back, shooting round to the lower part of the abdomen; her appetite was poor and capricious, and her nights wakeful and restless. She was ordered four ounces of port wine, milk and arrow-root diet, and a mutton-chop as she fancied it; also a sixth part of the following mix.

Tincture cinchona comp. 38s; spiritus ammon. aqurum purum ad 3½j. M.

She was also directed to take four grains of extract of hypoxyamus every night.

July 29th. She was not so well. The countenance was pale and exhausted; there were dark areoles round the eyes; and sensibility generally was diminished. There was slight headache over the right eyebrow and temple, sometimes occupying the whole forehead. The skin was cool and moist; pulse regular, but weak, 68 per minute. The pain in the back was somewhat less than it had been; it was now principally sacral. The faces were painful and tender; and this tenderness was increased on pressure; it was rather more localised than trochanters and tuberosities of the ischia, and extended, diminishing in severity, down the back and front of the thighs. There was no swelling of the legs or ankles; on the contrary, the extremities were much wasted from the privation of pure air and exercise, to which she had been much accustomed. The abdomen was tympanitic and tender generally; the most tender spots being over the hypogastrum and left iliac region, where the pain was deeper seated than about the umbilicus, though there was pain in the right groin also; and she was troubled with a good deal of flatulence. In the recent bent posture, the patient had marked ease and freedom from much suffering; but, on attempting to rise or turn in bed, or trying to put her feet to the ground, the pain came on. On a vaginal examination, the canal was found cool and moist. The uterus descended perhaps a little lower than was normal, and the cervix was somewhat enlarged and elastic. This was especially the case with the anterior lip. There was no indication of hardness. The os uteri was slightly open; and there was a little pale discharge. When the point of the finger was driven against it, it caused pain, which felt more internally than at the part struck. She complained of much pain at the back of her head. From the bowels were rather costive. She took her allowance of food and wine. The bark mixture was continued, and the following aperient draught ordered every other morning.

R Pulveris rhei, magnesia carbonatis, ää gr. xv; spiritus ammon. aromat. 38s; tinctura cardam. comp. 5j; aquæ menthæ piperitis 3x. M. Fiat haustus.

July 31st. She was much the same. She thought the pill at night caused her to be more restless, without relieving pain; it was therefore omitted. A few grains of a liniment, containing an ounce of compound camphor liniment and the same quantity of tincture of belladonna, was ordered to be rubbed into the body night and morning.

Aug. 2nd. The abdominal pain was increased, and pressure aggravated it, as well as the slightest movement of the groins were aching and painful, and the hypogastrum especially so. The urine was copious and healthy. The patient fancied there was rather more fullness on the left side; but it was not very apparent. The pain in the back was higher up and more in the middle of the os uteri was more open, but excessively tender when touched; an aching, dragging pain continued for some time afterwards. There was a little more discharge. She had passed a better night. The bowels did not act without the aperient draught; and then the pelvic pain was always aggravated. The wine was increased to six ounces; the bark mixture was omitted; and a sixth part of the following ordered to be taken three times a day.

R. Ferreri et quinque citritis 38s; tinctura aurantii 3½j; tinctura zingiberis 38s; aquæ ad 3½j. M. Fiat mistura.

Aug. 3rd. There was no improvement. Agonising pain came on severely about 4 a.m., and continued more or less during the night. She was now free from pain in the body, which was less swollen; but there was great tenderness in the hypogastrum and groins. Conversation had brought on headache. The tongue was quite clean; pulse 68, very small and weak. The urine was turbid, and she was low and desponding. The pain generally came on at about seven or eight o'clock in the evening. A turpentine stupor was ordered to be applied to the abdomen every night; and a warm water injection, with laudanum, to be thrown into the vagina three times a day. The steel mixture was ordered to be
omitted, and a sixth part of the following to be taken every four hours.

R. Etheris chlorii, quinque aetheris nitri, ad 5 grs; liquidum morphinum hydrochloricum, 3 ad; mist. camphora 3 grs. M. Fiat mistura.

Aug. 5th. The tenderness was greater than ever over the hypogastrum; and the patient was completely helpless, being unable to move or turn herself in bed. There was severe headache, especially on the right eye; and a tenderness at the back of the lower part was very painful, and the least pressure was agony. The fomentations gave no relief. The countenance was very pale and prostrate; pulse 62. She was evidently getting worse. The wine was increased to eight ounces daily, and nourishment ordered to be taken ad libitum; a belladonna plaster to be applied to the sacrum; and the following draught to be taken every morning and evening.

Q. Quinque disulphatis, gr. ij.; acidi sulphurici diluti, miv; tincturae aurantii, syrups aurantii, ad 3 ij.; aqua ad 3iss. M. Fiat haustus.

Aug. 7th. The pain was everywhere diminished; she was better, and looked more cheerful and animated. She had a good appetite, and took her allowance of food and wine. The pain over the hypogastrum was very considerable on pressure, and prevented her from getting rest. A small blister of the size of a halfpenny, was ordered to be raised over the hypogastrum and left liable region, and to be dressed with an ointment containing two grains of muriate of morphia to one drachm of lard. The wine and tonic were continued.

Aug. 10th. The patient, who desired to apply the blistering fluid herself, made a large extent of surface very sore and tender. An examination per vagina gave much less pain; the os uteri was more open, but scarcely tender to the touch. The general health was much improved.

Aug. 13th. She was suffering from a good deal of vesical irritation; the urine throwing down a lithic acid deposit, and the surface of the body being very sore from the application. There was severe pain in the loins; and the urine was highly acid, scanty, and irritating. The pulse was not accelerated, but she complained of languor and flatulent dyspepsia. She was ordered to take the following draught every four hours, omitting the other medicine.

R. Potassae bicarbon. gr. xv; atheris chlorici mx; spiritus aetheris nitri mx; tincturæ cardam. exp. 5iss.; aqua ad 3iss. M. Fiat haustus.

Aug. 21st. The irritation had a tendency to the present, and it was now only slight; but the patient had suffered severely from the effects of the widespread blistering and the sharper recurrence of headache since the omission of the steel medicine. The urine was still acid, and the pulse weak and slow. Her appetite was good, and she slept well. She left the next day to go to the seaside, with directions to continue the following mixture as prescribed. She was just able to stand, but could not walk a step without support.

R. Ferri ammonio-citratis, potassæ bicarbonis, ad 3 iss.; syrupi zingiberis 3iss.; aquæ ad ult. M. Fiat haustus.

One tablespoonful to be taken in two tablespoonfuls of water, three times a day.

From this time the improvement was marked and gradual. On her return, at the expiration of a fortnight, she was able to walk without assistance, and was merely suffering from debility. The citrate of iron and quinine was substituted for that ordered on the 22nd ult., which, with a full allowance of wine and a nutritious diet, she took for six weeks, when her recovery was complete.

One case in this is both interesting, it being difficult to say whether the disorder was inflammatory or neuralgic at the commencement, the symptoms changing their type so frequently; one day looking like inflammation, and another pointing to derangement of the nervous system alone. The case is analogous to those described by Gooch, Dewees, Montgomery, Churchhill, and others, who, whilst they admit the occurrence of the disease, differ as to its pathology. Some regard it as a chronic form of inflammation; and certainly the local symptoms at one period were very like it in the case in question; others ascribe it to intestinal irritation; and not a few to pure neuralgia.

The early cessation of uterine discharge, and the existence of a case of retroversion, presented a hint of the possibility of a chronic inflammation of the uterus, which had been long subjected to previous treatment. Her severe headache mostly attacking one side, her clean large tongue and languid circulation, induced me to persevere in the treatment, though for a few days the abdomen was so tender, and the pain seemed spreading upwards from the pelvis, that I was almost tempted to apply a few leeches, which would probably have aggraveted the mischief. Viewing these cases, as some have done, in the light of a chronic inflammation of the uterus, I might have committed what I now consider would have been an error. The great amount of diversion decided me to support the bodily powers at any risk.

The blistering and sedative ointment materially assisted in relieving the abdominal pain, although the accidental extensive vesication produced great irritation and annoyance for some days. The value of a liberal and nutritious diet is well exemplified, the pain and prostration decreasing with a stronger digestion, and the worst features of the case departing under the free use of wine and tonics.

One other circumstance of note was the draining of liquor amni. It commenced on the 18th month of utero-gestation; it increased a month later; and it recurred slightly at intervals till within a month of delivery. The patient believed it impossible for her “to go her time,” as, to use her own words, “the water was coming away.”

Singularly enough, I had under my care at the time a woman to whom a similar accident happened. In this case, the patient, aged 36 years, the mother of four children, was attacked at the fourth month of her pregnancy with a colourless loss, which soon subsided. It occurred again at the sixth month; and when I visited her at this time, a greyish fluid, containing about six ounces of the membranes, and the abdominal fluid, was emitted. The patient believed that she was delivered. The “water was coming away.”

As I was not employed, I did not interfere. After the birth, the patient was well. In both these cases the child was born full term; and in the case of the former, the child was healthy, and the patient remained well.
had expired.* Her labour was quick and natural, and the membranes and placenta were quite healthy. She is now suckling a fine infant, and doing well.

What was the source of the fluid in these cases? It evidently came from the sac of the amnion in the first case; and in the second case, it appears to have had a similar origin.

Excessive discharges are spoken of by writers on midwifery as taking place in pregnant women from the vagina and membranes of the ovum to the extent of many quarts; but the sudden and profuse loss, followed by shrinking of the abdominal parietes, leave little doubt but the cavity of the amnion furnished the fluid in the two cases under consideration. In the first case, the patient did not go her time; the infant was pesty and feeble, and a part of the placenta and membranes diseased, as might have been expected; but in the latter case, it is remarkable that the woman in her weak and delicate state should have dragged through the full term of utero-gestation, and then have given birth to a healthy child. She never remembered to have been so large in her previous pregnancies, and often expressed a dread of having two children at a birth. The other patient also said, at the early period of her pregnancy, that her size was much greater than formerly.

A dropical condition of the amnion would account for the patient's great size. During gestation, she suffered severely from painful flatulence and dyspepsia, hiccup, short dry cough, and great edema of the legs and ankles. Her breathing was so embarrassed that she frequently sat up at night, or propped herself up with pillows, from fear of lying down. During my limited experience I had never before met with two such cases; and I must own that they entailed considerable anxiety.

RETROVERSION OF THE GRAVID UTERUS: THE BEST POSITION DURING ITS REDUCTION.

By THOMAS SKINNER, M.D., Liverpool.

The Association did me the honour to publish in the Journal for 1860 a series of papers on Retroversion of the Gravid Uterus. As objections have been made in reference to the position of the patient recommended in my essay, as well as to the hand being introduced into the rectum rather than into the vagina, I must beg a little space to answer these same objections.

The position which I have put forth, and which I still maintain is the best, is the patient upon her left side, the pelvis well raised, the shoulders low, and the thighs as much flexed upon the abdomen as possible. (Journal, 1860, p. 549.) It is objected to this position that it ignores the aid of gravitation; but I cannot see how it does so. I think that the position sufficiently favours gravitation; and that in the great majority of cases it will be found quite enough so for all practical purposes.

Similar objections have been made in reference to the position of the patient, that the patient should be placed with the lower extremities in bed, the pelvis over the side of the bed, and the elbows and hands on the floor, and the observation has been made that this position can be maintained for a considerable period. I cannot agree in this opinion, as in Mr. Wall's and many other cases where this position was tried, the taxa had to be stopped and renewed at intervals, the position being found to be both irksome and tiresome. This position is further open to the following objections, namely, that of raising unnecessary fears on the part of the patient; of being most repulsive to the natural mo-