

of the labour, we were alarmed by the sudden accession of convulsions. All the muscles of the face, neck, and extremities were quickly set into violent action; the head was presently jerked backwards; the bitten and bleeding tongue protruded; the eyes became prominent, the face of dusky hue, and veins greatly distended. I sent in haste for my assistant at that time, Mr. Jessop, to bring forceps and chloroform. In a few moments there was an intermission of the convulsive action, but it quickly returned. As soon as the means of relief arrived, the patient was put under the influence of chloroform, and in a few seconds appeared in a calm sleep, during which interval of rest from spasmodic action I delivered her, by means of the forceps, of a living female child. Other fits followed in quick succession, but were, immediately on their approach, cut short by the inhalation of chloroform; the attacks were less and less frequent, and in a few hours the patient could be pronounced convalescent.

In August of 1859, a similar case occurred in my practice. I was attending a young woman with her first child, when she became violently convulsed, and had several severe fits, being quite unconscious during each short interval. Here also chloroform and speedy delivery by forceps were the means used to terminate the case, and equally satisfactorily to the mother; but the child was still born.

October 31st, 1861. I was called in by a woman, aged 30, pregnant for the fourth time, whom in previous labours I had attended, and no bad symptom had arisen during pregnancy or delivery. She was now near the end of her time, and was anasarctous, with albuminuria. Her condition and the recent accession of these symptoms convinced me that pressure upon the renal veins, causing congestion of the kidneys, was the cause; and I told her that her labour must be at once brought on, to which she demurred, saying she wished to wait a day or two. Her bowels being confined, I sent her some large doses of compound jalap powder. During the succeeding night, I was called up by the husband telling me his wife was in a fit. I went immediately; but there was no sign of convulsion to be detected. I passed a catheter through the os uteri, separating the membranes from their attachment for about an inch. In the morning, Mr. Pridham of Broadway, who was then assisting me, visited this patient, and soon sent for me in consultation. She had just then recovered from a convulsive fit, and was unconscious. Mr. Pridham had found the os dilated to the size of half a crown, soft and dilatable. He very quickly turned and delivered. We gave a turpentine enema, and soon left the patient better. An hour afterwards, a messenger came to say the woman was much worse. I attended immediately, and found her in one of the most violent convulsions she had yet had; countenance purple with venous congestion, etc. The administration of chloroform at once relieved this, and put her quietly to sleep. In the after part of the day she had another fit, whilst Mr. Pridham was with her; and as he considered it left much congestion of the brain, although the muscular spasm ceased, and taking into consideration the congested state of the kidneys and a full habit of body, he bled her largely from the arm, and purged her freely. Although in this complicated case, which terminated favourably and quickly, other treatment was very properly adopted, it yet serves to show how completely the sedative effects of chloroform will check convulsions, and, where these depend upon uterine irritation only, will enable the practitioner to subdue the effect, whilst he removes the cause. In the case we have just been considering, the complication demanded other and more energetic treatment.

It is now thirteen years since I first adopted the inhalation of chloroform as a remedial agent, and though, unlike subsequent cases, it failed in saving life, I had the satisfaction of affording great relief in one of the most

trying cases a surgeon can meet with—one of tetanus. In September 1849, a labourer, aged 44, was taken ill with symptoms of lockjaw a fortnight after having wounded his foot, between the first and second metatarsal bones, with the prong of a large fork, whilst digging potatoes. He thought nothing of this occurrence at the time; and, indeed, when I first visited him for tetanic symptoms, he seemed to have almost forgotten the circumstance. Various means for his relief were adopted by my late father and myself; but the only thing which gave him any comfort was chloroform, which I constantly administered as spasm approached; but this at last became continuous, and the administration of nourishment impossible; the diaphragm and muscles of the glottis became affected, and he died of suffocation. This case was fully reported at the time in the *Provincial Medical and Surgical Journal*; and, in my remarks, the failure of the chloroform in giving the more complete and permanent relief which I had anticipated was attributed to the fact that the seat of irritation in tetanus is in the spinal system, over which chloroform does not exert the same influence it does over the cerebral.

After very many instances in which I have used chloroform in the treatment of disease, my first impressions of its applicability to a certain class of cases have been fully confirmed; and I think we may rank chloroform by inhalation as our best sedative and antispasmodic, and resort to its use not only in the cases where the effect of such a medicine is quickly and in great power demanded, but always depend upon its efficacy, as is now so generally done, whenever we may have to overcome muscular resistance, saving our patients from the debilitating depressants in use before chloroform was resorted to; adopting it especially in the treatment of convulsions arising from reflex irritation, since physiology, pathology, and practical experience combine to recommend it.

RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[Continued from page 558.]

CASE XXI. *Acute Puerperal Disease.* I was summoned by evening train on Monday, August 4th, to a lady, aged 20, who had been confined with her first child the day before. She was a healthy young woman; was married nine months previously; and immediately became pregnant, her labour coming on a day or two within thirty-six weeks from the date of her marriage. She had been ailing two or three days, but her labour was completed in a natural way on Sunday evening, August 3rd. She got some comfortable sleep in the night; but, early next morning, began to complain of uterine pain; and this increased so rapidly, that her surgeon, a very experienced practitioner, applied ten leeches to the abdomen, and a succession of bran poultices; but the symptoms became so urgent that he requested her husband to send for me, in order that by a consultation, no means of securing her safety might be omitted.

I arrived at about 10-30 P.M. The leech-bites were still bleeding, and the pain had somewhat abated; but the abdomen was still excessively tender in and near the uterine region; every movement of air in the bowels hurt her; she was lying on her back, and could not alter her position at all without pain, and her pulse was nearly, if not quite, 140 in a minute. She was thirsty, and there was some headache; the lochia were flowing; no milk secreted; countenance expressive of considerable anxiety and suffering, but there was very little disturbance of her mental functions. She had passed urine several times. Although, with the exception of the very unfavourable state of the pulse, I did not apprehend any immediate danger, there could be no doubt that she was

labouring under the early stage of very sudden and acute inflammation, and there was no time to be lost. We immediately covered the whole of the abdomen, except where the leech-bites were, with a strong turpentine stupe, and gave her forty minims of laudanum. By one o'clock in the morning, the pain had a good deal abated, although much tenderness remained; the leech-bites were still bleeding, and the turpentine, which she bore for more than half an hour, had produced considerable redness; the opiate made her feel "happy," and she had a little sleep. But the pulse continued alarmingly rapid, and as pain seemed a little returning, we gave twenty minims more laudanum.

After this she became much easier and slept well; and on seeing her again at 9 A.M., on Tuesday the 5th, we found a very favourable change. The tenderness was nearly gone, the pain entirely, and her pulse had dropped to a little below 90. She was in good spirits; thought she wanted relief from the bowels: took some gruel, and cheered us all by her improved manner. We agreed to keep up the effect of the opiate, by repeating it on any increase or return of pain; to give a turpentine enema to relieve the bowels and remove flatulence; and to re-apply the turpentine stupe once or twice in the day if required. In a few days I received a report to the effect that there had been no return of the unfavourable symptoms, and that she was fast getting well.

[To be continued.]

Transactions of Branches.

SOUTH MIDLAND BRANCH.

CASE OF STRANGULATED FEMORAL HERNIA, RESULTING AFTER OPERATION IN ARTIFICIAL ANUS: SUBSEQUENT PASSAGE OF FÆCES BY THE RECTUM: RECOVERY.

By FREDERICK COX, Esq., Welford.

[Read October 23rd, 1862.]

I was called on the night of the 21st of September, 1860, to see Mrs. W—— of Welford. She was a thin small pale woman, six months advanced in her third pregnancy. I found her suffering from abdominal pains and vomiting. The patient and her friends supposed she was about to be prematurely delivered. The symptoms were manifestly not those of labour, but of ileo-colitis or of strangulated hernia. She said she had no hernial swelling, but on examination, I found a crural hernia of the size of a small pullet's egg; this was not tender to the touch, and the patient was unwilling to believe her sufferings were in any way connected with it. On being closely questioned, she said the tumour had been there three or four weeks; that it had been present before, and had disappeared; that latterly, since the abdomen had enlarged from her pregnancy, it had become permanent, and that it had somewhat increased in size the last two or three days. Several enlarged lymphatic glands surrounded the hernia. I took the ordinary steps to reduce the hernia, and assisted the taxis by the application of cold. The hernia sensibly diminished in size, but did not wholly disappear; but as all the urgent symptoms, the pain, vomiting, abdominal tenderness, etc., gradually subsided, and eventually almost ceased, I concluded I had reduced all that was reducible, that is the more recent descent and the strangulated portion. I gave a grain of opium every six hours, and applied turpentine to the abdomen. No evacuation of the bowels took place, however, and on the morning of the 25th I was called, to find a renewal of the symptoms in an aggravated form, and a perceptible enlargement of the hernia.

I called in my friend Mr. George Harday, of West Haddon (who had seen the patient a day or two before),

and we agreed (having failed to make any impression by a temperate and judicious use of the taxis) to operate. The operation was rendered more than usually difficult by the overhanging of the gravid uterus. The patient was put under the influence of chloroform, and by patient dissection, a small knuckle of intestine was exposed, considerably changed in colour, very closely and tightly strangulated. It was with great difficulty the seat of stricture could be reached, which was at the inner edge of the falciform process. This was divided in the usual way for a line or two, but as the stricture did not appear to be released, an incision was also made into Gimbernat's ligament. Reduction even now, was not an easy matter. The intestine was so firmly joined to the sac by recent adhesions and the sac was so firmly glued to the surrounding tissues, that any return of the intestine to the abdomen seemed hopeless. A careful examination of these points led us to concur in the impracticability of attempting to return the intestine, and to conclude we had done all the nature of the case admitted, by having freely relieved the stricture.

The edges of the wound were brought together in the ordinary manner; the patient returned to bed, and a grain of opium administered every six hours. The urgent symptoms soon began to abate, and in a few hours the vomiting ceased to be troublesome. General peritonitic symptoms supervened, which were met by the addition of small doses of calomel with the opium for a couple of days, and the external use of hot fomentations, poultices, and turpentine stupes, while the patient's strength was kept up by beef-tea, gruel, arrow-root, etc. Day by day this state of things went on, and no evacuation of the bowels. Gentle enemata were tried, but no aperients. An occasional vomiting occurred, but this symptom was neither frequent nor distressing. The patient had comfortable sleeps, and by the use of a grain of opium the pain and general discomfort of a trying case were rendered endurable.

On visiting my patient on the 3rd of October, the tenth day after the operation, I detected a faecal smell in the room, and on proceeding to dress the wound which had as yet but partially healed, I found the contents of the intestine were escaping; and that that which is called an artificial anus, in fact, had been formed. Thus, my unfortunate patient was offered a chance of life, on terms sufficiently hard and humiliating.

On this day I had the benefit of Mr. Mash's cooperation and opinion, and was glad to have his general sanction as to the treatment adopted.

The woman, at all times thin, gradually became much emaciated. As generous a diet as she could bear was allowed, as well as brandy and wine in moderate quantities. The peritonitic symptoms, the tympanitis (which had been considerable), the vomiting and pain, gradually subsided, as the escape of faecal matter became daily larger.

On the 17th of October, or on the twenty-third day after the operation, the patient had a free evacuation of the bowels by rectum. From this date, the discharge of fæces through the wound daily diminished, and the stools were passed by the natural outlet. By the end of the month the wound had quite healed, and beyond the excessive emaciation all things seemed well.

It will not have been forgotten that the poor woman the subject of all this suffering, was pregnant. The full period of gestation was completed on December 24th. By this time she was so far recovered as to be able to join her family circle. When I was sent for to attend her in her labour, I found the os uteri fairly dilated, and a arm and shoulder presenting. But one plan of practice was admissible, viz., that of turning, and from the extreme weakness of the patient, this did not promise a happy issue. By this means, however, I delivered her of a dead child of almost average size and weight, and then removed by great toil and patience, the most firmly