

portion of the blood, that the practice of giving opium and other astringents to arrest the intestinal discharges will continue more or less, in spite of failure and disappointment, until it can be clearly shown that the state of collapse has an entirely different origin and cause from that which the theory in question assumes.

[To be continued.]

Original Communications.

CASE OF PUERPERAL TETANUS, FOLLOWING ABORTION AND PLUGGING OF THE VAGINA.

By JOSEPH BLACKSHAW, Esq., Stockport.

ON Saturday, November 8th, 1864, I was called to see Mrs. H., aged 43 years, the mother of a numerous family, of a highly nervous temperament, and whose general health had previously suffered from some domestic anxieties.

She was in bed, very faint from profuse hæmorrhage from the uterus. I made an examination, and detected an ovum of about ten weeks' growth within the os uteri. In consequence of the amount of the hæmorrhage, I plugged the vagina; ordered cold applications, stimulants, and the usual astringent remedies, including the ergot of rye; and she rallied in the course of the following day. The plug remained in the vagina twelve or fifteen hours, and, when removed, was not again resorted to, as the hæmorrhage had almost ceased, and the ovum was expelled a few hours afterwards. She progressed satisfactorily for about nine days, at the end of which time she was able to sit up, and about to leave her room. Thinking it unnecessary for me to continue my visits daily, I left her with directions to report to me her progress.

On the day following (Tuesday), just ten days from my first visit, I was unexpectedly requested to see her. She thought she had taken cold, and was then complaining of great stiffness of the deep-seated muscles of the neck and throat, with difficulty of swallowing, and was unable to open her mouth perfectly. As there was some febrile excitement, she was ordered to remain in bed, and to take a saline mixture with an aperient; to use hot fomentations; afterwards hot moist bran; to steam the fauces; and, if possible, to use a gargle.

On the two following days, Wednesday and Thursday, the painful tension of the masseters, as well as the muscles of the neck and throat, had so greatly increased as to prevent deglutition and bring on a state of perfect trismus. On Thursday afternoon and evening, the tetanic seizures became increasingly frequent, producing great muscular rigidity, contorsion of features, and slight opisthotonos. During the paroxysm, the pulse was small and feeble; but the consciousness was entire throughout. She continued in this state until Saturday evening, the tetanic spasms and opisthotonos gradually becoming more severe, when she died from exhaustion, five days from the first setting in of the tetanic symptoms.

Owing to the clenched state of the jaws, little was done in the way of treatment, beyond a little counter-irritation to the spine; the administering of a turpentine enema; and the removal of fecal accumulations, which might prove a possible source of spinal irritation.

Puerperal tetanus is a very rare species of that disease in this climate, and this must be my apology

for this communication. I have been in practice in this town for more than thirty years, the greater part of which I have been medical officer to a large district of a Poor-law union including the union workhouse, and must have attended three or four thousands of women in labour at different periods of utero-gestation; and this is the first case that has occurred in my public or private practice, or, so far as I can learn, in that of the oldest obstetrician either here or in Manchester, with the exception of one case mentioned by Dr. Whitehead. Dr. Radford considers it a rare disease, but has known it to occur. Mr. Robertson, of the same city, also says that obstetric tetanus is a novelty to him, and that he has never seen it during a long and laborious practice. Nor is the disease one usually recognised in treatises on midwifery, and the diseases of lying-in women. The extreme rarity and infrequency of this disease, notwithstanding the various lesions from the application of instruments, manual interference, turning, and other violence that the uterus must often sustain in protracted and difficult labours, points to a very different state of the nervous system from that which gives rise to traumatic tetanus in the various external injuries to which the body is subjected. Physiologists attribute this to the uterus receiving its nerves from the great sympathetic. It may be so. But of what that peculiarity of the nervous system consists in these cases, where the irritation from the uterus, as in the case of Mrs. H., is propagated to the cerebro-spinal system, is still shrouded in mystery. We can only say that, in the case of my patient, cold applied to the body, previously lowered by mental anxiety and loss of blood, may have given rise to a state of reflex spinal irritation, followed by tetanus; though probably, in ten thousand other instances, the same exciting causes would produce no such effects.

I regret that chloroform was not tried, as, besides the good effects it is said to have in convulsive diseases, it presents facilities of application where no internal remedy can be given.

My object in this communication is rather to seek than give information; and I trust that some of our more learned associates will ere long throw some fresh light upon this class of diseases, which are yet among the *opprobria medicorum*.

CASE OF RUPTURE OF THE UTERUS: ABDOMINAL SECTION: SUBSEQUENT PREGNANCIES.

By SAMUEL S. DYER, M.D., Ringwood.

JULY 29th, 1862, 8 P.M., I received a note from Mr. Clifton of Fordingbridge, stating that he was in attendance at a case of midwifery at Meckbeggar, midway between our respective residences; that the uterus had ruptured, and he believed the woman would die. He requested that I would meet him there at once. I went immediately, and found the patient, Mary Ann Woods, aged 37, in a state of great prostration, and evincing signs of severe shock to the nervous system. She was quite sensible; the pulse was quick and fluttering; the breathing short and hurried; the skin cold, and covered with perspiration, which stood in large drops on her face and forehead. On placing the hand on the abdomen, which was very tender, the outline of a fetus could be distinctly felt lying beneath the parietes; the uterus, contracted to the size of the foetal head, was evident; and, on examination *per vaginam*, it was clear that the uterus was emptied of what it had contained. This was the fourth labour of the woman;

and the three previous ones had been natural. Mr. Clifton told me he had been called this day at six o'clock in the morning, when he found the os uteri about the size of a shilling. The presentation was natural; the pains trifling and ineffectual. He waited two hours; and, as no progress was being made, he gave a dose of ergot, and continued in attendance another hour. But no increase of pains in force or frequency took place; and he left for his surgery and to see other patients, promising to return; and said that, if wanted before doing so, he was to be sent for. He heard no more of the case till the afternoon, and then drove down to Mockbeggar, taking his forceps with him. He was then told that no pains of any consequence had come on till the middle of the day, since which they had been steadily increasing in force and frequency. The os was now fully dilated, and the head at the brim of the pelvis. He went downstairs, determining to give more time for the natural termination of a case which now seemed to be going on favourably, leaving two female neighbours with the patient. In about an hour he was called hastily, and found the woman fainting, blood issuing from the vagina; the head higher than it had been, and rapidly receding. The bystanders said that there had been a violent pain, during which they heard a noise as if something had given way.

The result of our consultation was, that but one thing could be done to save the woman's life; and that it was our duty to give her this chance. I went back to the room to tell her our decision, to which she readily assented. Mr. Pridham of Broadway, my assistant at that time, drove back to my house, a distance of three miles, for instruments, chloroform, and appliances; and immediately on his return—four hours and a half from the rupture of the uterus—we performed the operation of gastrotomy for the removal of the child and placenta. The patient being well under the influence of chloroform, Mr. Clifton made an incision through the skin and cellular tissue, from an inch above the umbilicus to two inches above the symphysis pubis—the bladder having been previously emptied; he then divided the linea alba, and afterwards the peritoneum to the same extent, using the forefinger of the left hand as a director. The child and after-birth, with membranes and coagula, were quickly removed; and the uterus was seen to be well contracted. We exposed and handled the contents of the abdomen as little as possible, and brought the edges of the wound together, introducing silver-wire sutures through all the structures from the skin down to and including the peritoneum at short spaces. We applied long and broad straps of adhesive; dry lint, wadding, and a broad abdominal bandage.

When the patient recovered consciousness from the chloroform, she expressed herself as quite relieved, and feeling comfortable. We left a mixture of opium and brandy to be given at intervals during the night, and arranged to meet the next morning.

July 30th, 9.30 A.M. On entering the bedroom, we were as much astonished as gratified to see M. A. W. with a smiling, cheerful countenance, and to hear that she had passed a comfortable night, and felt as well as she had done after her former confinements. Such was her statement. The pulse was 110. She had no pain, and very little tenderness. Her urine passed freely, and there was some lochial discharge. We desired that the brandy should be continued in arrowroot, and the opium only given as occasion might require.

Aug. 1st. Mr. Rake met us. Matters were still favourable, though there had been some vomiting of fluid, which had a stercoraceous appearance; and, but for the absence of any concomitant symptom, we

might have feared some impaction or gripping of intestine in the uterine rent.

Aug. 2nd. The patient was going on well; she had no further vomiting. The dressings were removed, and the wound looked well. The strapping, lint, and bandage were reapplied.

I will not prolong the details of this case, which went on to recovery most favourably. The sutures were not removed for a week or ten days. The wound healed entirely by the first intention. The patient sat up in her room in three weeks, came down stairs, and went out of the house at the end of a month; from which time she resumed her household duties.

On September 9th following, Mr. Clifton fully reported this interesting and instructive case at a meeting of the South Hants Medico-Chirurgical Society; and in that month he sent the history of it, as embodied in his paper, to the *Lancet*. Its receipt was acknowledged in the "Notices to Correspondents". When a year had passed without its insertion in the pages of that journal, the editor was requested to curtail it as much as he liked, provided he would record the facts of the case. The non-compliance with this request has enabled me to publish it, with the interesting addenda of subsequent pregnancies, in the pages of the BRITISH MEDICAL JOURNAL.

1863. August 8th. As medical officer of the union in which Mary Ann Woods resides, I was summoned to attend her. She told me she had menstruated regularly from the previous November till May, but not since. She now had somewhat copious discharge, accompanied with intermitting and evidently uterine pain. Early on the morning of the 9th, she miscarried.

1864. June 11th. I again attended her in a miscarriage—on this occasion, with a four months' foetus.

1865. June 6th. M. A. W. came under my care for some functional disorder, when I found, too, that she was more than seven, if not eight, months advanced in pregnancy; and that she had obtained an order for my attendance upon her during her labour.

July 23rd. At 2.30 A.M. I was called to her, and found that she had been three hours in labour. The os was dilated to about the size of a half-crown. The membranes were not ruptured. The head was presenting, but high up. The promontory of the sacrum advanced into the pelvic cavity rather more than one is accustomed to find it. By four o'clock the os uteri was fully dilated; and now the liquor amnii escaped, but the head was still above the pelvic brim. The expulsive pains were acquiring considerable force; and, as a precaution, I at once applied the long forceps to lessen the strain upon the uterine fibres by a little leverage coincident with the pains. I cannot say that I did more than just assist a natural delivery. At 6.30, a fine living male child was born. The placenta was expelled in a few minutes; and there has been nothing unusual to check a rapid convalescence.

In the *Edinburgh Medical Journal* of August 1864, a case of gastrotomy for rupture of the uterus is reported by Dr. Crighton; it is fully recorded in Braithwaite's *Retrospect*, vol. L. In the remarks, it is stated that "the statistics of Dr. Trask of New York give great encouragement in undertaking the apparently hopeless operation of gastrotomy in cases of rupture of the uterus; yet, since the date of the publication of these (1856), I cannot find any successful case recorded as having occurred in Great Britain."

It is a question of interest in the case of M. A.

Woods, Had the administration of ergot anything to do with the rupture? From the length of time which elapsed after it was taken before the accident, we might say, Certainly not. It is hardly probable that a drug which generally produces its effect so promptly could have had its action so long delayed as to be in operation nine hours after its administration. If we want a cause, I think we have it in the combination of prominent promontory of sacrum and thin muscular fibre in an ill-fed, ill-nourished pauper, who eats animal food about once a year; the uterus falling somewhat forward on this account, and the axis of its outlet disadvantageously placed. Her rapid recovery after the operation is in great degree due to two things—the saving of any addition to the shock already existing by the administration of chloroform; and the use of metal sutures, producing as they do less irritation than those of other material; and our ability, therefore, of keeping them longer in the body. Operations of recent date—ovariotomy in particular—have proved how much more may be done within the abdomen by the surgeon than had been formerly supposed, without the risk of peritonitis; which fact, strengthened as it is by such cases as the above, should encourage us at once to act on the occurrence of like mishap, holding out, as we may do, to the patient and her friends, strong grounds for hope of recovery; and, with a view to extend still further this encouragement, I lose no time in making known the above facts.

Transactions of Branches.

NORTHERN BRANCH.

CASE OF OSTEOSARCOMA IN CONNECTION WITH THE HIP-JOINT.

By JOHN C. MURRAY, M.D., Newcastle-on-Tyne.

[Read at the Annual Meeting, June 28th, 1865.]

By your leave, I will engage your attention for a short time with the consideration of a case in which I have been much interested.

The history is briefly this. A. B., a manufacturer, aged 59, of spare form, medium height, active habits, and healthy parents, had been robust until his 26th year, when he had jaundice; he has not been strong since.

Upon March 10th, 1863, the felicitous occasion of our youthful Prince's marriage, he occupied an official post in carrying out the pageant of the day, and suffered much from exposure; from that time he had not been well, but only complained of his inability to step over a "wide gutter," and of being easily fatigued. About the middle of January 1864, a friend observed to him that he walked lame, and asked if one of his legs was shorter than the other; he answered that he thought not; till then no attention had been directed to his limb. Soon afterwards, in coming out of his bath, he observed a hard swelling in his right groin, which continued to increase until May 20th, 1864. For a few days previously, he had had unusual fatigue; upon arising that morning, he found his groin more swollen and stiff than before. I was at once sent for, and on examination, found the right inguinal region oedematous; and, upon deep pressure, felt a firm, somewhat elastic, painless crepitating tumour of about three fingers' breadth, extending from the symphysis pubis to the anterior superior spinous process of the ilium, which it hid or had absorbed in its increase, so that the length of the femur could not be taken from that point. There was no perceptible

flattening of the hip; no wasting nor eversion of the thigh; no pain or flexion of the knee-joint; pressure behind or in front of the trochanter, succussion, or pressure upward, was well borne. There was no affection of the glandular system; no cachexia; and little or no constitutional disturbance. After carefully examining the parts, I enjoined rest in bed, gave a mercurial preparation, and called upon Dr. Heath; who, upon visiting the patient with me, gave it as his opinion that the tumour was of the nature of osteo-sarcoma—thereby confirming my view of the case. He recommended iodide of potassium in bitter infusion to be given four times daily, and tincture of iodine to be painted on externally; the application to be varied by mercurial inunction.

On May 24th, the oedema had disappeared. The tumour was in *statu quo*; the integument stretched tensely over it, threatening ulceration; and I had grave fears of malignant accession. The measurement, as well as I could take it in the oblique direction of the course of the tumour and round the hip, was twenty-three inches and three-quarters against twenty-one and a half in the same direction on the opposite side. On June 1st, it was still unchanged; but from that day it appeared to decrease; for, on the 1st of July, and still more on the 1st of August, a diminution was apparent. I continued the treatment, giving occasionally mercury in alterative doses, and rubbing into the part mercurial ointment until September 19th, when it measured twenty-two inches and a half. To improve the tone of the system, I then gave tincture of the perchloride of iron, with quinine, wine, etc. The patient being sufficiently recovered to move about on crutches, I recommended him to go to the sea-side. Upon his returning after a month's stay, the tumour measured only twenty-two inches; he looked well, and had gained flesh indeed, he was so much improved, as to resume his usual avocations, and is now about five hours daily on his feet with comparative comfort.

There still remains (June 14th, 1865) a less prominent tumour, of about the width of two fingers, extending from the tuberosity of the os pubis to immediately beneath the anterior superior spinous process of the ilium, which can now be made out, although less prominent than normal.

From the symptoms, I should imagine that the textures around the hip-joint unwillingly yielded to the pressure of the enlarging tumour, and gradually underwent absorption; and, as soon as the cause became less urgent, set about the work of repair, which fortunately proved short of excess. It would appear to me, from the absence of many of the pathognomonic signs of arthritis in this case, that inflammation had never occurred in the joint itself.

It being a disease that seldom comes under our observation, I took with me three medical friends at different times during its progress. One of them, while in charge of the surgical wards of a large hospital, had seen two similar cases, and had the advantage of inspecting the parts after death. He expressed himself satisfied that this was an undoubted case of *osteosarcoma*.

During the long period I was in attendance upon the foregoing case, I had some patients on my list with hip-disease, which afforded me opportunities of comparison, one of which is worthy of notice, being a case of chronic rheumatic arthritis. The patient, a plumber, aged 34, of spare form, had rheumatic fever fourteen years ago, which confined him to bed for five weeks, and rendered him very liable to be affected by vicissitudes of temperature. He thinks he first felt lame in June 1863, about which time, and frequently since, he suffered from attacks of rheumatism. He went, in August 1864, to witness a