

produced great uneasiness and distension of the stomach. An emetic was exhibited, which acted about twenty times, and produced also several evacuations from the bowels. Spasmodic contraction of the œsophagus set in, and the menstrual discharge, which had just appeared, was suppressed. Five days passed without anything entering the stomach; the patient was greatly exhausted from want of food, and suffered intensely from thirst. An elastic tube was now introduced into the stomach with some difficulty, and through this food was administered. At the expiration of ten weeks, the menstrual discharge reappeared, and the spasm subsided.

Carron\* mentions an instance where a strong emetic excited spasmodic stricture of the œsophagus.

Harrington Square, London, July 1853.

[To be continued.]

### THREE CASES OF POST-PARTUM HÆMORRHAGE.

By FREDERICK JAMES BROWN, M.D.

**CASE I. PLACENTA PRÆVIA: DELIVERY: HÆMORRHAGE ON THE NINTH DAY, AND DEATH. EXAMINATION OF THE BODY.** Mrs. Gadfield, aged 37, residing at Strood, the wife of the mate of a coal vessel, sent for Dr. John Dan Brown, on the morning of Saturday, 30th April, 1853. She was at the full term of her sixth pregnancy. She had been attended previously by Dr. J. D. Brown, when she had favourable labours.

She stated that she had a "show" three weeks ago, succeeded by another in a short time; and that she had a "show" on the nights of Thursday and Friday, the 28th and 29th April. Through Friday night and the early morning of Saturday, she lost half a potful of blood. She had had very slight pains. On examination, the os uteri was found thin and rigid; it was equal in size to a shilling. The placenta was felt over all the os uteri that was open. There was bulkiness of the posterior part of the os and cervix uteri. The presentation was cranial. There were no pains, and no hæmorrhage. The vagina was plugged, and rest in bed enjoined. At 9 p.m., hæmorrhage recommenced, the blood escaping by the side of the plug. Slight pains had occurred from 7 p.m. On withdrawing the plug, there were gushes of blood, greatly increased by each pain. The patient's system was suffering from loss of blood. The pulse was small and weak, not rapid. The os uteri continued rigid. The plug was reintroduced, and the assistance of an able and experienced practitioner was sought. The hæmorrhage by the side of the plug, during a pain, was now but slight. At twenty-five minutes to 11 p.m., the os uteri being thin, somewhat rigid, and nearly equal to a crown in size, Mr. Ely of Chatham commenced dilatation. By 11 o'clock, dilatation had been carefully effected, the child turned, and the right foot brought down. The child was delivered by pains and the assistance of the operator, in fifteen minutes after the version. The placenta was found to be detached, and was removed from the vagina in five minutes.

During the operation, the placenta was ascertained to be attached over the posterior part of the os uteri, thus permitting the operator to reach the membranes anteriorly, and to evacuate the liquor amnii in carrying up the hand. The uterus contracted well after the birth of the child; and the pulse became augmented in strength and volume. There was no hæmorrhage.

The child, which was a female, was dead. No pulsation was felt in the funis during the operation. Its death appeared to be quite recent, not exceeding a few hours. The patient fell asleep, and was not removed to a dry part of the bed until after two hours and a half.

May 1st. The patient had not slept during the night. She had pain in the abdomen, in the left iliac region. The pulse was 108. Calomel and opium were given; and four leeches were applied to the abdomen.

May 2nd. She slept in the night. There was pain along the left side of the uterus, and hardness, forming a ridge in the abdomen. The lochia were scanty; the pulse was 108, moderately full; the tongue dry. The calomel and opium were continued.

May 3rd. She slept in the night. The bowels were much acted on by the mercury. No pain, swelling, or hardness by the side of the uterus remained. The whole abdomen was swelled in the morning; but the meteorism disappeared in the afternoon. Pulse 112, large and firm; tongue clean. The calomel and opium were omitted.

May 4th. She slept during part of the night. The diarrhœa had ceased; the bowels had been twice open. Pulse 108; tongue clean. Pain in the umbilical region came on in the afternoon. Four leeches were applied; and some doses of hydrargyrum cum cretâ and Dover's powder were ordered.

May 5th (*vespere*). The pulse was 116 at six o'clock; 104 at nine o'clock. The patient complained of uneasiness and fullness of the abdomen. A blister was applied to the middle portion of the abdomen; and Dover's powder and oxide of silver were administered.

May 6th. She was convalescent. The mouth was sore, and the face swollen. She had no pain or swelling of abdomen. The skin was moist; the pulse 108; the bowels were open. The lochia were very scanty. The breasts had scarcely swelled. There was pallor of the surface; but the nervous system was tranquil. The patient was of a quiet disposition.

May 8th. She slept in the night. There was now no swelling of the face. She felt comfortable on awaking, and took two cups of tea for breakfast.

At twenty minutes to 9 a.m., she suddenly asked for the bed-pan, and passed, *per vaginam*, bloody clots. She immediately fell into a fainting fit, with slight struggling. On recovering, she said that she required to pass water; but, instead of urine, gushes of blood escaped *per vaginam*, and flooded the bed as low as the patient's feet. Dr. John D. Brown saw her in the course of a few minutes. The hæmorrhage had entirely ceased; but he applied cloths dipped in cold water, and exhibited tincture of cannabis Indica (℞xx), and, subsequently, acetate of lead. Brandy and wine were administered by the teaspoon every few minutes. The patient's skin was cold and pallid as marble. The pulse was flickering. There was no recurrence of hæmorrhage.

The patient gradually became lower; but consciousness persisted till 2½ p.m., when the agonies of death commenced. She died at ten minutes before 3 p.m.

**EXAMINATION OF THE BODY,** twenty-six hours after death. There were present Dr. J. D. Brown, Mr. Ely of Chatham, Dr. Ely of Rochester, and myself. Rigor mortis was present. The surface was pallid; the abdomen was not swollen.

The *Thorax* was not examined.

*Abdomen.* The intestines were healthy. There was no appearance of inflammation of the peritoneum, nor any serous effusion. The liver was fawn coloured. The spleen was healthy. The kidneys were pale, but healthy.

The uterus was equal in size to a large fist. It was white and firm; it probably weighed twelve or fourteen ounces; it filled the pelvic cavity. The ovaries were like almonds; they were quite healthy. There was purple staining along the spermatic veins, and under the pelvic peritoneum, on the left side. No blood was found effused. Urine was found in the bladder; the interior of which viscus was white and firm.

The os uteri was capable of admitting the tips of four fingers; it was irregular. An old laceration (not deeper than a few lines) existed on the right side, and a recent laceration, equally shallow, on the left side. The posterior surface of the cavity, from the fundus to the cervix and os uteri, was in a rough granular state, showing the attachment of the placenta during life. The back of the scalpel could detach the granules, leaving the uterine structure beneath firm and uninjured. The sinuses in the body of

\* Cited by Moudière, in *Archives Gén. de Méd.*, 1833.

the uterus were plugged with firm white fibrin. Those in the canal of the cervix (which part was easily distinguishable from the body) were plugged loosely by clots of moderate tenacity. One vessel, capable of admitting a blow-pipe through its whole length, was open, except at its mouth, where there was a loose clot. A large artery on the side of the cervix was entire. No ulceration was found. Two oval thin clots, three inches in length, lay in the cavity of the uterus. One was whitened on one surface. The parietal thickness of the uterus was half an inch at the fundus, seven-eighths of an inch at the angles, and one-fourth of an inch at the cervix.

CASE II. HÆMORRHAGE AFTER THE BIRTH OF THE CHILD: SECONDARY HÆMORRHAGE ON THE THIRTEENTH DAY, AND ON THE TWENTY-FIRST DAY: GASTRO-INTESTINAL DISORDER. Mrs. P., aged between 30 and 40, wife of a master tradesman in Rochester, was confined of her ninth child on May 20th, 1852, about 7½ P.M., under the care of Dr. John D. Brown. The labour lasted eight hours. The child was a female, and alive. There was sharp hæmorrhage immediately after the birth. The placenta was thrown off by the uterus, and was readily removed from the vagina; but the hæmorrhage continued until after the application of cold water.

This patient had suffered during her pregnancy with gastric disorder, and a sensation of coldness in the abdomen; from which symptoms she was not free up to the time of her labour. The sanitary condition of the house was exceedingly bad. There was a water-closet opening into the room on the ground-floor used by the family. It was frequented by several persons, and there was, day and night, an intolerable stench, like that of cabbage-water.

May 22nd. The patient vomited in the night and this morning. There was abdominal tenderness and hiccup. The pulse was 100; the tongue moist; the bowels open; the countenance calm. She was bled to ʒx; and six or eight leeches were ordered to be applied to the abdomen. Calomel and morphia were prescribed.

May 23rd. There was retching. The bowels had been open six times. Pain was present in the umbilical and the left iliac regions, and in the back. The lochia were moderate. The breasts were full of milk. The urine was removed by the catheter, on account of inability to void it. The pulse was 108-116; the tongue moist. Venesection to ʒxx was performed. Very little relief was afforded by the bleeding, but all the pain was removed by a turpentine epithem. Calomel and opium, and prussic acid, were given.

May 24th. Pain was felt in the lumbar regions, and there was frequent vomiting. The patient was bled to ʒxv. The blood-clot was flat and red.

*Vespere.* There was sweating. The pulse was 120, small; and there was frequent retching. Twelve leeches were applied over the sacrum, a blister to the epigastrium, and blue ointment to the abdomen.

May 25th. She was better; had no pain or vomiting. There was occasional hiccup. The pulse was 120, good; the tongue clean.

May 27th. She was doing well, excepting griping from the mercury.

May 28th. There was some mercurial purging. Logwood and laudanum were prescribed.

June 1st. Pain was present in the back yesterday and to-day; and she had frequent desire to go to stool. A turpentine epithem was applied. Morphia was prescribed; and she was ordered to continue the logwood and laudanum. She became free from pain in the afternoon.

6 P.M. Violent hæmorrhage occurred *per vaginam*. The patient was lying in bed, and had not been sitting up; but she had had a copious motion just previously to the hæmorrhage. Cold water was applied, and the tincture of cannabis Indica given in five minim doses. The hæmorrhage was free till nine o'clock, and entirely subsided by ten P.M. The patient did not seem much affected. The surface was rather cold, and the pulse was weak.

June 2nd. She felt better than previously. The pulse had lost the sharpness and frequency which it formerly

had. There being mercurial purging, an opiate enema was ordered.

June 4th. She was better.

June 9th. She had burning pains in the lower part of the spine yesterday. 9½ A.M. Sudden hæmorrhage *per vaginam* took place. The hæmorrhage was smart but not severe; cold water was applied; and acetate of lead and cannabis Indica given. She had a few bloody stools, with griping.

*Vespere.* She was comfortable; had no pain; had retched twice. 10 P.M. She was rather faint. A little before midnight, she was seized with fluttering of the heart, flatulence, burning in the sacral region, and coldness of the skin. The pulse was quick and feeble; the tongue anæmic. A venous murmur was heard in the neck. A blister was applied over the cæcum. Wine was given; and two grains of oxyde of silver every four hours, and seven grains of citrate of quinine and iron every two hours.

June 11th. 4 A.M. The skin was warm and perspiring. She had had six motions, but without blood.

*Noon.* An opiate enema was ordered.

*Vespere.* The pulse was 108, febrile; the tongue clean and moist. No pain or purging had occurred since noon.

June 12th. She did not sleep in the night. The pulse was quiet. The bowels had been open four times. Some fluttering of the heart was present. The enemata were continued.

June 13th. Sacral burning had been felt for the last three or four days.

June 14th. Tenesmus was present; and she had three or four motions, without blood.

June 18th. She was doing well. She convalesced very slowly after this date.

July 13th. Vomiting occurred; the bowels were not open. A purgative enema was administered.

July 14th. Vomiting had occurred all night. There was no pyrexia. Purgatives proved inefficacious, until after leeches were applied to the abdomen, and calomel and morphia exhibited. The bowels were well relieved the next day.

July 22nd. Colic was present, without vomiting; it was relieved by a mixture of Dover's powder, rhubarb, scammony, and hartshorn, followed by castor oil.

August 4th. She was much improved in health; and had colour in the cheeks.

August 5th. She had a spasmodic attack, with vomiting. This patient recovered without any more untoward circumstances, but she did not regain her health until she availed herself of change of air.

CASE III. SECONDARY HÆMORRHAGE ON THE EIGHTH DAY. Mrs. C., aged 27, residing in Chatham, the wife of a young man employed in the dockyard, was confined of her first child (a puny male infant) on May 19th, 1852. The labour lasted nine and a half hours. This patient was of a spare habit, subject to hysterical sensations, and a frequent sufferer from headache. The latter was the result of a diseased state of the antrum maxillare on one side, succeeding to the extraction of a tooth.

Mrs. C. convalesced without a bad symptom till May 26th. She had what she considered her usual headache all the day. In the afternoon, whilst standing and about to return to her bed, (which she had not left many minutes,) a sudden flow of blood, *per vaginam*, occurred. The hæmorrhage ceased spontaneously in a few minutes. The loss was not clearly ascertained; but it would appear that it exceeded a pint.

She did not suffer any bad effects from the hæmorrhage; but she was not discharged till August, on account of supuration in both breasts. Each breast constituted an enormous abscess.

REMARKS. Of the three cases related, two occurred in houses with very defective sanitary arrangements. Mrs. Gadfield's house was built on the edge of a stagnant ditch, from which an offensive odour was commonly perceived; and the stench in Mrs. P.'s house from a water-closet was, as before mentioned, intolerable. An attempt was made to

deodorize the place; but the remissness of the friends rendered this measure ineffectual. In Mrs. C.'s house there was nothing of an objectionable nature discovered; but it is possible that there was something faulty in the sanitary condition of the neighbourhood. It is worthy of remark, that the placenta was in each case detached naturally, and within ten minutes.

Chatham, July 30th, 1853.

### PUERPERAL CONVULSIONS IN A PRIMIPARA DELIVERED OF TWINS: ADVANTAGES OF CHLOROFORM IN SUCH CASES.

By HENRY RUDGE, Esq.

SINCE the discovery of the superiority of chloroform over ether as an anæsthetic agent, by Professor Simpson of Edinburgh—a discovery destined to render his name immortal—much diversity of opinion has been expressed by accoucheurs, as to the safety and propriety of employing it in labour. It is not my intention to enter upon this field of controversy. My object is to contribute an observation from my own practice, which points out a class of cases in which anæsthesia, induced by chloroform, must be at once recognised as a great boon. I propose to give a simple history of the successful administration of chloroform in a case of puerperal convulsions, occurring in a primipara, during her labour with twins.

CASE. On the 25th of July, at 11 P.M., my assistant, Mr. Boyce, a gentleman of ability and considerable experience in midwifery practice, was called to Mrs. E. M., aged 23. The pains were ineffective, and at considerable intervals. The head presented. She was unusually restless; and it was stated by the nurse that she had been convulsed two or three times previous to the arrival of Mr. Boyce. He remained with her during the night, treating her judiciously. The labour slowly advanced until half-past five o'clock A.M. on the 26th; when, after falling asleep, she was seized with a violent convulsive paroxysm, during which she severely bit her tongue, causing considerable hæmorrhage, before a cork or any substance could be thrust between her teeth. The convulsions were suspended until nine o'clock A.M., when they returned with greater violence, and in frequently succeeding fits. The danger of the patient now being imminent, and the responsibility great, Mr. B. very properly sent for me. On examination, I found the os uteri dilated, and the head presenting. The pains were entirely arrested; and the patient was in strong convulsions, attended with considerable hæmorrhage. Under these circumstances, I quickly procured some chloroform, twenty drops of which were administered at intervals, by means of a folded cambric handkerchief, by my assistant. The effects were magical. The convulsions, after a few inhalations, entirely ceased; and I proceeded to extract the child, which was effected without difficulty. On examination, I found it was a twin case (both females); and a second head presenting, I ruptured the membranes, and extracted the second child without difficulty, with the forceps; and, in consequence of smart hæmorrhage, after a few minutes, I introduced my hand, and carefully extracted the placenta. Leeches and cold applications were applied to the head. After delivery she had, at 3 P.M., one attack of convulsions. She passed a good night; the bowels having been well cleared out. No unpleasant symptom has arisen up to this date.

Mrs. E. M. was not conscious of her delivery; and was much surprised when informed that she had given birth to twins. Both infants are well, and likely to live. I have no hesitation in attributing the favourable issue of this case to the use of chloroform: and I firmly believe that, in skilful hands, it will prove an inestimable boon to the fairest portion of the creation, relieving them from much of the danger and dreadful suffering of tedious and complicated labours—sufferings, the witnessing of which frequently unnerves the strongest of the other sex.

Cominster, Herefordshire, July 31, 1853.

## BIBLIOGRAPHICAL NOTICES.

THE PATHOLOGY OF THE BRONCHIO-PULMONARY MUCOUS MEMBRANE. By C. BLACK, M.D., formerly Medical Scholar in Physiology and Comparative Anatomy in the University of London. Part i, pp. 99. Edinburgh: 1853.

Dr. BLACK has undertaken the task of showing the application of chemistry and the microscope to the investigation of pulmonary diseases; of doing, in fact, for these affections what Bowman, G. Johnson, Simon, and others, have done for the kidney and its diseases. The attempt has not, as far as we are aware, been before made—at any rate, not on so extensive a scale as is here presented before us. Although the work is as yet incomplete, the novelty and interest of the subject will tempt us to present our readers with a pretty full abstract of the author's researches; which we may at once state to form a highly valuable contribution to pathological medicine.

Dr. Black first describes the Structure of the Bronchio-Pulmonary Mucous Membrane. He differs from the majority of histologists, with regard to the question whether the pulmonary epithelium is continued into the ultimate cells. He says:

"If a very thin slice of pulmonary tissue be taken from the surface of the lung, macerated for a short time in distilled water to decolorise it, and be afterwards subjected between two slips of glass to the microscope, each pulmonary cell is seen to have a perfect layer of epithelium." (p. 1.)

The uses of the pulmonary epithelium are to protect the basement membrane on which it rests, and to secrete mucus for the purpose of lubrication. In certain forms of disease, however, the epithelial cells "act the part of true excretory organs, and thus eliminate from the blood the elements of disease, in the same manner as the renal epithelium is believed to eliminate the scarlatinic poison in cases of albuminous nephritis." There is, however, this difference; that the morbid products of the bronchio-pulmonary epithelium are physically and chemically determinable; while those of the renal epithelium, in the instance cited, as yet have eluded our means of research. To this interesting subject we shall presently have occasion to return.

Contrary to the opinion generally expressed, Dr. Black asserts that acetic acid *coagulates* albumen. He says that if to the white of egg pure acetic acid be added, and the mixture stirred with a glass rod for a few minutes, distinct flocculi of coagulated albumen will immediately form; and that, if more acetic acid be added, and the mixture be allowed to stand for a short time, the whole will pass into a firmly coagulated mass. He agrees with Kirkes and Paget, that albumen, coagulated by heat, is soluble in acetic acid if boiled with it; but he finds, contrary to their statement, that digestion in the acid produces no effect.

The author next proceeds to the investigation of the Diseases of the Bronchio-Pulmonary Mucous Membrane. These he arranges under the following heads:

- I. Inflammatory Diseases;
- II. Diseases for the most part non-inflammatory;
- III. Lesions of Structure.

Inflammation of the Bronchio-Pulmonary Mucous Membrane may be; 1. Simple, acute, or chronic; 2. Sthenic or asthenic; 3. Specific.

Acute inflammation is subdivided into

- I. Simple Acute Epithelial Bronchitis;
- II. Bronchitis involving the Submucous Tissue;
- III. Cellulitis, or Inflammation of the Epithelium of the Pulmonary Cells.

The first pathological condition of Epithelial Bronchitis is that of inordinate congestion of the blood-vessels of the mucous membrane. This produces encroachment on the calibre of the air-tubes, tightness of breathing, and, by pressure on the nerves, cough. At first, there is dryness, from deficient transudation of fluid; but afterwards exuda-