A FATAL CASE OF PUERPERAL CONVULSIONS.

By GEORGE POUND, Esq.

I AM induced, by reading the valuable and instructive papers which have been lately published in the ASSOCIATION JOURNAL, on the subject of puerperal convulsions, to send the particulars, as far as I recollect them, of a fatal case which occurred in my practice two years ago.

CASE. I was called on the night of the 23rd August 1852 to M. B., a young unmarried girl of seventeen; her father, who fetched me, stated that his daughter was very ill, and "that they could make nothing of her". I went immediately, and found the girl on her back in bed, and apparently quite unconscious, making a constant moaning noise, and every now and then falling into a state of strong convulsion. Her pulse was weak and frequent; being somewhat, but slightly, accelerated during the convulsion. The pupils were dilated; the face was pale and tolerably composed; the respiration was sighing. Not being informed at the time that she was pregnant, such an idea did not present itself to my mind; and after inquiring as to the action of her bowels, and the state of her urine, and being told that she had not been "regular" lately, I considered the case as one of hysteria simply, and ordered a mixture of valerian with hyoscyamus.

The next morning I found her worse; and was then told that she was in the family way, and near her full time. I immediately made a vaginal examination, and found the os uteri dilated to something less than the size of a shilling. Under this new light, I viewed the case as one of *puerperal convulsions*, instead of simple hysterical convulsions, though partaking of the hysterical character; and which, I presume, might be classed amongst the "irritable kind". I felt in considerable doubt as to the proper mode of treatment; the sedative and stimulant combined had had no good effect; labour had evidently commenced. I, however, made up my mind to bleed the patient, which I did by opening a vein in both arms. I then ordered an enema of gruel and salt to be administered at once, the head to be shaved, and vinegar and water to be applied constantly. I was compelled to leave for a short time, and on my return, there was no improvement, except that on examination, with a view to immediate delivery, I found that the enema had had an excellent effect; the head of the child fully occupying the pelvic cavity. I immediately applied the forceps, and completed the birth without difficulty; the child was full grown, but dead. Nothing had the slightest effect in rousing the consciousness of the mother. She gradually sank, and died seven hours after the birth of her child, and about twenty hours after I first saw her, being convulsed at intervals up to the last.

Odiham, Hants, May 29th, 1854.

CASE OF FATAL INTESTINAL HÆMORRHAGE COMING ON THIRTY-FIVE HOURS AFTER BIRTH.

By RICHARD NEALE, M.B., late Physician-Assistant in University College Hospital.

ON February 24th, 1854, I was requested to visit A. B., in labour with her second child. After a very easy and natural labour of three or four hours duration, she was delivered of a fine healthy female child at 5 A.M. The child cried strongly when born; the cord was tied after its pulsation had ceased. As soon as dressed, the child was applied to, and freely sucked the mother's breast. The following day at noon the mother and child were progressing favourably. The bowels of the latter had been properly evacuated without the aid of castor oil, and nothing had been given but the breast. About 4 P.M. the mother was alarmed by a sudden copious discharge of blood, which she afterwards described to me as running in a stream from the bowel when the infant was held over a chamber vessel.

From this time until 10 P.M. the infant had more or less hæmorrhage, and once the mother removed from the bowels what she described as looking like a "long red worm" (coagulated blood).

It was not until this time (10 P.M.) that I heard of the infant's illness. I tried the effect of gallic acid, but by the time the father reached home, some three or four miles distant, the little patient was too weak to take many doses, and expired about 2 A.M., ten hours after the first appearance of the hæmorrhage.

Upon inquiry, I found that shortly after I had seen the child at noon, she had appeared restless, and a tablespoonful of thin gruel had been given with the idea of soothing her. No other symptom was noticed previous to the sudden profuse hæmorrhage at 4 P.M.

A *post mortem* examination was made thirty-six hours after death. The body was well formed and nourished in every respect. There were no spots or discolouration, except in the soles of the feet, which were blistered from the application by those around of hot bricks, previous to death. The *rigor mortis* was but slightly marked. Not a drop of blood was effused from any vessel in laying open the thoracic and abdominal cavities, the contents of which were perfectly healthy as viewed *in situ*, but completely blanched, as was the general surface of the body. In removing the heart, a small quantity of very thin pale blood escaped when the pulmonary veins and arteries were divided; this organ, as well as the lungs, was perfectly healthy. The liver was perfectly healthy, blanched, not a drop of blood exuding on section. The stomach contained a small quantity of thin gruel and a little coagulated milk; it was not at all discoloured; all its coats were healthy. The intestines, both small and great, were filled with effused blood, in some places fluid, mostly coagulated, and moulded to the intestines, which were firmly contracted upon the coagula. The latter in no case exceeded the size of a small goose-quill. The fluid portions of the blood were dark, inodorous, and with difficulty washed off the mucous membrane, owing to the thick tenacious mucus covering the latter, which was, in its whole extent, uniformly stained with a light pink colour. Not the slightest trace of any organic lesion could be discovered, although the alimentary canal was most carefully examined in its whole extent.

REMARKS. That such cases are rare may be seen by reference to Valleix, who, in his *Guide de Médecin Praticien*, [tome iii, p. 2, deuxième édit.,] says: "Some authors, among whom is Billard, suppose that new born infants would be more subject to intestinal hæmorrhage than adults. As regards myself, however, I have not seen a case of well marked intestinal hæmorrhage occur very soon after birth." A full review of this unfrequent affection is given by Dr. Hughes Willshire, in the *British and Foreign Med. Chir. Review* for July 1853, p. 114, the perusal of which, a few months before the occurrence of this case in my practice, led me to diagnose its nature, and prepare the parents for its almost certainly fatal issue; and induced me to place these notes on record. With regard to the exciting or predisposing causes of hæmorrhage in this instance, I will merely state, that during the whole of pregnancy and labour the mother was troubled with a most distressing asthmatic cough; but I do not presume to venture an opinion as to whether this would in any way explain the occurrence of such extensive intestinal hæmorrhage in her infant.

Ombersley, June 10th, 1854.

BIBLIOGRAPHICAL NOTICES.

PRACTICAL OBSERVATIONS ON MENTAL AND NERVOUS DISORDERS. By ALFRED MADDOCK, M.D. 8vo., pp. 232. London: 1854.

This work, in our estimation, has its merits and demerits in very equal proportion. It is, on the whole, an agreeably written, very readable book, showing its author to be a well