Original Communications.

CASES IN MIDWIFERY: WITH REMARKS.

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THE cases now published, are in continuation of a series which I commenced in the *Provincial Medical and Surgical Journal* several years ago.

CASE VII. I am enabled to lay before the profession the following interesting case, through the kindness of the brother of the late Dr. Hardy, who had promised to give it me previous to his death.

Betty Wilcock, the subject of the following operation, was within a few weeks of completing her forty-ninth year, as appears from the baptismal register, dated October 26th, 1776. Her general health was good until within the last seven years, during which she experienced a dull heavy pain in the back and hips, and felt herself gradually growing weaker. Five years ago she consulted me respecting the pain in the loins; she was advised to take laxatives, with mercurial alteratives, and afterwards to try the sea air, from which she derived considerable benefit. Her health was best during the summer months, the pain and weakness always increasing on the approach of winter; she decreased several inches in stature, and walked with considerable difficulty, and for the last two months of her pregnancy she was carried to and from bed. She was the mother of ten children, the youngest of whom was six years of age, and I was informed her labour at that time was more lingering and protracted than any she had previously experienced. I had not seen her from the time she consulted me about the pain in her loins until I was requested to attend her in labour. The pains commenced on Tuesday night (June 25th, 1825), and continuing, she sent for me about twelve o'clock on Wednesday night. Being engaged, my senior apprentice went and remained with her until Thursday noon, when I visited her. I found that the membranes had ruptured spontaneously, and the water dribbled away; the pains came on regularly every six or eight minutes. On making an ordinary examination, I could not reach the child, and on trying to introduce my hand experienced great difficulty. The tubera ischii approached each other within an inch and a-half; the angle formed by the ossa pubis was very acute, and from the tuber ischii to the symphysis might be about three inches. On carrying my hand flat between the rami of the pubes, I could introduce it above six inches, and found the child's head presenting, with a portion of the funis. The superior aperture was very small; the junction of the two last lumbar vertebrae, with the os sacrum, projected into the cavity of the pelvis, so that the antero-posterior diameter did not appear more than one inch and a-quarter. Over this projection, and on the symphysis pubis, the head of the child lay. The pulsation in the funis was very strong. Though she had been in labour for more than forty hours, she had no fever. Pulse 84; tongue coated with a brown crust, but quite moist. At eleven o'clock, finding the labour did not proceed, and her strength declining, I sent for Mr. Hardy, of Whalley (a gentleman who had extensively practised the different branches of the profession for upwards of thirty years). He arrived about one o'clock on Friday morning, and, on a very careful examination, found everything as above detailed, and agreed with me on the impossibility of delivering the woman with the crotchet. On explaining to her the circumstances of her case, and the necessity of having recourse to the Cæsarean section, as the only means of affording her relief, she willingly acceded to it. At three o'clock, A.M., Friday, I sent for Dr. Martland, of Blackburn, who carefully examined the patient, and fully agreed with Mr. Hardy and myself on the propriety of performing the Cæsarian operation. The bowels having been freely moved by an injection, and the bladder

emptied, and the necessary preparation being made, at seven A.M. the patient was placed on the table. The abdomen was very pendulous, and rested upon her thighs; Dr. Martland placed his hands on each side, and firmly supported it. I commenced the incision through the integuments, beginning about an inch and a-half below the umbilicus, and extended it down the linea alba, to within two inches of the symphysis pubis, making it six inches in length. The parietes of the abdomen were very thin, and the uterus was seen rolling through the peritoneum, which being divided by the probe-pointed bistoury, the uterus was fully exposed, and appeared of a light rosy colour; I commenced the incision into the uterus a little above the cervix, and carried it for the space of five inches towards the fundus, being as cautious as possible in avoiding the large sinuses. The cut surface of the uterus was fully half an inch thick. A large bag of water, of a pale whey colour, immediately protruded, which, on being opened, discharged about sixteen ounces. The left arm of a child now presented, and it was easily extracted, and soon was very lively. Very soon after the delivery of this, the right leg of another made its appearance, covered by the membranes, through which a quantity of meconium was seen. This child was also delivered, and, shortly after birth, exhibited signs of animation. This was the child that presented its head and funis over the superior aperture of the pelvis. The apex of the head was corrugated and contracted into a small cone, its circumference scarcely exceeding two inches and a quarter. A very moderate hæmorrhage succeeded the extraction of the placenta. The divided edges of the uterus, which now appeared above an inch in thickness, were brought together, and kept in close apposition for a short time; and so great was the contraction that, in a few seconds, the wound did not exceed half its former size. Through the firm and judicious support of the abdomen and uterus, none of the intestines were seen; the former was closed by the Glover's suture; long slips of adhesive plaster were applied; and a many-tailed bandage, made of flannel, was firmly bound round the body. During the operation, the patient was rather faint; but a little weak brandy and water revived her, after which she was removed into bed. The pulse was 108, and tolerably full; there was a plentiful discharge of lochia, and she expressed herself very comfortable. I visited her with Mr. Hardy about half-past eleven A.M., and found she had been quite easy since the operation. Her tongue was moist, but coated with a light brown crust; pulse 104. She had no pain or tenderness in the abdomen; had a very plentiful discharge of lochia, but she experienced slight pains in the uterus, resembling after pains. I ordered her to take the simple saline effervescing draughts every two hours.

7½ P.M. I visited her with Dr. Martland. Pulse 120, tolerably strong and regular; tongue rather dry, but not furred. She had comfortable perspiration during the day; complained of a twitching extending from the epigastric region to the right shoulder. She had passed urine since the operation. There was no distension of the abdomen, nor any particular pain on pressure: a plentiful discharge of lochia. I introduced the catheter, and extracted sixteen and a half ounces of urine, after which she felt relieved.

℞ sol. acet. morph. ℥viii; aque puræ ℥j. M. Ft. haust. h. s. s.

℞ Hydr. sub. gr. iv; pulv. ipecac. co. ℥j; pot. nitr. ʒ iss. M. et div. in pulveris viij, quorum sumat i 6tis horis. Cont. mist. sol. efferv. ut autea.

July 2nd, 7 A.M. In the early part of the night, she had a great deal of pain in her bowels, constant, but not resembling after pains. The uneasiness about the stomach had left her, and she slept at intervals through the night, and continued to perspire gently. About twelve o'clock she vomited a little sour water, by which she was relieved. Lochia plentiful. Catheter introduced, and about ten ounces of urine drawn off. Pulse 120, strong and regular; tongue moist, and coated with a slight brownish fur. Through the neglect of her attendant, the draught was given in divided doses, and

the powders were omitted. Inspiration 26 per minute. Feels quite comfortable; abdomen free from pain.

R. Magn. sulph. ʒiij; mag. carb. ʒj; inf. senn. ʒiiss. M. Ft. mist. ejus sumr. cochl. ij quaque horā donec alv. resp. Cont. mist. sal. efferves.

7 P.M. She had been tolerably easy since morning, but had experienced slight twitching pains, extending from the stomach to the uterus. Pulse 120, rather full; tongue moist, but coated with a little brownish crust. She had a slight cough, which gave her much uneasiness in the left hypogastric region. Lochia copious. Abdomen rather more painful on pressure, and more distended, evidently with flatus. Catheter introduced; only six ounces of urine were discharged. The opening medicine was not given according to direction, and the powders were again omitted. An enema was administered, which moved her bowels freely, and gave relief.

July 3rd. I was called to her about half-past one A.M. She had been seized with sickness, and ejected some brown water from her stomach, which came up in mouthfuls, and caused her much pain in the epigastric region. She was considerably relieved by the bleeding. The tenderness in the abdomen abated, and pulse 120, more feeble. The blood had a very thick inflammatory coat, and was cupped. To take five drops of sol. morph. each hour. Emplast. lyttæ reg. epigast. app.

11 A.M. Sickness left her soon after taking the drops. She remained tolerably easy, and slumbered. Had a few of the twitchings from the stomach to the uterus. Not much tenderness felt on making pressure, but abdomen more distended, and on being struck with the finger had a tympanitic sound; pulse 130, feeble and intermitting; countenance lost its animation; catheter introduced, and about five ounces of urine extracted; bowels not moved.

R. Hydr. submur. gr. vj; extr. col. c ʒss.; M. pil. vj. Cap. j. sec. quaque horā.

5 P.M. Soon after I left her the regurgitation of water from the stomach returned. She became more restless; pulse fluttered, and was very feeble; her hands were covered with a cold clammy sweat, and she appeared to be fast sinking.

7 P.M. In a state of stupor, from which she could be roused, and would give sensible answers to any question, but soon relapsed.

She expired about half-past eight—sixty-one and a half hours after the operation. The children feed very well, and are in perfect health.

REMARKS. The foregoing case is unique—at least in Great Britain and Ireland—in the annals of medical literature. It affords an example of the preservation of the lives of two infants; and if the operation had been earlier performed, and the after treatment strictly adapted to the exigencies of the case, most probably the mother might also have been saved. These twins were girls, and most likely arrived at womanhood; as it is stated, in an appended paper to the details of the case, they presented themselves for confirmation after they had passed their sixteenth year.

Betty Wilcock had borne ten children, and in all but one her labours were natural and easy; this, the last, was protracted, so that it may be supposed the pelvis had at this period suffered in its conformation.

The disease which caused the pelvic deformity was mal-acosteon, which evidently at first slowly advanced, mainly owing to the long interval (six years) between her last (tenth) and this (her eleventh) labour.

Gestation invariably aggravates this disease; hence the increased relative difficulties experienced in successive labours in cases in which it exists.

There is no positive pathological evidence what caused her death, as no *post mortem* examination was made; but from the symptoms and treatment we may suspect that inflammation of the peritoneum, or some of the abdominal viscera, had taken place.

The duration of her labour (eighty-three hours) is quite

sufficient to produce all the mischief which ensued; and the result affords another striking example of the danger of procrastinating the operation. The suture (Glover's) used is not suitable to close the abdominal wound during life; and though unwilling to make any observation which tends in the least degree to detract from the character of the operator, yet it is a duty to warn others against a practice fraught with danger: it must decidedly tend to injure the peritoneum.

This closes my first series of midwifery cases.

Reviews and Notices.

UEBER DEN VERLAUF DES TYPHUS UNTER DEM EINFLUSS EINER METHODISCHEN VENTILATION. VON DR. L. STROMEYER, Generalstabsarzt der Königlich-Hannoverschen Armee. Hannover: 1855. 8°. pp. 48.

ON THE COURSE OF TYPHUS FEVER UNDER THE INFLUENCE OF METHODICAL VENTILATION. By Dr. L. STROMEYER.

IN one of our former numbers, we noticed at some length a work of Dr. STROMEYER, which, though it bore the title of *Maximen der Kriegsheilkunde*, was more properly a treatise on gun-shot wounds, as it did not embrace accounts of those great diseases which are the common scourges of armies in the field. To this very excellent work, of which a copious abstract has just been given in the *British and Foreign Medico-Chirurgical Review*, the present pamphlet forms a kind of supplement, and will therefore be welcome to those who object to Dr. Stromeier's having applied the term of military surgery to the surgery of gun-shot wounds only.

The pamphlet begins with an introduction setting forth the intention of the author; viz., to show that a current of fresh air is the most important remedy in the treatment of typhus fever; and that, for the rest, diet and medicines in ileo-typhus should not stand in opposition to the doctrines of morbid anatomy. The author builds up his materials, accumulated during more than thirty years' experience, upon the modern foundation work of statistics; in particular, upon the statistics of the Military Hospital at Hanover. These are given in two tables, of which the first sets forth the symptoms, course, duration, result, and treatment of seventy-seven cases of typhus; the second shows the more important diseases occurring in the garrison of Hanover, along with and contemporaneously with the above cases of typhus fever. There is something very striking in the small number of deaths, amounting to only five out of the seventy-seven—the rest recovered; and certainly we think with the author that the number of five might have been smaller, inasmuch as three of them only got the benefit of his treatment, when already in an advanced stage of the disease; and one died from eating meat too early. The fifth was in a still worse plight; for he died four days after admission, from abscess in the brain, which no doubt had made him a candidate for death already at the time of admission.

The author proceeds, at page 15, to describe the diagnosis and course of typhus in general. The chemical examination of the fæces, mentioned at page 20, at first led us to the belief that the chemistry of typhus would be entered into a little more than is usual with men above 40 years of age; but one sentence at p. 21 disappointed us rather sadly, as it intimated that there was nothing worth noticing in the urine of typhus patients. A few years' friendship with the great Munich chemist, such as Professor Bischoff says he enjoyed the benefit of, would, we think, be of great advantage to Dr. Stromeier, and no doubt convert him to our belief, that Dr. Vogel has satisfactorily established the importance of the peculiar and characteristic features of the urine in typhus. Though some results of Dr. Vogel's researches have already been laid before our readers in a former number, yet we venture