considered as irremediable; and, finally, that it has proved successful in the only two instances, so far as I am aware, in which it has been performed.

I would merely add that, so far as I have had an opportunity of judging, the operation is admissible only in those cases in which the adhesion is extensive; where the connecting bands are narrow, others, especially that of Mr. Wilde, are preferable. Had I again to operate in a case such as I have above described, I should apply, and apply very securely, three points of suture, firmly fixing the flap in its new position so long as the sutures did not appear to produce too much irritation.

Original Communications.

CASES OF PUERPERAL CONVULSIONS.

By FREDERICK MASON, Esq., Bath.

[Read before the Bath and Bristol Branch, April 29th, 1857.]

CASE I. On December 30th, 1850, about mid-day, I received a message to visit Mrs. T., then in the last month of pregnancy with her first child. She appeared to be perfectly sensible, and able to describe all she felt, and complained chiefly of an intense pain in the epigastrium. She had not as yet any symptom of approaching labour. I prescribed remedies for the relief of this pain, and left. At 7 P.M., I received another message to visit her, and found her still complaining of great pain in the epigastrium. I had been in the room a short time only, when she had a violent fit of convulsion, which lasted a few seconds, and then left her in a state of insensibility. The fit was quickly followed by another, which subsided as before. Although the os uteri, which appeared thin and rigid, had not commenced to dilate, yet I found, on placing my hand over the fundus, that uterine action had begun; the convulsion beginning with and subsiding with each contraction of this organ. I now, in addition to other remedies, bled her to xxx , which moderated the violence of the attacks, though they still returned with each pain.

The dilatation of the os uteri went on very slowly; and, as the labour advanced, the fits became more severe. I again bled largely; and she also lost a quantity of blood from the slipping of the bandage during her struggles. The violence of the convulsions was again lessened, but they returned with each pain, until the os uteri was fully dilated, and the head of the child descended low in the pelvis. She was delivered of a still-born male child, about 8 o'clock A.M., on December 31st. She remained in a comatose state for two days, and then slowly recovered; but had no recollection of anything that had taken place—not even of the first pain in the epigastrium.

She shortly afterwards removed to London, where she had a second child, without convulsions; but in a third labour, she again suffered from them, and died.

CASE II. Mrs. D., a laundress, aged 22, short, but rather stout, pregnant for the first time, had suffered during pregnancy from swelled legs and feet. On the morning of Dec. 3rd, 1851, being in the eighth month, she was in her usual state of health; but towards the middle of the day she complained of pain in the head, which soon became intense. I saw her soon after 5 P.M., and found her complaining of great pain in the head; the face was flushed and slightly swollen; the bowels were costive, although they had been relieved on the previous day; her legs and feet were œdematous. Pulse 90, without much power. She answered all questions rationally, and begged to be allowed leeches to the temples. I ordered her to apply twelve directly, and to take aperient medicine until the bowels were relieved.

At 8 P.M., I was requested to visit her again as quickly as possible; as, soon after I had left her, she became insensible, and her friends were alarmed by her loud snoring. I found her lying as in a fit of apoplexy, with stertorous breathing, etc.; but she soon had an attack of violent convulsion, which lasted several seconds, then left her, and after a short interval returned. On placing the hand on the abdomen, it was evident the convulsions were connected with contractions of the uterus, as they occurred each time a pain commenced, and subsided with it. On making a vaginal examination, I found that the os uteri was dilated sufficiently to allow one finger to pass readily into it, and that the head of a small child presented. The os uteri felt thick, hard, fibrous, and undilatable. She had

applied only four leeches. I now bled her to xxx , cut off her hair, and applied cold to the head. This bleeding had the effect of moderating the violence of the convulsions, which now passed into a state resembling severe tremor of the whole body.

11 P.M. She had had no return of the convulsions, but had become semi-conscious, cried out with each pain, and at the same time placed both her hands over the abdomen. I applied a blister to the nape, and administered an enema, which soon returned, bringing with it some fæces.

She continued in a semi-conscious state until 2 A.M. December 4th, when she again became violently convulsed. The fits again occurred as violently as at first; and as the pulse had risen, I bled her again to xxvj , with an effect similar to the first; the convulsions did not occur again; she became more conscious than before; and after an hour or so, complained of feeling cold.

The os uteri dilated very slowly. At 4 A.M., it was dilated to about an inch and a half in diameter; but neither the membranes nor head appeared to advance; and as the latter seemed to be resting on the os pubis, I passed my finger higher to ascertain the fact, and accidentally ruptured the membranes. The uterus now dilated more quickly, and in another hour dilatation was complete; and at six o'clock I applied the forceps, and finished the delivery; and the placenta immediately followed. The child was dead.

She was in an exhausted condition, and only to a slight extent conscious. She continued much the same until the evening of the 5th, when she became more conscious, and then gradually recovered, but had no recollection of anything that had taken place on the day before her delivery.

She has since had three children, without convulsions in either case.

CASE III. On September 12th, 1852, at 1 A.M., I was summoned to attend Mrs. H., then at the full term of pregnancy with her first child. She was a delicate, slightly made woman, a dress-maker, accustomed to sit very closely to her work, frequently without taking any rest at night. I found that labour had just commenced; and with what appeared to be the first pain, she had had a fit of convulsions. No premonitory symptoms had been noticed. With this exception, this case resembled the previous ones—the fits came on and left with every pain. The pains were frequent and regular; yet the os uteri, as in the other cases, dilated very slowly; and it was not until 5 P.M. that it was sufficiently open to enable me to apply the forceps, when she was delivered of a very small female living child. The fits now ceased; but she did not recover consciousness until the afternoon of the next day.

In this case, I took only about zviij of blood from the arm.

She has since borne two children without any return of the convulsion.

CASE IV. On May 28th, 1856, at 10 A.M., I saw Mrs. B., who was pregnant for the first time. She had been in pain nearly all night. The os uteri was undilated, and had a thin sharp edge.

2 P.M. The os was slightly patulous, but still thin and rigid. The pains occurred regularly; and there were no symptoms to excite apprehension.

8 P.M. The os uteri was dilated to the extent of an inch and a half in diameter, and had become soft and dilatable. The vagina was well lubricated with mucus. Dilatation now proceeded rapidly, and the head descended into the pelvis; when the secretion in the vagina ceased, and it became dry. Still she appeared comfortable, and talked in the interval of pains; when suddenly, without previous warning, and during a pain, she became violently convulsed and unconscious. The fit ceased with the pain. I took 3x of blood from her arm, and sent home for the forceps. As soon as they arrived, I applied them, and delivered her of a living female child. With the pain that expelled the placenta, she had another attack of convulsions; but within an hour after the emptying of the uterus, she became sensible, and recovered.

June 9. I have since attended her in a perfectly natural and quick labour, from which she has recovered without any adverse symptom.

REMARKS. I did not examine the urine in either case; but if I had discovered the presence of albumen, I should have considered it a consequence, and not the cause, of the convulsions. For it must be remembered that true puerperal convulsions seldom occur in other than women pregnant for the first time, and in whom no suspicion has existed of previous disease. I think the cause is to be sought for in great nervous irritability increased by the undilatable condition of the os uteri and vagina.