

once of the other. The young woman aged 15 years had the disease in a very confluent form, and the only evidence of previous vaccination was the statement of the mother, who also reported the existence of another specific contagious disease at the time of vaccination; it is therefore more than probable, that although vaccinated, she had never had the benefit of cow-pock.

The third patient with the confluent form of the disease was a man, aged 47 years, who had evidently been vaccinated in infancy, and had the cicatrices, although imperfect, still existing upon his arm. Upon persuasion, he was revaccinated seven days previous to the appearance of the eruption of variola; it is evident, therefore, that the varioloid poison was maturing in the system previously to the introduction of the vaccine lymph. The pustules of variola in this case were unusually slow in reaching maturity, apparently owing to nervous prostration, and there was but little secondary fever, but the disease did not appear otherwise to be modified by the existence of the cow-pock.

The number of cases here reported upon is too small to render definite the relative frequency which each form of the variolous disease will assume in a great number of cases; but the number of persons exposed to the infection, and who escaped the disease, with the probable reason for their exemption, appears to me to sufficiently prove that without the previous existence of either variola or vaccinia, all persons so exposed would probably have been afflicted. And I am not aware that any previous report upon an epidemic of this disease has noted this circumstance.

#### INTRACTABLE PREGNANT SICKNESS, NECESSITATING PREMATURE DELIVERY, ON TWO OCCASIONS, IN THE SAME PATIENT: DEATH ON THE TENTH DAY AFTER THE LAST OPERATION.

By EDWARD GARRAWAY, Esq., Faversham.

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Mrs. —, aged 38, a tall, pale, exsanguined, and emaciated woman, had been attended by me in previous confinements. She was the wife of a tradesman, and mother of a large family, and had always suffered exceedingly from sickness during the latter period of pregnancy, so much so as to necessitate confinement to her bed for the last month or two. She consulted me in April 1854, when she was six months advanced, imploring me to do something for her sickness, or she should inevitably die. On former occasions I had exhausted remedies, and was therefore little hopeful of doing her good. It is true, the treatment might have been deemed empirical, but this was of necessity. Doing battle with a symptom in no way advances the removal of its cause; and, indeed, it is difficult to conceive how vomiting, sympathetic with an affection of a remote organ (whether it be an uterus occupied with its ovum, a gall-duct impacted with calculi, or an ureter distended with lithic acid concretions), can be controlled otherwise than by remedies specially directed to the primarily affected organ. Of these, so far as the womb is concerned, we may be said to possess none, save, of course, such as would produce contraction and expulsion of its contents.

The poor woman's state was truly pitiable; not a particle of food nor a drop of fluid would remain on the stomach, even for five minutes. So long as total abstinence was maintained, there was peace; but the smallest quantity of the blandest material was immediately rejected; and, what seemed astonishing to her friends, for every spoonful she swallowed, two were thrown up. I went through the form of administering purgatives by the mouth and rectum; sedatives, as carbonic acid, preparations of opium, hydrocyanic acid, calomel, and morphia; compound tincture of senna, in drachm doses (a remedy in which some old practitioners appear to put faith, but which seems to me of as doubtful efficacy as the rest); blisters over the pit of the stomach, the vesicated surfaces being dressed with morphia ointment; croton liniment over the spine. All was to no purpose; the vomiting persisted; the debility increased; the emaciation became extreme; the pulse remained permanently at 110, and a mere wave; and my poor patient insisted that she must die. The seventh month was now complete; and although, on previous occasions, I had always seen Mrs. — accomplish her full term, notwithstanding the exhaustive drain to which she had been subjected, I now felt it could be so no more. To exist two months, or even two weeks longer, seemed clearly impossible. Death or delivery was the

only alternative. I had been daily expecting that Nature herself, ere the woman's life was really imperilled, would have emptied the uterus of its contents; but Nature not seeming disposed to have anything to do with it, I determined, after consultation with my partner, upon immediately inducing premature labour. There was no reason to doubt that the fetus was alive; but the case was too urgent for the question of its viability to be entertained. Examination *per vaginam* revealed the os uteri low down, patent to the finger, soft and dilatable, and the head presenting. Puncturing the membranes appeared the most facile and expeditious mode of inducing uterine contractions. Sir C. Clarke's trocar and canula were used; the liquor amnii drawn off. No pain immediately followed; but in twelve hours one forcible uterine effort expelled the child, which, small and feeble, survived but an hour or two. From this moment the sickness ceased, but my patient for some weeks appeared to be in a dying state, so great was her debility, and so little of any kind of nutriment was she able to take, on account of the extreme pain which this induced in the stomach. However, by slow degrees she rallied; and, after three or four months, was enabled to be carried down stairs, and I gradually withdrew my attendance.

In the spring of 1855 I was again sent for to Mrs. —. It appeared that she had never gained sufficient strength to walk unaided across the room; yet little more than a year after her last accouchement she was again advanced upwards of six months in the family way. All her old symptoms had returned, if possible, in a more aggravated form; she had incessant sickness night and day, inability to take any kind of food or obtain sleep; great emaciation; pulse 120; and debility so extreme, that the poor creature could not turn in her bed without assistance. Again we punctured the membranes, and again a living child was expelled in about the same time. It breathed an hour or two, and expired. Mrs. T. now gradually ceased to vomit; but eating caused so much pain that she took but little food; the debility and emaciation increased, and ten days after delivery she sank. No *post mortem* examination was permitted.

It is not improbable that an autopsy might have revealed more or less of organic change in the stomach, since it is hardly conceivable that its morbid condition, persisting even unto death, could be solely attributable to the sympathetic irritation of a gravid uterus; still as the sickness invariably commenced with pregnancy, and subsided with delivery, we can but infer that whatever might have been the remote, the immediate cause of death was exhaustion from pregnant sickness.

I have employed Sir C. Clarke's trocar and canula but on three occasions, and have found it admirably adapted to its purpose. It may be used either without the trocar as a blunt tearing instrument; in which mode, having fairly entered the os uteri, it is scarcely possible to do mischief, and may be pushed with a considerable amount of freedom; or if the membranes do not yield under such pressure, the trocar may be projected to ever so minute an extent, rendering it a superficial scratching or lacerating instrument, so entangling and tearing the membranes; or, lastly, which is the least desirable mode of operating, the trocar may be projected with a plunge, in the same way as we tap a hydrocele; but this is a reckless proceeding, not to be adopted if it can be avoided. Both my partner and myself were considerably alarmed some time since when inducing premature labour in a lady with deformed pelvis. We had passed the canula fairly into the os, and felt a degree of yielding and undulation, which satisfied us we were pressing upon the bag of membranes; but as they would not readily give way, we projected the trocar slightly, at the same time giving the instrument a sudden jerk, and so entered the cavity of the uterus. A fluid immediately came rapidly trickling through the canula; but our consternation may be imagined, on placing napkins to absorb this, to find that it was pure blood. What we had done we could hardly conceive; the only conjecture to hazard was that we had gone through a presenting placenta. Happily, whilst debating whether we should plug the vagina, the hemorrhage ceased, and did not recur. Dr. Robert Lee was immediately consulted; he adopted our view of the case, viz., placental presentation; counselled us to be ready to act at a moment's notice, and to meet circumstances as best we could. Labour did not supervene until four days; it was perfectly normal, and the placenta was attached somewhere at the fundus uteri. The source of the hemorrhage it is difficult to explain, unless it might have been from some unusually dilated vessels of the amnion.