

in a few minutes, I found the patient on the brick floor of a room, the furniture broken, the fire torn out and scattered about, and the whole place in the utmost confusion. His legs were tied with a stout rope, and he was beating his arms and head, and struggling furiously. Countenance livid; frothing at mouth, and jaws clenched; cold perspiration standing on face and forehead; pulse low, indeed it could scarcely be felt in consequence of his convulsions; respiration was slow, deep, and laboured. He was uttering a most peculiar noise, between a howl and a scream. After a few minutes passed in this way he suddenly turned on his side, and was very sick, bringing up some bilious, frothy mucus, kept for examination. Opening his eyes, he became for about a minute partially conscious, and in answer to every question replied, "Oh, my chest! oh, my chest! they have hurt my chest." He then relapsed into unconsciousness, and renewed and more severe tetanic convulsions came on. My first question to those around was, "Has this man been bitten by a dog?" to which a reply *in the negative* was given by all; their only knowledge of the facts being that on eating, or attempting to eat, the first mouthful of his dinner, he rushed from the room, and fell into the state in which I found him on my arrival. Seeing that it was neither a case of drunkenness, epilepsy, nor ordinary tetanus, I ordered his removal to his own home. It required the efforts of four strong men to get him into, and restrain him in, a cart. On arriving at his house, his wife not being able to accommodate him, he was at once taken to the infirmary, where I was ready to receive him. All the symptoms continued. I had him placed as he was, in his clothes on a mattress, on the floor of an empty room. He again vomited, but this time did not become conscious. His struggles were most violent, so I at once gave him some chloroform on a sponge, an inhaler being out of the question. This quieted him, and we took the opportunity of putting him into a strait waistcoat and further securing his legs. Before the administration of the chloroform there was the most complete opisthotonos; the diaphragm was deeply arched; the abdomen presented a most peculiar hollow appearance; the pectoral, intercostal, and other muscles of respiration stood out in bold relief; the muscles of the extremities, when touched, contracting like cords. Soon after this my colleague, Mr. Carter, arrived (to whom I am indebted for the most valuable part of these notes), and from this time the patient was under our joint care. During the afternoon and up to 10 o'clock at night he was kept by two strong men almost continuously under the influence of chloroform; tetanic spasms existing, but much reduced in force, and only completely absent when the patient was thoroughly under the influence of the anæsthetic. I had never seen opisthotonos so strongly marked, he resting on his head and heels for quite a minute at a time. Between 9 and 10 o'clock at night, several medical men having seen him, it was agreed to try, besides the chloroform, a hypodermic injection of the Calabar bean and morphia. I injected twenty minims of Corbyn's solution of the latter (six minims to the grain) and one-third of a grain of the extract of Calabar bean in solution. His pulse at this time was firmer, about 76; trismus less severe, and he seemed to hear loud noises; respiration was deep and irregular. During the night he slept several times, but on his awaking the convulsions invariably recommenced, and his attendants at once administered chloroform until again quieted.

March 12th.—After four o'clock on this morning the patient had snatches of sleep without chloroform, but still there was subdued tetanic convulsions of all the muscles. The same injections were repeated three times during this day. In the evening he became more conscious; asked for drink, which he swallowed in small quantities in gulps, the greater portion being spasmodically expelled from his mouth.

13th.—The patient had a better night, and required no chloroform. He had passed no urine from the moment of his attack; I therefore introduced, with the greatest difficulty, a catheter; the spasms of the muscles of the urethra being very strong. The urine drawn off was moderate in quantity, and quite healthy. On being asked in a loud voice, he would put out his tongue. The temperature and pulse were nearly normal, the pupils were contracted, and the skin very dry. On his seeming uneasy, the catheter was passed three times on this day. He called for drink, and at times attempted to swallow with avidity, but this always produced spasm, and he would bite the cup. Now and then he would reply in monosyllables to a question.

14th.—Had a quieter night, and at times slept a quarter

of an hour without spasms. Drank beef-tea, and that with less effort. Passed catheter without much difficulty three times during the day. No action of bowels. Placed ten grains of calomel on tongue, and gave an injection per rectum of castor oil, gruel, and turpentine. No result. Displayed the greatest horror of anything white; for example, the white bandage on the matron's broken arm, a white basin, gloves, &c., at sight of any of which he would turn aside and become convulsed. This peculiar symptom continued for two or three days after this date, and even after he was perfectly conscious.

15th.—Passed catheter twice; spasms less; drank rather better. For the first time became conscious of where he was from seeing the words "Chelmsford Infirmary" on the outside of a book. Repeated the injection per rectum again with no effect; two subcutaneous injections of morphia as before.

16th.—Slightly improved, but had during the night the most violent spasms for an hour or two, so much so that I was sent for. Visited him three times during the day. He required the catheter twice, and he had two subcutaneous injections of morphia. In the evening he was seen by Dr. Burdon-Sanderson and Mr. Callender.

17th.—More conscious. Two injections of morphia; drinks better. Catheter once; was sick once. An injection of turpentine and oil per rectum. Pulse and temperature normal.

18th.—Had a good night, and passed urine without catheter. Bowels were relieved for the first time, and he was conscious of it. Sick once.

19th.—Had very strong tetanic convulsions during the night, and was most restless, but improved again during the day. Anything white still irritated him and caused spasm. When inclined he now drinks freely, but does not like to be asked to do so.

20th, 21st, and 22nd.—An injection once a day of the morphia kept him tolerably free from spasm; his bowels moved naturally, and he passed his urine without assistance. He dislikes being talked to, and objects to persons walking across the room or any noise. Drinks freely when so inclined. His voice and manner are most peculiar.

23rd.—No injection of morphia required; the spasms almost gone. Washed and dressed him, and removed him to another room.

From this time he improved without further treatment, and on the 26th walked into the garden, and a few days later returned to his home, and thence went into Cambridgeshire for quiet and change. He returned on May 14th quite recovered, and is now at work, feeling, as he says, "quite well, but rather weak."

Chelmsford.

ON POST-PARTUM ILLNESS IN GENERAL, AND PELVIC CELLULITIS IN PARTICULAR.¹

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WHEN I knew I should have the honour of reading a paper on some obstetric subject before the West Kent Medico-Chirurgical Society, I was at once in doubt as to what subject I should select. On consideration, I came to the conclusion that any of the very rare but interesting diseases which occur only occasionally, even in a very large experience, would not be so desirable for discussion as those which are of most frequent occurrence in obstetric practice. I have, therefore, determined to make some few observations on the post-partum condition, and its acute affections generally, and as acute cellulitis has seemed to me to constitute a greater proportion of such ailments, I shall give this a degree of prominence. My observations will be chiefly confined to the clinical aspect of the subject. The subject of post-partum illness is beset with conditions of special interest, but I desire not to discuss it within the limits of a narrow specialty, to take the broadest possible view of it compatible with its specialty, and I shall make some comparison

¹ Paper read before the West Kent Medico-Chirurgical Society.

of the puerperal affections with those which we observe in the clinical study of ordinary disease in parts or organs not connected with the generative system.

I will begin with the conditions observed after a labour in every respect natural. I believe that after every such labour there is a certain degree, little though it may be, of constitutional disturbance, manifested by a slightly accelerated pulse, a slight elevation of temperature of the skin, some little headache, constituting a mere ephamera which speedily passes away. This temporary pyrexia is simply the physiological expression of the transition stage from the pregnant to the non-pregnant state. It is the natural index of those changes which inseparably belong to or follow delivery. Without going into this process too minutely, it will suffice to mention the condition of the mucous surface of the uterus in connexion with shedding the ovum. The involution of its enormously enlarged proper structure, the loading of the blood with the *débris* of this demolishing process, and the activity of the several emunctories to eliminate it, and the co-existing hyperæmia of the mammæ prior to the establishment of lactation,—is there not enough in these conditions to create a degree of febrility?

This febrility, however, is not to be regarded as being pathological; it is essentially physiological. Dr. Barnes, in an address delivered before the Midland Medical Society at Birmingham, 1876, entitled "Pregnancy regarded as an Experiment Illustrating General Pathology," most happily elucidated the relations between a high degree of physiological action and pathological process. He shows how exalted physiological excitement by easy gradations passes on to pathological action, how organs supposed to be sound are discovered to be unsound when they are submitted to the severe strain of physiological excitement and exertion which occur in pregnancy. If, therefore, in the pregnant state the whole organism, from high physiological excitement, is verging on the pathological, how much more so must this be the case during the first days after delivery, a period which excels all others in the degree of physiological activity. Thus the physiological conditions of the mucous membrane connected with the shedding of the ovum may give rise to an endometritis. The involution process may end in inflammation of the parenchyma of the uterus. The blood, loaded with the products of uterine involution, may constitute a kind of blood-poisoning through defective action of the depurating organs or mammary hyperæmia; instead of ending in the physiological act of lactation, may pass on to a process which is pathological, ending in inflammation of the gland and abscess. In the case where the physiological process by excessive activity becomes one of pathology, we can in the uterine textures and the mammary gland mark the local changes which there take place, and the febrility now observed is no longer physiological, but is pathologically symptomatic of a local ailment.

How far we ever get beyond mere physiological ephamera, from a state of blood poisoned by the products of involution; how far this non-depurated state of blood is the cause of a more persistent form of fever; or, to put it otherwise, does a fever of a more or less continued type ever result solely from such a cause? To this question I can give no answer. Whenever physiological activity becomes pathological the course and the result of the disease so produced in no respects differ from disease otherwise produced. Thus inflammation in all its terminations may ensue, effusion ending in resolution, fibrosis, suppuration, gangrene, and blood-poisoning. There is also an altered condition of blood in the puerperal state which is truly physiological—a condition which must doubtless be regarded as an important factor in producing one of the most distressing forms of sudden death after labour, as in the case of the highly fibrinised state of the blood, causing thrombosis of the pulmonary artery. A case of this kind occurred in my practice in the Royal Maternity Charity in 1876, reported in the *Obstetrical Journal of Great Britain and Ireland* for September, 1876. This is the last example I shall give of the relation of physiological to pathological action, though others might be adduced.

I now pass on to a class of cases which suddenly set in, and which are pathological from the beginning. Discussion of the so-called puerperal fever is entirely beyond the scope of this paper, and will be only alluded to as a name. I shall not refer to many authorities, because my remarks are essentially clinically, and such as we all are constantly in the habit of seeing at the bedside—observations which are almost daily before us, and which require only careful and

truthful noting, by the aid of common sense, to render them intelligible. This is what we see: A woman on the second, third, or fourth day after a natural labour has one or more rigors, succeeded by the symptoms of pyrexia more or less severe—i. e., hot skin, quick pulse, arrest of the secretions generally, disturbance of the nervous system, thirst, headache, &c. If we investigate the cause of this fever with the same careful observation as we bring to the clinical study of other diseases, we shall pretty well always discover some well-marked, definite cause that will suffice to satisfy the most sceptical or logical of minds, and we shall not so frequently have to fall back on that "refuge for the destitute," "puerperal fever." We will now commence a search for any particular signs in this pyrexial state by which any special disease is differentiated. We have the pyrexia which is common to no end of diseases; but what we want is a particular, special, differentiating symptom or symptoms. We examine for the differentiating signs of the zymotic diseases, and we do or do not find their distinguishing signs present. If, for example, we do find the mulberry rash of typhus, the fever is the zymotic, idiopathic fever of typhus, in the childbed state, and so on of the other zymotic diseases. But failing the discovery of one of the zymotic diseases, and putting these out of the question, what can be the cause of this fever? Well, it is probably a symptomatic fever, a pyrexia resulting from a local cause. Now let us search for this local cause, and I believe by examination made with sufficient care we shall but rarely fail to find one.

I must here digress, for the purpose of expressing a belief that, as a rule, the lying-in woman in a state of illness does not get that careful and minute examination she would do in ordinary illness. The medical attendant, through feelings of delicacy towards his patient, and from a disinclination on his own part, does not ordinarily submit his patient to such examination as would reveal local causes situate within the different parts concerned in childbirth. He has too, when his patient is ill, a well-founded objection to examine her vaginally, from a valid fear that his fingers will become imbued with secretions which may become a source of contagion in the next case of labour he attends, and I cannot help concluding that from this reason the local origin of childbed diseases is often undiscovered. As I have not for ten years attended cases of natural labour, this objection does not prevail with me, and I have but rarely failed on vaginal examination to discover some cause of a local inflammatory kind. There is almost always some pelvic pain. This may be general or sacral, in the hypogastric or either iliac region. Abdominal palpation may discover a large, hard, painful, but regularly shaped uterus extending far above the pubes, or there may be irregular masses of induration to be felt in these positions. There may also be general abdominal distension of a tympanitic kind, accompanied by severe pain, greatly aggravated on pressure. Vaginal examination reveals a large, hard, and tender uterus more or less fixed; the pain greatly increased by touch. The os and cervix uteri may be patent, from which may come a copious flow of mucus mixed with blood, and at times of putrescent odour, or there may be an entire arrest of secretion. The vagina at times has its coats of brawny hardness, very painful to the touch, and the connective tissue of the pelvis may be found infiltrated with inflammatory effusion, much indurated generally, cementing the pelvic organs into a concrete mass, and immovably fixing the uterus. Or there may be partial inflammation of the connective tissue, with localised lumps of induration.

All these conditions are ample causes to account for the fever. They constitute the diseases of (1) inflammation of the mucous lining of the uterus (acute endometritis). (2) Inflammation of the substance of the uterus (metritis). (3) Inflammation of its serous covering (perimetritis); and, as an extension of this perimetritis, we get general peritonitis. (4) Inflammation of the connective tissue of the pelvis (parametritis). As to mucous, serous, parenchymatous, and connective tissue structures, their conduct under inflammation does not differ from that of the same structures in other organs, some allowance being made for the important part they have just played in the act of parturition.

Having referred to the structures which are the seat of inflammation, attention must also be paid to the character of the inflammation. This may be simple phlegmon—a kind which has a tendency to be limited or localised. It may be of a diffuse kind running rapidly over the whole of the structure it first attacked, and spreading from one struc-

ture to another, or it may be erysipelatous, spreading with a still greater rapid fatality; or it may take the form of lymphangitis or phlebitis. Not only do we see these forms of inflammation in their earliest stages, but also their various terminations, effusions ending in their absorption, resolution, or becoming organised in the form of fibrosis—adhesions and contractions, disturbing the various pelvic organs, and laying the foundations of permanent or chronic mischief—suppuration localised in a defined abscess, purulent infiltration diffused throughout the whole structure of the part inflamed, sloughing or gangrene, and at times blood-poisoning, with secondary purulent deposits in any distant parts of the body. It is frequently difficult—indeed, impossible—to tell in what particular structure the inflammation commenced. Sometimes, from imperfect contraction, the uterus after labour remains large, tumid, and doughy. Blood remains accumulated in its highly vascular tissue, and is a starting-point of inflammation. It may commence in its mucous membrane from something going wrongly with the placental area, or from the irritation of some decomposing clot, or portion of the secundines retained within its cavity. The traumatic causes are abundant, the straining and bruising of any of the structures which so constantly occur during labour, the numerous fissures of the os uteri, abrasions of the vagina, slight lacerations of the perineum and of any part of the ostium vagina. These, again, may, any of them, be the starting-point of inflammation, and that inflammation may be of any of the various kinds I have already mentioned, and may be followed by any of the various terminations of inflammation. There can be no doubt, from clinical observation, that inflammation commencing in one particular structure of the uterus, whether in its serous covering, its mucous lining, or its parenchyma, may spend its force in that structure; its focus is there, with a halo of hyperæmia surrounding it in contiguous structures. Just as we see in iritis, the iris is the focus of inflammation, and the other surrounding structures present a halo of redness; the vessels of the sclerotic and conjunctiva are distended with blood, but are not in an actual state of inflammation. When, however, inflammation extends from the iris to the structures of the choroid or to the structures of the eye generally, the functions of the globe are almost hopelessly jeopardised. In the former case the iritis generally ends successfully in resolution. To take another example from a common disease—bronchitis. So long as (I am taking an ordinary simple case for illustration) the inflammation remains purely bronchial, it is comparatively not serious, but directly the inflammation extends to the pulmonary texture, and the case becomes one of broncho-pneumonia, the aspect of such a case is highly dangerous. I have made use of these comparisons for the purpose of illustrating how acute puerperal endometritis, metritis, para- and peri-metritis and cellulitis, when each exists by itself, commonly ends favourably; but when there is a tendency for the inflammation to spread from one structure to another, so that all may be involved at the same time, the disease becomes formidable. I believe this tendency of inflammation to diffuse itself to be one of the most important signs to be observed in clinical study. A variety of causes are to be considered in looking for such a result, as the intensity or character of the inflammation, the condition of the patient's health, constitution, organic unsoundness, and the state of the nervous system as influenced by anxiety or distress of mind.

(To be concluded.)

CASE OF TEMPORARY KLEPTOMANIA.

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My patient was the daughter of a person in comfortable circumstances, who came to town to finish her education, and while there she resided in a house with other young ladies of her own age, chiefly boarders also. Already she had lodged nearly two years there, and hitherto she had suffered from no sickness. The first occasion on which she was absent from school was the illness for which I was called to attend her. Before I saw her she had suffered from tooth-ache, and on the day previous to my first visit she had consulted a dentist, who, to relieve her, had extracted one of

the right lower molar teeth. I am unable to say whether the consequences were due to lack of skill on his part, or to a diseased condition of the gums then present. The extraction of the tooth failed in giving her relief, and when I visited her I found her suffering from very severe pain in the lower jaw, extending back to the ear, and having occasional agonising paroxysms. Opiates were administered, giving partial relief, but any treatment proved only palliative until a third piece of necrosed bone separated and was extracted. The case is chiefly interesting from certain mental peculiarities which developed during the period she suffered pain, and which terminated with the throwing off of the diseased bone. My attention was first called to it through finding the landlady one day in a state of excitement over the discovery that several small sums of money, and two or three trinkets, had been abstracted from the wardrobes. Her servants had been with her for years, and she had entire confidence in their integrity. From the peculiar mode in which the missing money and the jewels had been abstracted I stated my belief that the young lady might be the offender. I advised the landlady to make a thorough search in that direction before taking any legal steps. She did so, and in my patient's wardrobe she found sufficient evidence to criminate her. It was also found that she had taken no special means to secrete the articles, as the missing ones were found beside her own ornaments. On ascertaining this I charged the young lady with the offence. At first she firmly denied it, and maintained her innocence with an apparent dignity and candour which surprised me. When challenged with the various articles removed, her apathy changed to surprise, and she gave me the notion that she was realising for the first time the possibility that she might have done it. It was only when it was made plain to herself that her peculiar conduct had been observed that she admitted her offence. Afterwards there seemed to be a gradual dawning of shame and of regret; then a confused look, after which she began to cry. She never once spoke of the dread of her family being disgraced by what she had done, and there was no tearful appeal for mercy and for silence. She was next requested to write down all the sums of money and the various articles she had removed. She frankly did so, and her statement corresponded with the missing money and jewels. She at the same time settled how the various sums abstracted were to be repaid. Within an hour of her being charged with the theft she had tea, and ate heartily.

From the patient I afterwards learned that while ill and in pain she had gone to her companions' wardrobes while they were at school, not, she thinks, from any covetous desire, but rather from an impulse to have her mind agreeably employed. I believe it was at first from curiosity—a desire to pry into her companions' boxes—that she was led to make the search. What suited her fancy in ornaments she took, and placed amongst her own, and when she met with a purse she took a small portion of the money. The most of the money removed in this way had been spent either in sweets or in fancy articles, which, as a rule, were given as gifts to the companions from whom she took the money.

The desire to pilfer had never been observed before the onset of her painful illness, and from the time the inflammation ceased, and opiates were unnecessary, she showed no disposition to resume her peculiar habits.

Glasgow.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—

Professor and Mrs. Flower received a large and distinguished party of ladies and gentlemen in the museum of the College, on Saturday last, to meet the Chinese Minister, who remained from about four until seven o'clock. Professor Flower explained the objects of interest to Dr. Macartney, by whom his observations were translated to his Excellency. The specimens which had been contributed to the collection from China naturally received much attention. Among these were preparations of Chinese ladies' feet, showing how the peculiar reduction in size is effected; specimens illustrating the artificial production of pearls in the Chinese pearl mussel; the skeleton of the long-tailed deer peculiar to the north of China, of which a fine example was lately obtained for the museum by Sir Rutherford Alcock. The large series of skeletons and skulls of different races of men, including that of the giant O'Brien, were also examined with interest, and the peculiarities of the Chinese skull as compared with that of the English and other nations were pointed out.