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PART I.  
ORIGINAL COMMUNICATIONS.

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**ART. I.**—*Practical Observations on the Prevention and Cure of Puerperal Inflammations.* By ROBERT JOHNS, A.B., M.B., T.C.D.; Licentiate of the King and Queen's College of Physicians, Ireland; Licentiate and Fellow of the Royal College of Surgeons in Ireland; Member of Council of the Surgical Society of Ireland; Member of the Royal Zoological Society of Ireland; Ex-Assistant Master of the Dublin Lying-in Hospital; Late Consulting Accoucheur to St. Peter's Parochial Dispensary; Honorary Member and Honorary Vice-President of the Dublin Obstetrical Society; Chairman of the Midwifery Court, and Examiner in Diseases of Women and Children, Royal College of Surgeons in Ireland; Consulting Accoucheur to the Coombe and Maternity Hospitals, &c., &c., &c.

A VERY common and anxious inquiry now-a-days, outside the profession, is:—What is the reason of the great mortality in childbed? Death, when then occurring, is regarded with greater horror and alarm than at any other time; and such is only reasonable, for, as a lady not long since remarked to me:—"It is not natural for woman

to die in the performance of the most important function of her sex;" in confirmation of which we are told "she shall be saved in childbearing," to which end her beautiful and perfect conformation, together with other circumstances attendant thereon, tend very much, for truly she is "fearfully and wonderfully made."

For some years, my attention having been drawn to this fact, I have been induced to investigate the cause or causes of such a contingency; and to discover, if possible, how far it is in our power, if not to prevent its occurrence, at least to lessen its frequency and mortality. In this I think I have been successful; at all events, the result of such inquiry has been highly satisfactory to myself, and I trust it shall be viewed in a similar light by my professional brethren.

It is a well-established fact that, comparatively speaking, very few females die when absolutely in labour, but that the fatal issue arrives at a more distant period, and is generally the result of some form of abdominal or pelvic inflammation. Denman says—"Puerperal fever occasions the death of much the greater part of women who die in childbed." Dr. John Clarke has stated:—"That of all women who die in consequence of child-bearing, by far the greater number are cut off by disease after delivery, very few, with good management, dying during the act of labour." Professor Simpson states that:—"Nearly 3,000 mothers die in childbed every year in *England and Wales*, and the great majority of these deaths are produced by puerperal fever." And we have a still further confirmation of these statements, if such was required, in the almost daily published recommendations of ventilation, deodorization, and such like, as preventives of the disease; indeed, very lately, to this end, the most startling proposition, of "washing over the interior of the womb, immediately after delivery, with a solution of nitrate of silver," has been made by some visionary—for surely we cannot otherwise designate him.

Of all the diseases to which the human female is liable, I know of none which is more insidious in its invasion, more rapid in its course, more proclivous to a fatal termination, and, failing in the latter, more prone to lay the foundation of some form of secondary inflammation—as phlegmasia dolens, and such like painful, dangerous, and often fatal complaints—than puerperal fever. Denman describes it as "A disease in which the symptoms come on with violence, proceed with rapidity, and of which the event is very often fatal."

From an experience of many years I can fearlessly assert that, in

by far the greater majority of instances, especially in private practice, *post partum* inflammation is either induced or overlooked—and thereby let run on, in some, to a speedy and fatal termination, and, in others, to the causation of affections above alluded to—by the medical attendant, either from want of practical knowledge, or of common attention, on his part; or from neglect or violation of his directions by the nurse, by the patient, or her friends. In this remark I am more than borne out by the following opinions, which have only come within my knowledge since my judgment had been formed, and they are therefore the more valuable. Denman thus speaks:—"There is but too much reason to lament that, inconsiderate proceeding and the want of common care frequently give rise to puerperal fever." Dr. John Clarke says:—"With respect to improper treatment after delivery, this is partly to be imputed to the accoucheur in some instances, perhaps, but much more frequently to the woman herself, either in using some indulgences of the appetite which are incompatible with her situation, or to the well-meant but ill-judged advice of friends, or the obstinacy of bad nurses." Dr. White states:—"That most, if not all, those disorders which are usually supposed to be peculiarly incident to the puerperal state, are either the effects of mismanagement in the accoucheur or nurses, or else arise from the patient's own imprudence—that they may, in general, be truly said to be fabricated, and may always, except in lying-in hospitals, be avoided."

Upon those grounds I feel it my duty to lay before the profession my views on the subject, for which I only ask that amount of consideration of which they shall be deemed worthy; still I conceive that if they shall be as generally adopted, and as rigorously carried out by others as they have been by me, we shall have less mortality in the parturient state, and less organic disease consequent thereon.

I cannot let this opportunity pass without acknowledging my debt to my friends, Dr. Evory Kennedy and Dr. Charles Johnson, for much of my success in this as in other instances; for, whilst I had the honour and advantage of being their assistant in the Dublin Lying-in Hospital, I received from them very many highly valuable and practical suggestions.

It is not my intention to enter into the *vexata questio* of what is the nature of puerperal fever, for I do not think that such a course would be profitable; but as in almost all, if not all, the recorded cases of the disease in which *post mortem* examinations were made, there were evidences of inflammation; and, as I believe, now-a-days,

no practical man will assert that it is not inflammatory, at least in some stage, be that never so short, I shall class it amongst puerperal inflammations; but, *in limine*, I must state that I am not now about to recommend any new specific for those maladies, my object being merely to demonstrate that their occurrence can, and how they can be prevented in many instances, as also their removal effected more frequently than it is.

From what has been already stated, it is obvious that our intention is to prevent the advent of the disease; but, having failed in it, to use our best endeavours to remove it.

Prevention is to be viewed in a two-fold light; in the one our object being to avoid or remove predisposing causes, *obsta principiis*; and in the other, where those causes have obtained, to counteract their baneful influence by adopting that treatment most likely to ward off the anticipated danger; and, as White says:—" 'Tis an axiom in physic, that a remedy which cures a disorder will always prove prophylactic against it." Our wishes shall be best carried out, by adopting, on the "*venienti occurrere morbo*" principle, the most powerful of those means successfully employed for its cure, but less actively; if, notwithstanding, we fail in our purpose, we gain a great advantage in having commenced treatment so early in a disease which runs its course so rapidly; for in very many instances the delay in such, even for six hours, has made the difference between recovery and death.

The causes of *post partum* inflammation are very numerous, their name being "legion;" however, the following may be classed amongst the most frequent and most powerfully predisposing:—

1. Impaired health during pregnancy.
2. Want of cleanliness and of ventilation. Hospital influence.
3. Contagion. Epidemics.
4. Distress of mind from seduction, and such like; anxiety, and excitement caused by visitors.
5. Errors in diet, and use of stimulants.
6. Hemorrhage; introduction of the hand for version, or retained placenta; portion of secundines retained, or clots putrefied in the uterus.
7. Drawing the breasts by artificial means too soon after delivery, or repelling the milk too suddenly by cold applications of vinegar, &c.
8. Exposure to cold, too early rising, or going out too soon after delivery.
9. Puerperal convulsions, actual or threatened.

## 10. Uterine disease.

## 11. Inhalation of chloroform during labour.

There are others which do not exercise so powerful an influence; nevertheless, when they obtain it is well to watch narrowly the case, and to be prepared for any contingency, such as the coëxistence of some form of dropsy, varicose state of the lower extremities and genitals, false pains terminating in tedious labour, neglected after-pains, and inflammation having followed upon former labours. If, however, many are present, the case then becomes more serious.

1. It is of the last importance that, when a female falls in labour, she should be in good health; for experience tells us that the opposite condition strongly predisposes to puerperal inflammation. Dr. Samuel Cusack, in a monograph on this affection, states:—"That by far the most powerfully predisposing causes are derangement of the general health, and impaired and broken down states of the constitution previous to delivery." Dr. John Clarke thus writes:—"We ought always to remember that the progress of the future labour and its consequences will depend very much upon the previous state of the patient's health. Another cause of the disease is, most probably, too great indulgence in improper kinds of food, and too little attention to regularity in the mode of living towards the conclusion of pregnancy; in everything, therefore, which we recommend to pregnant women, we should consider the effects which may be thereby produced upon the labour, and upon the health of the woman afterwards. By paying constant attention to these points we shall so conduct a woman through the state of pregnancy, that she will fall into labour in perfect health, and with the constitution prepared to sustain the violence of the exertions employed during the progress of it—and this without the most remote danger of disease being produced afterwards." Mackintosh and White mention constipation and accumulation of feces in the intestines as causes; indeed, I have met with cases so produced; and others are given in the different hospital reports. I have heard Dr. Charles Johnson say, that he never had a bad recovery where he had the management of the case during pregnancy; and so firmly convinced was he of the necessity of good health being associated with labour, that, during his mastership of the Lying-in Hospital, he made it a rule that, whenever practicable, the females seeking admission should be induced to attend at the institution, from time to time, before their labour set in, in order that they might be kept in good health up to that period.

2. Cusack states:—"That a large proportion of persons labouring under this affection were known to inhabit badly-ventilated rooms." Hamilton affirms:—"That it occurs chiefly among those who inhabit confined apartments, in narrow, dirty, and ill-ventilated lanes." White states:—"That keeping the patient continually cool, and the air free from putrid effluvia, are matters of the utmost consequence. The neglect of these cautions often lays the foundation of puerperal and miliary fevers." Dr. John Clarke says:—"Breathing a pure air is very necessary; therefore the chamber in which the patient is confined should, if possible, be spacious and airy; a free ventilation should be allowed, the extremes of heat and cold should be equally avoided, and all impurities be constantly removed which might contaminate the air of the room." And we have the truth of all this strongly exemplified in hospitals, where the disease is always more rife and more fatal; nor ought such to be an object of wonder, when we take into account that a number of females are delivered and habited in the same ward, the atmosphere of which must necessarily be tainted by the different secretions and excretions, which, in an unhealthy season of the year, no amount of ventilation can purify. White thus speaks on this subject:—"I am afraid no methods will be effectual where several lying-in women are in one ward; it will be very difficult to keep the air pure, dry, and sweet, and at the same time to accommodate the heat of the ward to their different constitutions and symptoms." The only means, I believe, of arresting the progress of this terrible disease, under such circumstances, is the shutting up, cleansing, painting, and thoroughly ventilating of the institution, as has been done successfully, on many occasions, in the Britain-street Lying-in Hospital.

I think it is a subject for special inquiry, whether or not it be an advantage to dispense with hospital relief, if not altogether, at least in a great degree; for confessedly the mortality is much less in dispensary practice; and, according to Dr. Collins, the disease is less frequently met with outside those institutions. The doctor thus speaks:—"Puerperal fever occasionally occurs of the same character as in hospitals, amongst the lower classes; never, however, to any extent." And Jussieu thus confirms his assertion:—"Cette maladie n'a pas été aussi violente, ni aussi commune parmi les pauvres femmes qui ont accouchées chez elles, que parmi celles qui ont été accouchées à l'Hotel Dieu."

In the Statistical Report of the Royal Maternity Charity of

London for 1861, I find the following:—"In this year 4,110 women were delivered, and 11 died, not one of whom had puerperal fever. It is a gratifying feature, one bearing remarkable testimony to the value of home succour to lying-in women, that no death occurred from puerperal fever. As a contrast to this, during the same period, the charity of the London lying-in hospitals was largely embittered by the baneful alloy of puerperal fever. Lest more victims should fall at the shrine of this questionable charity, two of these hospitals have been closed for a while. In the meantime, no similar calamity can arrest the active and successful benevolence of the Royal Maternity Charity; this institution does not generate the elements of destruction for its clients, and consequently does not create the conditions which have so often led to the interruption of the operations of lying-in hospitals. Such a lesson as this challenges earnest attention. If lying-in hospitals be a necessity, then let them be constructed on the principle of cottage hospitals, and raze the hospitals—whose wards have been the scene of such dire, because artificially produced, calamities—to the ground." Nevertheless, although we did get rid of, or even lessen hospital relief, still other causes, to be dealt with by-and-by, would be much increased in Ireland, where revelry is the order of the day in the houses of the poor on such occasions, and where cleanliness and ventilation are equally despised and neglected. Dr. Cusack has recommended the employment of tents.

3. I believe that now-a-days no one will be so hardy as to deny those influences which have been recognised since the time of Hippocrates. But each acts in a different way, by the direct agency of the disease itself, and by that of others similar, perhaps, in their nature; as thus the malady may be induced by contagion, from the affected party to another, or by infection through the medium of the physician or the nurse-tender, as also by the fomites of such diseases as typhus fever, erysipelas, and scarlatina, or by the exhalation from dead bodies conveyed by those engaged either in anatomical pursuits, or *post mortem* examinations; of the indirect communication instances are not wanting, for they have been many; and in fact on several occasions the medical man has retired from practice for a period, so much was he convinced that he conveyed disease and death in his wake.

Typhus fever has been mentioned by many as a cause. Cusack has remarked:—"That persons labouring under typhus fever at the time of their accouchement were the subjects of puerperal fever."

Collins states:—"That in two or more instances puerperal fever originated in the Dublin Lying-in Hospital, from a case of typhus fever, in patients admitted into the institution in labour." It is well known that the converse of this sometimes obtains, for, on more than one occasion, nurses in attendance upon puerperal fever patients have been affected with a very bad form of typhus fever.

The intimate connexion between this disease and erysipelas is almost universally admitted. Dr. Collins has stated:—"That puerperal fever has been epidemic in the hospital on several occasions when typhus fever prevailed in the city, and at other periods when erysipelas was frequently met with." A medical friend of mine had some time since under his care a female suffering from puerperal inflammation, evidently induced by her having cared a relative affected with a bad form of erysipelas, for some days, up to the period of her labour setting in; the malady appeared on the third day, but she eventually recovered. It is not unusual, in the course of this disease, for erysipelas to appear, as it were critically, on some part of the body. Hey speaks of it as a common occurrence. Gordon and Armstrong relate two similar cases, each. I, also, have seen such cases, in two of which abscesses formed, and were opened, one at the side of the anus, and the other in the sole of the left foot. Some time since I was made cognizant of the fact that one gentleman had just then three cases of puerperal inflammation under his care, each and all being traceable to the fomites of gangrenous erysipelas in a patient's leg, which he daily dressed. As in the case of typhus fever, so in this—we can prove our theory conversely. In the year 1840 I visited Strasbourg, which had been shortly before the scene of a terrific epidemic of puerperal fever; and in conversation with Professor Stoltz, the principal physician to the lying-in hospital of that city, he informed me that in almost all the children of the females so attacked a bad form of gangrenous erysipelas appeared, and proved very fatal. About five years ago I had two cases of erysipelas in the infants of females who had puerperal inflammation, but both they, as well as their mothers, recovered. Trousseau has remarked:—"That the erysipelas of newly-born children is observed principally when an ill wind of puerperal fever blows over the hospitals of Paris." I am credibly informed that, about ten years since, in this city, a lady died of puerperal fever, produced in her through the agency of her nurse-tender, who had left a house much infected with scarlatina to attend upon her. About two years ago another lady



thus lost her life; and in a few days after her interment scarlatina appeared amongst her children, and proved fatal to one. Yet, again, we find a Dr. Blakely Brown narrating, in one of our medical journals, eight cases in which scarlatina occurred in the puerperal state without inducing puerperal fever or fatal consequences. We sometimes meet with a rash not unlike scarlatina complicating puerperal fever, but it is not necessarily fatal.

Some years since, it was the habit at the Vienna Lying-in Hospital to entrust one portion of the patients in the institution to the care of male students, whilst the other was attended by females. Strange to say, after a very short period, it became manifest that the mortality amongst the former class was far greater than in the latter, which, on inquiry, was found to have resulted from the fact of the male students being daily engaged in anatomical pursuits. Consequent upon this *eclaircissement* they were superseded by females, after which the discrepancy completely disappeared, and an order was issued, that, for the future, no student so engaged would be permitted to attend. So much impressed am I with the truth of this observation, that I invariably refuse either to make, or assist at, necroscopic examinations, and am most particular in the ablution and deodorization of my hands after I have examined any female suffering from malignant disease of the genitals, or any other, accompanied with much purulent discharge.

In hospitals, puerperal fever is sometimes propagated apart from contagion. White says:—"It is conveyed from one patient to another by miasmata lodging in the furniture, &c.;" or, as Johnson states:—"As the apartments and furniture will imbibe some of the morbid effluvia arising from patients, the air must always be more or less tainted."

Many have been the theories advanced as to how the disease is brought from one female to another: for instance, by impurities adhering to the hands, clothes, and such like; yet after the most careful cleansing and purifying, together with strict attention in changing every article of dress, the result has been the same. A few years since a new and, to say the least, a very ingenious theory was advanced—that the breath is the medium of conveyance, whose *modus operandi* is as applicable in the case of the intervention of a third party as by direct communication; which, in the latter case, I believe will not be doubted by any one, but in the former it is not quite so evident, and is thus attempted to be explained:—That the doctor, or nurse, as the case may be, although not obnoxious to the

disease, may absorb its fomites, and give them out to the pregnant or parturient female, who is in a condition fitted to receive the malady thereby produced; and that in the case where typhus fever, erysipelas, or scarlatina is the engendering cause, even though she inhale the generating elements of those affections, she, having an immunity from them, may escape, yet in their stead an analogous disease is produced. It is a curious and interesting fact, that the pregnant woman will often resist infection, yet, when delivered, she shall become much predisposed to it; and again, although she be exposed to contagion for some time before delivery, she may not exhibit any sign or symptom of the disease; yet, after that event, the malady may appear in her without any subsequent exposure to its influence. Within the last year scarlatina of the diphtheritic type infected four children of one of my patients, who was carrying her tenth child. Being a very anxious and affectionate mother, she remained in constant attendance upon them, in total disregard of all that was said to her as to the probable danger to herself. She, however, then escaped. Her labour set in with much hemorrhage, which continued after delivery; nevertheless, she had an excellent recovery. But, at the end of a month, her children (all of whom recovered) were admitted to her room, and in a couple of days afterwards a mild form of scarlatina set in, of which she quickly recovered.

Dr. — related to me the following case, which is very apposite here:—"Mrs. —, when *enceinte* of her fourth child, was exposed to the infection of small-pox in her own children, for some weeks previous to her accouchement, without any appearance of the disease in her; however, two days after her delivery—*à terme* of a putrid child, with the skin peeling off—small-pox (evidently the destroyer of the fetus) attacked her, but she eventually recovered." This phenomenon we *occasionally* see further exemplified in the cases of females infected with syphilis, who, although contaminated by it, exhibit no external evidence of its presence in their systems until after the birth of their children.

In many instances it is impossible to pronounce whether puerperal inflammation be induced by contagion or epidemic influence, as they are often very closely associated; but, of the two, I believe the former to be the more fruitful element of propagation. That this disease, even when sporadic, is infectious, I doubt not; as also that it frequently, when so—particularly in hospitals—becomes epidemicized. In the majority of cases this malady, be it sporadic or

epidemic, sets in about the same time during the puerperal state—indeed I have seen it occur equally early in both instances; so that the fact of its having appeared within a few hours after delivery is no proof of the poison having been absorbed by the system before admission to hospital, which is still further confirmed by the fact that cholera and other diseases have suddenly seized upon persons in perfect health, who could not possibly have previously imbibed the poison. No doubt, puerperal fever attacks its victim sometimes before the birth of her child, without having been noticed; but the cases illustrating the immunity from disease generally enjoyed by the pregnant woman, now adduced by me, argue strongly against such as a rule.

I think, from what has already appeared, that I am fully warranted in asserting that the man who is engaged in anatomical pursuits, on the attendance of typhus fever, erysipelas, or puerperal fever in hospitals, or who is resident therein at epidemical periods, is very reprehensible in practising midwifery; and I also much fear that if such practices continue, and that preventive treatment be not more generally adopted, puerperal fever will become still more general.

Even though this disease be epidemic in its origin, we generally have sufficient warnings to enable us to adopt preventive measures, as, for some time previously, be it long or short, we meet with very slow recoveries, without being able satisfactorily to account for such. Dr. Collins, in his valuable work, has made the following remarks:—"Dr. Joseph Clarke states, it was generally observed that previous to puerperal fever becoming epidemic in the hospital, the patients recovered more slowly, or, to use the language of the nurses, it was more difficult to get them out of bed than usual. This, from experience, I have no doubt is the case; and, when observed, should arouse the medical attendant to adopt, without delay, every means he considers in the least degree calculated to prevent its occurrence." Dr. O. van Franke, in his report of the puerperal epidemic which occurred in Scanzoni's Midwifery Institution at Würzburg, in the months of February, March, and April, 1859, states:—"That precursory indications were met with at the end of 1858 and beginning of 1859, such as mild forms of endo-metritis and peritonitis. About February, irregularities in the parturient process were of frequent occurrence—as deficiency of pains, and still oftener irregular spasmodic contractions, spastic contraction and rigidity of os; the last condition, in some of the fatal cases, was the

cause of the excessive prolongation of the labour, which, independently of other complications, is a powerful predisponent to the disease."

4. The intimate connexion between the mind and the body, and the influence that each exercises on the other, are too well known to require any comment from me; but I believe that this fact is nowhere better exemplified than in the puerperal state. It is a trite and indisputable remark, that seduced females are particularly obnoxious to puerperal fever, which is with them very fatal. Drs. John Clarke, Mackintosh, Campbell, Ferguson, Cusack, and many others, have advanced similar opinions. Newspaper and other reports of deaths from this malady have an injurious effect upon the pregnant woman. Dr. John Clarke relates the case of a female who died of the disease, having been constantly prepossessed that she should do so, because her mother had died in childbed. About twelve years ago a lady came up to Dublin from an inland county, for her first confinement, in consequence of a very fatal epidemic of puerperal fever being then raging in her neighbourhood. Still she was much in dread of catching the disease, and dying of it; indeed she was not permitted to forget the subject, for, contrary to the repeated injunctions of her medical attendant, it was well rung in her ears by a fussy old mother, who each day, in her presence, even before labour set in, said to the doctor—"Has she got puerperal fever yet?" Suffice it to say, she did get it, or rather it was, as just stated, thrust upon her, and she succumbed, without any other predisposing cause having existed. A few days before her demise she was seen, in consultation, by a most eminent accoucheur in this city, who, at his first visit, remarked to her attending physician—"Doctor, you are more frightened than hurt."

Armstrong says:—"As anxiety of mind materially contributes to produce this disease, it should always, if possible, be timely allayed; and, where prevalent, if an alarm be abroad, the practitioner must, above all things, aim to inspire the apprehensive patient with a complete confidence in his powers of prevention."

The too soon admission of visitors to our patient's room has also a very deleterious effect, of which I have met many instances. Dr. John Clarke thus speaks on the subject:—"I need not observe how much great quiet and rest after labour must contribute to appease that irritation of the system which must be occasioned by the violent efforts of labour, and, therefore, of what great consequence it must be that all admission of company be carefully

avoided." Armstrong says:—"In the first week of confinements the rooms are crowded with a succession of friends and visitants, who generally converse over a large fire. As improprieties of this nature are often followed by disagreeable, and sometimes by fatal consequences to the sick, they cannot be too publicly and frequently exposed." It was, and, I believe, still is, the rule of the Dublin Lying-in Hospital not to permit visitors to patients until after the third day, experience having shown that violation of such a whole-some regulation was very frequently fraught with danger.

5. There are two periods at which those errors act deleteriously—during labour, and too soon in the subsequent convalescence—many instances of which must be familiar to the practical accoucheur; in confirmation of this, the following authors thus express themselves. White:—"If the woman's pains be not strong enough, her friends are generally pouring into her large quantities of strong liquors, mixed with warm water; and if her pains be very strong, the same kind of remedy is made use of to support her. Broths, or soups made of flesh-meat, especially if given warm, are injurious." Dr. John Clarke, who relates two cases of inflammation from the use of wine and spirits, says:—"Stimulants in labour are bad; if all be going on well there can be no occasion for them; and if ill, they are much more likely to do harm than good—and a fever afterwards may be the consequence. In general, it is better, I believe, to avoid animal food of all kinds till the stimulus arising from the secretion of milk has subsided, and will render them less liable to inflammation." Armstrong says:—"If we would lessen the risk of fever in general, and of puerperal fever in particular, we should enjoin the strictest antiphlogistic regimen, especially during the first four or five days; the use of cordials cannot be too positively and repeatedly prohibited." Campbell objects to the "too early use of cordials, or stimuli of any kind." My own experience would lead me to lay down, as a general rule, that animal food is improper, and ought not to be allowed to our patient till after the secretion of milk has been well established, the fever attendant thereon has subsided, and the pulse has come down to its natural standard. Stimulants, when used during labour, strongly predispose to hemorrhage; and when had recourse to, too soon after its completion, in the majority of instances, induce puerperal inflammation.

6. I am of opinion that hemorrhage is one of the most powerfully predisposing causes of this disease. Ferguson gives it and abortion

as causes. Denman says:—"It seemed also an observation of importance, that those women, who lost much blood at the time of delivery were more liable to this disease, and it was more commonly fatal to them." Burns:—"That hemorrhage seems to predispose to it." Hey and others record several cases so induced. Cusack mentions it as a cause. Armstrong thus speaks:—"It would certainly seem that hemorrhage during delivery does, in certain subjects, predispose them to attacks of the puerperal fever; and it was an observation of the late Dr. Clarke, of Newcastle-on-Tyne, who had seen numerous examples of this disease, that uterine hemorrhage had preceded the majority of the attacks." Many cases, consequent upon hemorrhage, are recorded by Collins and others, in their "Reports of the Dublin Lying-in Hospitals." Introduction of the hand into the uterus, for any cause, but more especially for the removal of an after-birth, morbidly adherent, and retention of the secundines, or portion of them, are justly considered as inducers of puerperal inflammation. Many such cases are mentioned by Cusack, and in the "Reports of Lying-in Hospitals." Armstrong says:—"That a part of the placenta left attached to the interior of the uterus is a cause" White:—"That putrid fevers have been occasioned from the retention of the secundines." Ferguson also states:—"That retained placenta is a cause." Collins thus writes:—"Abdominal inflammation is a serious consequence upon retained placenta from morbid adhesion." Campbell says:—"The disease is sometimes produced by retained portions of the placenta."

7. I have met with cases of *post partum* inflammation caused by drawing the breasts by artificial means, and by the adult mouth, too soon after delivery; as also from the sudden repulsion of the milk by vinegar, and such like applications, when cold, to the breast. Dr. Charles Johnson, many years since, mentioned to me the case of a lady in whom hysteritis was induced by the drawing of her breasts by the nurse.

8. I have seen and heard of many cases of inflammation caused by getting out of bed too soon; in the first week, and at a still later period, it is by no means infrequent to meet this disease, either in a primary or secondary form, from exposure to cold by the too abrupt removal of the binder, too light clothing, or by going out to walk or drive before the expiration of one month from the time of delivery; which, from experience, I believe to be the just limit, if all has gone on well, except under very peculiar circumstances; and the truth of this must be apparent, even to the most superficial

observer, when he bears in mind that the womb, which before impregnation measured two and a-half inches, and weighed about an ounce and a-half, and which had at the termination of utero-gestation increased to about 12 inches, and attained to the weight of several pounds, could not possibly return to its pristine condition in a shorter period of time; indeed a gentleman some time since, writing upon subinvolution of this organ, states:—"That even at the end of three months from delivery it has not gone back to its normal state." I think, however, I may fearlessly assert it to be of paramount importance to keep our patient in the recumbent posture so long as we can feel the uterus enlarged above the pubis, apart from all other reasons; neglect in this direction, if it does not cause inflammation at the time, will most assuredly lay the foundation of future mischief; and we have this strongly exemplified by the frequency of uterine disease consequent thereon, as well as upon abortions; it being no easy matter to induce ladies to remain quiet sufficiently long after the latter occurrence. Indeed in many instances they are not to be blamed, as their medical adviser makes little of the accident, never remembering that it is an unnatural process, and, therefore, more likely to engender disease. Professor Simpson, in speaking of "Sub-involution of the Uterus after Delivery," says, what is familiar to every man who has much experience in gynecology—"That rising too soon after confinement is one of its causes, and that we know that both in the healthy and in the morbid state, the uterus is apt to become more congested when the patient assumes the erect position, and that a morbid degree of congestion interferes with various physiological functions; and we can easily imagine that if a delicate woman gets up too soon after her delivery, and remains for a lengthened period erect, while the womb is still more than usually large, the circulation in its walls might get so impeded, and such an amount of congestion be produced as would prevent the normal changes in its walls, and impede the free absorption of its disintegrated particles." Dr. John Clarke recommends "the horizontal posture for some days," and says he has known "death to supervene on sitting up too soon after delivery." White says:—"One gentleman, deservedly of high character in the profession, in a late publication, has declared, that, in his own practice, he has seen more frequent instances of the puerperal fever from early sitting up than from all the accidental causes united." Campbell mentions "exposure to cold as a cause of the disease."

9. In the Twenty-fourth Volume of the *Dublin Journal of Medical Science* a paper may be found, by me, on Puerperal Convulsions, in which I have stated, as my conviction, that there is a manifest tendency of puerperal inflammation, which runs a rapid and often fatal course, to follow not only upon the disease, but also to complicate cases in which premonitory symptoms were present, and the affection prevented shortly prior to the advent of labour; which assertion subsequent experience has proved to me to be correct. Dr. Collins has alluded to this fact; and Denman thus speaks on the subject:—"In almost every case of convulsions that I saw in the early part of my practice there was evidently, after delivery, a greater or less degree of abdominal inflammation; but by the present practice of liberal bleeding, this has probably been prevented." My cases, now alluded to, as well as many others recorded in the several "Lying-in Hospital Reports," attest that "*free bleeding*" has not prevented the occurrence of this complication.

10. I have known many instances in which *post partum* inflammation had been caused evidently by the presence of uterine or other pelvic disease; and others, where pregnancy or labour had followed too soon upon its removal; besides it is not an infrequent incident to see labour rendered tedious, or complicated by hemorrhage from such a cause.

Dr. Henry Bennett thus writes:—"The presence of inflammatory ulceration of the cervix during the first stage of the puerperal period has appeared to me powerfully to predispose the patient to puerperal fever, and to abscess of the lateral ligaments. The uterus seems to retain a predisposition to inflammation in the puerperal state, even in the cases in which ulceration having existed during pregnancy, has been cured before parturition occurred. I have met with repeated instances of puerperal fever under these circumstances."

11. Not the shadow of a doubt exists in my mind that chloroform inhalation during labour strongly predisposes to puerperal inflammation, and that it produces the disease, either directly by poisoning the blood or otherwise, or indirectly by inducing hemorrhage, or chest affections, already stated to be promoters of the malady. I have known puerperal fever in many cases to have followed upon its administration. For further remarks upon this, as also for other objections to the employment of this "*pernicious drug*" at such a time, I must refer to the last Number of the *Dublin Journal of Medical Science*, in which may be found a paper by me, entitled



**"Practical Observations on the Injurious Effects of Chloroform Inhalation during Labour."**

If we are successful in avoiding or removing those causes which predispose to puerperal inflammation, our end is gained; but if such an issue be not arrived at, we must employ, as prophylactic, whatever remedy has been most successful in treating the disease; its dose, mode of administration, and such like, to be regulated by the number and force of the existing influences. As I believe that mercury fulfils this indication, I would recommend its employment in a mild way, commencing immediately after, and in some instances before delivery, and continuing its use until the milk has been secreted; or, failing it, no unfavourable symptom having arisen up to the time it ought to have appeared; for rarely, unless from neglect or malpractice, does this malady occur at a later period. Dr. Collins, in writing of morbidly adherent placenta, says:—"Much attention should be paid to the abdomen after delivery; and on the occurrence of the least tenderness, an antiphlogistic treatment should be adopted. Where the patient suffers much in the removal of the after-birth, I would recommend the use of calomel and ipecacuanha to be commenced immediately after delivery, so as to be beforehand with any inflammatory attack; a grain and a half of each every fourth hour will be sufficient, watching its effects on the system."

Dr. Armstrong says:—"It ought never to be forgotten that it is in the provident anticipation of disease the medical man most strikingly shows the force of his understanding and the efficacy of his art. If, notwithstanding every possible precaution, there should be the slightest accession of fever after parturition, and especially if the puerperal fever be prevalent at the time, or there be any circumstances in the patient which predispose to its attack, we ought to be extremely attentive; as any fever may pass into the puerperal, particularly where great anxiety and irritability exist, because the main force of the general excitement will be liable to fall upon the abdominal viscera, from the peculiar state of the vessels at that period."

In the still further carrying out of these views it is the duty of every accoucheur, from day to day, to give special directions as to what ought to be done, and what avoided; to look narrowly into the state of the pulse, of the different organs, and secretions, as any deviation from the normal condition should lead him at once to investigate more closely into the case, and thereby enable him to grapple more successfully with the disease in its infancy—a matter of great importance when we bear in mind the necessity of early

and active treatment for the removal of a disease, so fatal at all times, but more especially the nearer its occurrence is to delivery; as also for the prevention of secondary affections, as phlegmasia dolens, pelvic abscess or inflammations, diseases of the uterus, ovaries, &c., so often consequent upon imperfect cures. So thoroughly convinced am I of the advantage, nay, of the indispensableness of catching the malady *in limine*, that I make it a point with the nurse and friends of my patient to send *at once* for me on the slightest appearance of any unusual symptom; for I should prefer being called twenty times uselessly, to being left behind *once* when required. I wish most sincerely I could impress upon all the necessity for such a course, instead of merely writing a prescription, or giving some trivial directions to the messenger, the consequence of which not unfrequently is that the disease is beyond the reach of remedies before efficient means have been adopted.

Dr. Collins says:—"I cannot here omit urging the great importance of the medical attendant seeing his patient instantly on her being attacked; whenever this is practicable, it is of the utmost importance."

Gordon says:—"When the patient had been ill for a longer period of time than twenty-four hours before I was sent for, I generally found that the disease was no longer in the power of art."

Denman writes:—"When the fever has remained for a very few days, the putrid symptoms, which are usually according to the degree of the preceding inflammation, advance very rapidly. If the first stage be suffered to pass unheeded, the physician afterwards called in, however great his talents may be, will too often have the mortification of being a spectator of mischief which he cannot then remedy, and of an event which he can only deplore."

And again:—"It is above all things to be wished, that physicians had the early care of patients in this disease; for the dissections of those who have died have proved that very terrible mischief is produced in various parts with amazing celerity."

Dr. Gooch "has observed the curable stages in many instances to pass over so rapidly that unless the first approaches of the disease be detected, cases will now and then be lost, which might have otherwise been saved."

Armstrong writes:—"I am fully persuaded that it may generally be arrested in the beginning; but that if the first twenty-four hours from its marked appearance be lost, no human efforts, generally speaking, can afterwards atone for the error."

And again:—"Puerperal fever sometimes creeps on in a very insidious manner, the abdominal inflammation being marked by a diminished sensibility of the nervous system."

We have this remark frequently illustrated in cases of mania and convulsions, these affections, as it were, masking the rapidly progressing puerperal inflammation—another objection, in my opinion, to the use of chloroform.

As I believe there is not any malady which more strenuously calls for the *cito, tuto, et bene curare* treatment than the one now under consideration, in which opinion I am borne out by the foregoing quotations, we must be in possession of what are the best means of cure, and the obstacles to their successful adoption. The abstraction of blood is generally requisite, either locally or constitutionally; rarely now-a-days is the latter admissible; but mercury is our sheet-anchor, given so as to affect the system—in very bad cases nothing short of salivation being sufficient either for its removal or for the prevention of those secondary affections already alluded to; for I hold it as an axiom that where active treatment has been adopted in the beginning the recoveries are better and quicker, and no unpleasant sequelæ result.

Armstrong has remarked:—"That where half measures have been employed, and when the patients have had lingering recoveries from this fever, other diseases are very apt to supervene.

Hall mentions—"Phlegmasia dolens as succeeding to many cases of puerperal fever."

The objection to venesection is, that of late years the type of the disease, although inflammatory, has been of an asthenic nature; the same holds good against the too great abstraction of blood locally; and, besides, the repeated application of relays of leeches answers, by far, better, is more manageable, and does not weaken. The advantages derivable from this mode of leeching were frequently pointed out by the late Professor Graves in his valuable Clinical Lectures. With respect to the use of mercury, I think I may with safety assert, that in no case has there been a fatal issue where there were distinct evidences of the system having been affected by it; at least, I do not know of a single well authenticated one. I have seen some in which the mouth was said to be sore; but such state was not caused by systemic mercurialism; the characteristic fetor was absent, and aphthæ were visible in the mouth, on the throat, and fauces—either the result of mechanical irritation, or being associated with dysentery or bad diarrhea, which affections are very

common in *post partum* inflammations, often very difficult to remove, and frequently a barrier to the use of this valuable remedy.

Denman thus speaks:—"The bowels are, in general, very much disturbed; and in some cases a looseness takes place immediately upon the accession; in others, in three or four days after, or not until the last stage of the disease; but it very seldom fails to attend; nor can it be removed without the greatest difficulty as well as danger, before the disease is terminated."

Hey and Hulme also mention such an occurrence. Twenty-six of fifty-nine cases recorded by Collins were so complicated, as were also forty-four of fifty-four given by Hardy and M'Clintock.

Beatty, in writing on phlebitis, says:—"It is almost impossible to produce salivation, no matter in what way the mineral is employed; and if given by the mouth, it is very frequently productive of distressing diarrhea."

Thus it is evident, that we frequently have to deal with a very serious impediment to our successful treatment of puerperal inflammation, which arises in one or both of two ways, either from its connexion with the disease, or from the use of medicine for the cure of the malady. Our object, therefore, must be to adopt such a line of practice, and such a combination of remedies as shall be most likely to prevent the occurrence of so obstructive an influence. In this I think we can succeed, as I constantly do, by an early administration of the mineral, and by giving it in moderate doses in conjunction with opium and bismuth. Opium here has a twofold beneficial effect, by its curative action on the inflammation, and by its astringent property preventing the mercury passing off by the bowels; but if we see our patient for the first time, when diarrhea has set in, we cannot be certain that mercury, be it never so well guarded by opium, will not aggravate this complication, especially as opium, in some exceptional cases, has been known to purge; but such is not the case with bismuth, which I have been, for some years, in the habit of combining with mercury and opium in abdominal inflammation, and I have never yet seen any unhealthy action of the bowels after its employment. I have also constantly given such a combination even where diarrhea was present, giving the mercury in very small doses by the mouth, together with its endermic use, and in not one instance have I seen the bowel complaint increased, but, on the contrary, it has been arrested. For the knowledge of this action of bismuth I am indebted to my friend, Dr. Alfred Hudson; as also for the magic curative effect of enemata of nitrate

of silver in this troublesome form of diarrhea. On some of the uses of this latter remedy a very valuable paper, by him, is to be found in the Seventeenth Volume of the first series of the *Dublin Journal of Medical Science*. As adjuncts to treatment we employ stupes, turpentine epithems, turpentine internally if much flatulency exists, linseed-meal poultices, hot dry bran (commonly known as the bran poultice, which has all the advantages of a perpetual fomentation, besides those of being easily borne from its lightness, and of retaining the heat for hours), and blisters, in some instances dressed with mercurial ointment.

D. O. van Franke's treatment of the epidemic at Würzburg was very similar. It consisted of local bleeding, cataplasms, mercurial inunction, with calomel and opium. But we occasionally meet with cases in which, for some reason, mercury is not admissible; with others, where it has been pushed to a certain extent without much benefit, yet it is not advisable to continue its use; and with others still, in which the mineral has been stopped too soon, and, nevertheless, too late to resume it. In each and all of such cases secondary affections are likely to supervene; and in which I have found success to follow upon the employment of quinine with opium, bark with ammonia, chlorate of potash, sesqui-chloride of iron, and such like; together with broths and stimulants, as brandy, &c. When the pulse keeps up for a lengthened period without our being able to lay our finger upon any mischief, the administration of hydrocyanic acid with digitalis and morphia, has been most beneficial. I am firmly convinced that in many instances a fatal issue has occurred, either from the disease having been overlooked or its symptoms disregarded until too late; the physician having taken the report from the nurse or friends of the patient, instead of examining for himself; of which the following anecdote is illustrative. Some years since, on the occasion of my first visit to a lady after her confinement, she appeared much surprised at my inquiries and examinations, and then said—"Doctor —, my former attendant was never so particular. His habit was merely to come up to, and lean over the foot of my bed, and say, 'How are you to-day, Mrs. G.? Any news? Good day.'" Yet even with the more careful physician—but who does not attach that well-merited importance to each or any of the following symptoms; Quick pulse, slight but obscure uterine or iliac tenderness, and pain, rigors, sleeplessness, prolonged after-pains, faulty secretions, &c.—mischief may accrue; for, surely, puerperal inflammation is an insidious malady.

Of all the symptoms of impending inflammation, taken individually, I believe the condition of the pulse to be the most important; for I never yet saw inflammation arise when the pulse had remained steadily at or under 76, during the first week, unless manufactured; however, I have, on more than one occasion, met with it—the pulse being only 84. But if it does not come down immediately on delivery; or, if it keeps up to 100 for seven or eight days—unless from loss of blood, debility, or nervousness—I should be very solicitous for the result. Of course I do not mind its temporary elevation at the coming of the milk. With some females change of posture—as sitting up to nurse, and such like, the mere entrance of the physician, or some other temporary excitement—is sufficient to disturb the circulation; but by calming our patient, in drawing her attention to something beyond herself, and by causing her to lie *flat* on the bed, we shall find, by counting the pulse two or three times for not a shorter period, on each occasion, than one minute, that it will come down gradually to the normal standard. If, however, we let our patients know that we attach any importance to the circumstance, the chances are that quite the opposite shall result, which then may be regarded as a negative proof. The use of wine or other stimulants may cause a similar state; but as we cannot in all cases be aware of such—it being the object of both patient and nurse to conceal it from us—it behoves us to look sharply for other symptoms, and if they be present, matters then become more serious. I have had patients to whom a quick pulse was natural. I was lately attending two ladies, in one of whom the pulse is always intermittent when she is well, but becomes regular when she is ill; and, in the other, the pulse was natural up to the ninth day, when, on visiting her, I found it intermitting and irregular, consisting of a single and double beat with a sort of bruit in the right side of the heart. On the following day it was perfectly natural again, and has remained so ever since. As I looked upon it as a nervous condition—having heard that she had heard some disagreeable news—I ordered her an antispasmodic and sedative draught. Some years since, a lady in this city, caused great anxiety to her physician and his consultants, as after her first confinement her pulse was very quick, and remained so, without any other symptoms of disease, for a lengthened period, no remedy having had any effect upon it; when at last it was discovered that such a condition was natural to her. As she is now remarkable for changing her medical attendant, she takes much

pleasure in watching the anxiety of each new comer as he counts the pulsations, and then laughing at him. During puerperal inflammation, the coming down of the pulse is one of the best signs; still we must not let ourselves be thus led into error, and give, from its occurrence, a favourable prognosis; for it was an axiom when I was a student—and is so at the present day with the practical accoucheur—that not any amendment in this disease is reliable which does not continue for at least twenty-four hours; the pulse is often brought down temporarily by medicine, such as opium, &c., administered for the amotion of the malady, or by the advent of a rigor; and again, I have found it regular and slow at one time of the day, and the opposite at another—and even alternately slow and quick for days, without any assignable cause.

In estimating the value of abdominal tenderness, we must bear in mind that we sometimes have it in a slight degree, with a rigor and pale lochia at the coming of the milk, when generally it is of no moment; nevertheless we must be careful, as it sometimes passes into inflammation; but tenderness, never so slight, under other circumstances, is a more serious affair, and is often—if not arrested at once—the harbinger of a fatal result. With respect to the state of the lochia, in puerperal fever, there is a diversity of opinion—some holding that it is changed or arrested, and others, that it remains natural. Hamilton says:—"That the unchanged and natural flow of the lochia is a peculiar pathognomonic symptom of puerperal fever." My experience would lead me to say that it is not always affected; but more generally is in the hysteritic form. I have never seen a female die of this disease with her breasts fully distended with milk; nor one who had retention of urine, requiring catheterism for days—indeed I have hailed this last symptom as most favourable in peritonitis, apart from the puerperal state. Denman has remarked—"It is remarkable that not one instance has been observed of any woman who had an abscess in the breast being attacked with this fever; nor of any one who, in consequence of her labour, had such an affection of the bladder as to occasion a suppression (query retention) of the urine."

I am of opinion that mischief often arises from the medical man not visiting his patient regularly for the first nine days, and from not continuing his attendance for a much longer period, for I am convinced that in the second week disease not unfrequently arises; perhaps often from the patient making too free, in some way or other, she believing herself free from all bad consequences, as the

doctor has ceased his attendance, of which the following is illustrative:—A lady went on well for nine days, when her physician left her. She, considering herself safe, and not having been cautioned, went out to drive about the 18th day after her confinement; but the result was lamentable, as she was in her grave within six weeks from the birth of her child—the result of phlebitis. There are two very unpromising symptoms which occasionally occur in puerperal fever, and to which I have not seen any allusion made—the one is an abominably, fetid, dark, and pitchy alvine discharge, of so strong and persistent an odour, that it is perceivable for a lengthened period after its removal from the bed-room, and is observed at a great distance before entering it—once experienced it never can be forgotten; the other is a species of delirium, characterized by the abuse of, and bringing false charges against, her nearest and dearest friends—generally accusing her husband of harsh and unkind treatment. Yet such is not to be wondered at when we remember the words of Drs. John Clarke and Armstrong—the one says:—“The indifference of the mother towards her child is a common symptom;” and the latter remarks, “that the mother, so lately all solicitude for her child, now seldom inquired after it; whatever may be the cause of this curious phenomenon, it indicates an extraordinary power of disease, which even in a few hours paralyzes the maternal affections.” About 18 years ago, from my knowledge of this latter symptom, I was enabled to give great consolation and comfort to a family, a member of which had died of puerperal inflammation; but who during the last twelve hours of her life made most extraordinary charges of cruelty against her husband, which astonished every one; and, although all professed not to believe in the assertions, still an estrangement took place between them, and was lasting for about a year, when I was called to see her sister, with puerperal hysteritis; and during one of my visits, after her recovery, she spoke of her sister, and of her delirium. On my inquiring if such was the nature of it, she burst out crying, and expressed herself as grateful for my having thus accidentally described it; it is needless to say, that almost from that hour, a more lasting friendship has existed between the widower and his wife’s relations and friends.

The following cases are a few of the many illustrative of the evils now drawn attention to, which, from time to time, have come within my knowledge:—

1. Mrs. D.’s seventh labour was complicated with retained placenta



and such alarming hemorrhage (requiring the introduction of the hand) that it was not considered safe to leave her bedside for several hours. Her medical attendant, who resided about two miles from her, did not revisit her for 36 hours; and even then, as well as on the two following days, his visit was merely formal. On the fifth day she complained of some abdominal uneasiness, with quick pulse and fever, but no milk was secreted, and the breasts were flaccid; ordered to be stuped. On the sixth day symptoms very much aggravated; given mercury with opium, with repetition of stupes. On the seventh day delirious, on which evening she expired.

2. Mrs. G., after her fourth labour, progressed favourably up to the fourth day at evening, when she had a severe rigor, followed by much abdominal pain and tenderness. Her physician, who resided about three miles distant, was immediately sent for; but, instead of at once responding to the call, he sent a recipe, with some trivial directions to the nurse-tender, and did not visit the lady till eighteen hours afterwards, when he found her so very dangerously ill that he called out for further advice, after which two eminent medical men saw her. Appropriate and energetic treatment was then employed, but, alas, too late, for she died on the seventh day, having been comatose for twelve hours previous to her demise. No alleviation in her symptoms took place at any time.

3. Mrs. N., on the morning of the third day after her second labour, was seized with a rigor and severe abdominal pain and tenderness. Her husband went at once to her physician, who, having been out all night at a party, was in bed; he did not visit her, but merely directed that she should be stuped, and to have a warm drink. At the end of twelve hours he was again called, when he sent a less experienced man to visit her; and on the following day a large consultation was held, but all to no avail, for time had done its work, and she died delirious on the succeeding day at noon.

4. Mrs. B., during the first week after the birth of her third child, had some obscure inguinal tenderness, accompanied by uneasiness in the part, which had been overlooked; and even where the more marked symptoms of lurking mischief—such as irregular rigors, quick pulse, scanty and fetid lochia, with sleeplessness—had been continuing for days, the case was lightly treated, having been looked upon as merely ephemeral fever. However, it eventuated in phlebitis and arthritis, and she died in a most pitiable state at the end of five weeks.

5. Mrs. M., on the third day after the birth of her second child, complained of some pain and tenderness in the left inguinal region. The medical attendant, although his attention had been drawn to it by a very experienced nursetender, made little of it, and said it was the coming of the milk, yet the breasts did not point out such to be at all likely. The nurse of herself fomented her well; but on the following day she was so much worse that further advice was had, after which very active and energetic measures were adopted, which saved this lady's life; but her recovery was very tedious, and for days her life was in the balance.

6. Mrs. B., in the first week after the birth of her fifth child, had, continuing for days, irregular rigors, perspirations, heats and chills, dark scanty and fetid lochia, and sleeplessness, which her physician treated as ague. However, as matters, instead of improving, were becoming worse, her friends, contrary to his wish, had a pure physician to see her, who immediately placed his finger over the seat of mischief—inflammation in the left ovarian region. Suffice it to say, appropriate and active treatment was then employed, after which this lady, whose life had been so long in jeopardy, slowly but completely recovered.

7. Mrs. S.'s case, after her first confinement, was so very similar to Mrs. B.'s, even to the fact of the disease having been discovered by a pure physician, that I shall not enter into the particulars further than to state that, unfortunately, more time had elapsed before the *eclaircissement* took place, and the issue was fatal.

8. Mrs. W. was delivered naturally of her second child, some thirty miles from Dublin. On the fourth day after its birth she felt some uneasiness in the left inguinal region, to which little or no attention was paid. However, as matters were not improving, and as unequivocal symptoms of phlebitis were appearing, an accoucheur of eminence in Dublin was brought down to see her, who at once discovered the malady, and by active and appropriate treatment rescued her from the grave; but she had a very anxious and protracted recovery. She has had many children since, followed by good recoveries, and is now married to her second husband.

The following cases have been selected from several others illustrating the facts now laid down by me, as also the advantages derivable from preventive and early treatment:—

#### ACCIDENTAL HEMORRHAGE—HAND PRESENTATION—VERSION.

1. Having been summoned hurriedly to visit Mrs. O., who was bleeding profusely, when in labour of her fourth child, and having satisfied myself that the hemorrhage was of the accidental species, I at once proceeded to rupture the membranes; but as in so doing I found an arm presenting, I, without any delay, passed on my hand, turned, and brought a living male to the world. As soon as possible after delivery she commenced taking pills, containing small doses of blue pill with opium, every fourth hour; which treatment was continued up to the third day, when it was stopped, as no unfavourable symptoms had appeared, and as the milk was well secreted. She rapidly convalesced, and nursed her baby for the usual period. About three weeks after her confinement she was attacked severely with cholera, which was then prevalent in Dublin, from which she recovered, under the judicious treatment of Mr. George H. Porter.

#### BRONCHITIS.

2. Mrs. B. was delivered of her thirteenth child (a male) by the lever,

in consequence of ineffective and harassing uterine action in conjunction with a severe attack of bronchitis.

Immediately after delivery she was ordered blue pill, ipecacuanha, and Dover's Powder, in pill, every third hour, together with stimulating liniments to the chest. On the third day, as the milk was well secreted, the chest was freer, and no unfavourable symptom having arrived, the pills were discontinued, and for them an expectorant mixture was substituted. She had an easy convalescence, and nursed her baby for nine months.

#### UTERINE DISEASE—HEMORRHAGE.

3. Mrs. R. had a very tedious and difficult first labour, requiring the use of ergot of rye, and subsequently the employment of the lever for its completion in the birth of a large male child. Before the expulsion of the placenta, severe hemorrhage set in; which continued for some time after the extrusion of that viscus, but was arrested by cold applications of vinegar and water, cold water enemata, and large doses of tincture of opium. Shortly after labour she commenced taking small and repeated doses of blue pill and opium, which were continued up to the fourth day, when, as the milk was well secreted and no unfavourable symptom having arrived, they were stopped. She nursed her baby.

This lady had been married for many years without ever having been pregnant, in consequence of uterine disease, accompanied by frequent hemorrhages; but she proved *enceinte* before the complaint had been completely removed, having neglected my repeated injunctions to live apart from her husband until after that event.

#### HEMORRHAGE—UTERINE DISEASE.

4. I was summoned, in consultation, to see Mrs. G., who was bleeding profusely after the birth of her fifth child. The hemorrhage was arrested by means of cold water, cold water enemata, cold vinegar and water applications, cold water vaginal injections, with large and repeated doses of tincture of opium. As this lady was subject to hemorrhage in all her former labours—upon two of which puerperal inflammation followed; and as there was evidence of a diseased condition of the os uteri, she was put on small doses of calomel and opium, which were repeated at intervals up to the third day, when, as the milk was abundantly secreted, and no bad symptoms having appeared, all treatment was abandoned and she continued to nurse her baby, having had a very good recovery, rather a contrast to her former convalescences which were always slow. In her subsequent labours hemorrhage was prevented by appropriate treatment.

#### BRONCHITIS.

5. Mrs. L., when in labour of her ninth child was seized with a very severe attack of bronchitis. Immediately on the birth of the baby (a female) she was given small and repeated doses of blue pill, ipecacuanha, and Dover's Powder, and a stimulating liniment was rubbed, twice daily, to the chest. On the third day, as the chest was much freer and the milk was well secreted, the pills were given at longer intervals; and on the following day, as no unpleasant symptom had appeared, an expectorant

mixture was substituted for them. She continued to nurse her baby; and the chest affection was completely removed. She has had another child since, after an easy labour, which she also nursed.

#### ARM PRESENTATION—VERSION.

6. Mrs. C., when in labour of her sixth child, sent for me in haste, as the waters had escaped in great quantity. Having, on examination, found an arm presenting and the funis prolapsed, I immediately turned and delivered her of a male child, which was very weak; but by means of a warm bath and frictions he was completely resuscitated, and is now a very healthy lad. The prophylactic (mercurial and opium) treatment was employed, as in the former cases, until the evening of the third day, when the milk was well secreted. She had a rapid recovery, never having had an unfavourable symptom.

#### ARM PRESENTATION—VERSION.

7. In Mrs. M.'s second labour the child (a male) presented with an arm, and was stillborn. Version was performed, but with some difficulty, as the waters had drained off some hours. Immediately after delivery she was given small and repeated doses of blue pill with opium, until the third day, and then stopped, as the milk was well secreted and no unfavourable symptom had appeared.

#### HEMORRHAGE—UTERINE DISEASE.

8. Mrs. B.'s third labour set in with violent accidental hemorrhage, which was arrested by the usual means; but after delivery the bleeding returned; and finally yielded to cold affusions and large doses of opium. She also had uterine disease. As soon as possible afterwards small and repeated doses of blue pill with opium were administered, and continued to the fourth day; but then stopped, as there was a good supply of milk and not any unfavourable symptom had manifested itself. She recovered quickly, and nursed her child (a boy) for the ordinary period.

#### BRONCHITIS—HEMORRHAGE.

9. Mrs. C.'s first labour set in with a severe attack of bronchitis, and was followed by hemorrhage, which was controlled by cold applications and cold water and opiate enemata. Within a few hours after delivery she was ordered small doses of blue pill, ipecacuanha, lactucarium, hyoscyamus, and bismuth, every third hour. As, on the third day the chest affection was lessened, there was not any indication of abdominal inflammation—the breasts were well distended with milk; an expectorant mixture, consisting of ipecacuanha, wine, chloric ether, paregoric elixir, and almond emulsion, was substituted for the former treatment, which was then given up. She had an excellent recovery, and nursed the baby for the usual period. This lady was delirious as the head was passing through the os uteri—a symptom well known to the practical man not to be dangerous, but far from uncommon, especially in primiparous cases; nevertheless, not very long since, a medical man being much alarmed at its occurrence in a case, and ignorant of its cause and innocuity,

absolutely perforated the head of a living child. Mrs. C. lost her life in a subsequent confinement from puerperal inflammation, induced by a chest affection, under the care of another medical man who neglected the adoption of prophylactic or any other treatment until too late.

## STIMULANTS—HEMORRHAGE—EPIDEMIC.

10. Mrs. D., a lady of highly nervous and excitable temperament, when in her second labour (of a boy) was given much brandy by her nurse-tender. Immediately on the termination of the second stage severe hemorrhage set in, which was arrested by the extrusion of the placenta, and applications of cold water, cold water enemata, and large and repeated doses of tincture of opium. As soon as possible on the completion of labour—in consequence of the above complication, as also *post partum* inflammation being then epidemic in this city—I ordered her small and repeated doses of calomel with opium and bismuth, to be continued up to the secretion of milk, and till all likelihood of inflammation had passed over, which arrived on the evening of the third day. The pulse, however, kept up for a few days; but came down under the use of prussic acid, morphia, and digitalis. She nursed the baby for three months, when it died, in the country, from pneumonia.

## TEDIOUS LABOUR—LEVER—HEMORRHAGE.

11. Mrs. H., when thirty-six hours in labour of her second child (a male), was delivered by the lever, in consequence of want of sufficient uterine action, stimulating enemata, three half-drachm doses of ergot of rye, and other means having previously failed to effect the desired object. The membranes had ruptured early in labour, and the pains were not at any period good. Shortly after the expulsion of the placenta pretty smart hemorrhage set in, which yielded to cold applications and a large dose of tincture of opium. Very soon afterwards she was given small and repeated doses of blue pill, with opium and bismuth; which treatment was given up on the third day, as there was a good secretion of milk, and matters in other respects were progressing favourably; she nursed her baby for the ordinary period. This lady was four days in labour with her first child, which was delivered by the crotchet.

## HEMORRHAGE.

12. Mrs. T.'s labour was so quick that the child (a male) was born as I entered the house, although there had been no delay in sending for me. Severe hemorrhage set in almost consentaneously with the birth of the baby, which continued after the extrusion of the placenta, but finally yielded to cold affusions, cold enemata, and large and repeated doses of laudanum. As soon as possible afterwards she was ordered small doses of blue pill, with bismuth and opium, every fourth hour, until the milk was fully secreted, and that there was not a likelihood of inflammation, which occurred on the evening of the third day, from which time she nursed the baby for the ordinary period.

## HEMORRHAGE.

13. Mrs. C.'s labour was complicated with severe hemorrhage, shortly

after the expulsion of the placenta, but it was arrested by cold applications of water, vinegar and water, cold water enemata, and large and repeated doses of tincture of opium. As, in addition to the hemorrhage, this lady had a severe attack of puerperal inflammation after the birth of her first child, she was at once put on small and repeated doses of blue pill, with bismuth and opium, which were given up on the fourth day, as no unfavourable symptom had arisen, and the milk was secreted. She nursed her child (a girl) for the customary period.

#### UTERINE DISEASE—TENDENCY TO HEMORRHAGE.

14. Mrs. L., after the birth of her third child, had been ill for some time, under the care of a physician of eminence in this city. She had unmistakable symptoms of uterine disease, even to retroflexion of the organ, yet, strange to say, she was treated for neuralgia. She then became a patient of mine; but, before the disease had been completely removed, she became *enceinte*, and, consequently, all further treatment for the malady was postponed until after her delivery. As she had on former occasions suffered from *post partum* hemorrhage, I gave her ergot of rye as a preventive, just as the head was on the perineum, which had the desired effect. However, as the uterine disease still existed, I ordered her small and repeated doses of blue pill, with bismuth and opium, for a couple of days; but treatment was then abandoned, as the milk was well secreted, and no unfavourable symptom had appeared. She nursed her baby for a few days, until a wet-nurse was procured, as she never intended to continue doing so.

#### HEMORRHAGE—RETAINED PLACENTA—HAND INTRODUCED.

15. Mrs. G. was unexpectedly seized with labour of her second child (a male) at a distance of seven miles from Dublin, in which condition, late on a Sunday evening, she drove into the city; and, having been cold and fatigued, she was induced to take some hot brandy punch. The labour was very rapid, and followed by very severe hemorrhage and retained placenta, requiring the introduction of the hand for its removal. Almost immediately after delivery she was ordered small and repeated doses of calomel with opium. On the morning of the second day the pulse was quick, the lochia pale and scanty, with some obscure tenderness in the left inguinal region, discoverable only by deep pressure with the points of the fingers; six leeches were at once ordered, and the pills to be taken at shorter intervals. However, her nurse-tender, considering her opinion better than the doctor's, persuaded the lady that she was going on well, and that all treatment ought to be given up; to which she foolishly assented; in consequence of which, towards the end of the day, I was summoned hurriedly to visit her, when, on my arrival, I found the fever far higher, the pulse flying, and the tenderness very much increased. I therefore ordered twelve, instead of six, leeches to be applied, without any delay, to be followed by repeated poultices of linseed meal; and, in addition to giving the pills, assiduously to rub mercurial ointment into the axillæ and inguinal regions night and morning. Under this treatment the inflammation was subdued, pyalism having been previously produced. She had bad diarrhea for some days; the pulse kept up for a fortnight

after delivery, when an abscess formed in the sole of the left foot, which was opened, after which she had tonics and nourishing diet. Her milk was secreted, and she nursed the baby for several months. I have no doubt that the abscess was of a phlebotic nature, and was induced by the delay in treatment, aided by her going out too soon, contrary to advice. This lady has since given birth to four more living children, without any untoward circumstance.

#### TWINS—DROPSY—HEMORRHAGE.

16. Mrs. G., when pregnant for the second time, was prematurely confined, at the eighth month, of twins (males, presenting with the head). Subsequent to the expulsion of the placenta, which was thrown off at the usual period, very severe hemorrhage set in, which was controlled by cold affusions, cold water and vinegar applications, cold water enemata, with large and repeated doses of tincture of opium. In consequence of the bleeding, and the anasarca condition of the legs, genitals, and entire abdomen, from which she had suffered for the last two months of utero-gestation, I ordered her to take small and repeated doses of calomel, with opium and James's Powder, commencing immediately after delivery. On the second day the pulse was very quick and wiry, the tongue furred, the lochia suppressed, together with exquisite pain coming on in paroxysms, and much tenderness over the uterus. She was at once bled to syncope, which gave her ease for the present; and she was enabled to lie down, which previously was impossible for her to do; the pills were given in larger doses and at shorter intervals, and mercurial ointment was rubbed, night and morning, into the axillæ and inguinal regions. Diarrhea set in in a few days, but not before the mineral had affected the system (the mouth having been made sore), and the inflammation removed. Milk was not at any period secreted.

#### ARM PRESENTATION—VERSION.

17. Mrs. P., a young and inexperienced lady, being a stranger in Dublin, intrusted herself to the care of a midwife. After several hours of violent but ineffectual labour, having been sent for, I found, on examination, the membranes ruptured, and an arm low down in the vagina. As the pains were violent, and the uterus contracted upon the body of the child, I at once administered to her a full opiate; and, after its action, I proceeded without further delay to turn, which after some difficulty I succeeded in doing, and brought a stillborn male to the world. She was then given small doses of blue pill with opium, every fourth hour. On the second day, as symptoms of hysteritis set in with suppressed lochia; she was given the pills, with the addition of calomel at shorter intervals, 12 leeches were applied over the uterus, and followed by relays of linseed poultices. Under this treatment the disease was removed in a couple of days; but the milk was not secreted. Diarrhea set in after the system had been affected by the mineral, and was troublesome for some days, after which it yielded to the ordinary treatment.

#### PREMATURE LABOUR—ARM AND FUNIS PRESENTING—HEMORRHAGE.

18. Mrs. G.'s seventh labour was premature at the seventh month, the

child—a boy—presenting with the arm, complicated by prolapsed funis, was delivered by version, but stillborn, it evidently having ceased to live for some time previously; a great amount of hemorrhage preceded and followed upon delivery, which was arrested by large and repeated doses of tincture of opium, together with cold applications. As soon as the fatigue of labour had passed off, she was given small and repeated doses of calomel with opium. On the second day some uneasiness, accompanied by slight tenderness on pressure, over the uterus, was experienced, which yielded to the mercurial treatment and stuping. The lochia were natural in appearance, but scanty; the mouth was slightly touched, and the milk was abundantly secreted on the fourth day. It is rather unusual for hemorrhage to continue after version; and in this case I am inclined to think that it was kept up by the diseased condition of the os and cervix, which were both inflamed and ulcerated—another predisposing cause to the hysteritis above alluded to.

#### UTERINE DISEASE—INNUPTA.

19. Miss S. came up to Dublin, from the south-west of Ireland, to be confined of her first living child—a female. Early in the preceding year she was under treatment for severe inflammatory congestion and ulceration of the os and cervix uteri, with enlargement of the organ; evidently produced by arrest of sub-involution of the uterus, consequent upon abortion. Almost immediately on the removal of the disease she proved pregnant, and suffered intensely from sickness of stomach during the entire period of gestation. In a few hours after the birth of this child she was given small and repeated doses of blue pill with opium. On the second day she had some slight uterine tenderness, without any arrest of, or other change in, the lochia; which, however, yielded to a persistence in the use of the pills, in conjunction with stuping and bran poultices. The milk was fully secreted on the fourth day, and she nursed the baby for about a week, being then obliged, from the circumstances of her case, to hand it over to a wet-nurse.

#### EPIDEMIC.

20. Mrs. N., residing a short distance from the city, after a very tedious first labour, was naturally delivered of a male child. As many deaths were then occurring in her immediate neighbourhood, as well as in the city, from puerperal fever—then epidemic—I ordered her to have small and repeated doses of calomel with opium, commencing immediately on delivery. On the evening of the same day she complained of great pain over the uterus, together with much tenderness upon pressure. The lochia had ceased. Her pulse, which had not come down after delivery (almost always a sign foreboding mischief), was very rapid, bounding, and wiry. I at once bled her to fainting; having first placed her in the erect position. The calomel and opium pills were given in larger doses and at shorter intervals; mercurial frictions, hot and dry bran poultices having been also employed. On the following day she was much better, and continued to improve from day to day. The milk was well secreted on the fifth day, when she nursed her baby, and continued to do so for the ordinary period. A severe attack of diarrhea set in; but not before the



mercury had removed the disease and affected the system ; it, however, yielded to treatment. Her pulse kept up for some days, but came down under the use of digitalis with Dover's Powder.

## UTERINE DISEASE—EPIDEMIC.

21. Mrs. E. had a very tedious labour with her first child—a male—which was brought into the world by the lever. As this patient had on a couple of occasions aborted, as there was reason to believe in the existence of uterine disease, as the pulse had not come down after delivery, and as puerperal fever was then epidemic, she was, without any delay, given small and repeated doses of blue pill, calomel, and opium. On the second day the pulse was very rapid and wiry. There was some deep-seated tenderness in the left inguinal region, only discoverable by steady pressure with the points of the fingers ; the lochia were scanty, fetid, and bad coloured. Eight leeches were at once applied, and followed by repeated relays of linseed-meal poultice ; the pills were given at shorter intervals, and mercurial ointment was rubbed daily into the axillæ and inguinal regions. On the eighth day the pulse had come down to the natural standard, all inflammation had been subdued, and the milk was fully secreted. This female, on a subsequent occasion, fell into other hands, but died of puerperal inflammation ; remedial measures not having been employed till too late.

## UTERINE DISEASE.

22. Mrs. D. came to Dublin, from a midland county in Ireland, for her third confinement. She was seized with labour in the train on her way up. After the birth of the child—a female—some slight draining set in, which ceased on the placenta coming away. As this lady had been under treatment for uterine disease, but proved pregnant before its complete amotion, and as the pulse kept up after delivery, she was without delay put on small and repeated doses of calomel, blue pill, and opium. On the following day a very sharp attack of hysteritis set in, with arrest of the lochia. The pulse was very quick, full, and bounding. She was placed erect in bed, and bled to fainting ; the pills were given in larger doses and at shorter intervals. Hot bran poultices having been kept constantly employed over the uterus, in a few days the disease was completely removed, the lochia had returned naturally, but milk was not secreted. A severe and troublesome diarrhœa set in, which eventually yielded to treatment ; but the mercury had previously affected the system, as evidenced by a sore mouth, &c. The uterine disease was long since removed ; and this lady has had four children, without any return of the inflammation, or of the uterine affection.

## EPIDEMIC.

23. Mrs. R. had a very tedious confinement with her first child (a boy), apparently caused by neglected false pains, terminating in labour. Stimulating enemata, ergot of rye, and other means having failed to effect delivery, recourse was at length had to the lever. Almost immediately afterwards, this lady was given small and repeated doses of

calomel and opium. On the evening of the second day severe hysteritis set in, the lochia having been suddenly suppressed. She was then placed in the erect posture, and bled to fainting. Pills were continued in larger doses, and at shorter intervals. During the first two or three days, as tenderness continued, small relays of leeches, followed by linseed-meal poultices, were employed; and finally a blister was required before all uneasiness was removed; but then she rapidly recovered—the system having been affected by the mineral, as evidenced by the state of the mouth, breath, &c. Diarrhea then set in, but was gotten under by ordinary treatment. Mrs. R. had rather severe secondary hemorrhage on the eighth day after her second accouchement, and subsequently was under treatment for uterine disease. She has had two children since, and is now in perfect health, and residing in the west of Ireland.

#### UTERINE DISEASE—HEMORRHAGE.

24. Mrs. D. suffered severely from hemorrhage after the birth of her first child (a boy), but which eventually yielded to cold affusions, cold water enemata, cold water vaginal injections, together with large and frequent doses of tincture of opium. In consequence thereof, as also of her having been cured of uterine disease following abortion shortly before she conceived of this child, she was, immediately upon delivery, placed on small and repeated doses of calomel and opium. On the morning of the third day the pulse was very quick and wiry; she complained greatly of tenderness upon pressure over the uterus, and of pains of a spasmodic and periodic character. She had her legs drawn up, not being able to bear the pressure of the bedclothes; and the lochia were suppressed. Ten leeches were at once applied over the uterus, and followed by relays of linseed-meal poultices; and the pills, increased in strength, were given at shorter intervals. On the following day she was somewhat better, the tenderness being less, but not removed. Six more leeches were employed, followed, as before, by linseed-meal poultices. On the sixth day, as all unpleasant symptoms had been removed, the milk being fully secreted, the mouth slightly sore, all medical treatment was abandoned. She had not any diarrhea, and nursed her baby for several months.

#### PREMATURE LABOUR—HEMORRHAGE.

25. Mrs. W., at the end of the seventh month of her fourth pregnancy, had a very smart attack of rheumatic gout, which yielded to appropriate measures, but at the termination of the eighth month labour was induced by neglected diarrhea, caused by an over-dose of castor oil. The child, a female, presented with a foot, and died 24 hours after its birth, healthy respiration not having been established. Immediately upon the expulsion of the placenta very brisk hemorrhage set in, but was arrested by cold applications, together with large and frequent doses of tincture of opium. As soon as was advisable afterwards she was given small and repeated doses of calomel, with bismuth and opium. On the second day she complained of tenderness on pressure over the uterus, but only when performed deeply by the points of the fingers. The

lochia were pale and scanty. The pulse was very quick and compressible; the tongue foul. Eight leeches were then applied, followed by linseed meal poultices, and the pills were repeated at shorter intervals. On the following day, the tenderness not having been removed, the leeching and poulticing, together with the pills, were repeated. On the fifth day, as the mouth was sore, all inflammation had been removed, and the breasts were distended with milk, all further medical treatment was given up.

#### EPIDEMIC—VISITORS.

26. Mrs. B., during her second pregnancy, for some days prior to the advent of labour, suffered very much from false pains, induced by over anxiety and fatigue, and for which she neglected to have advice. The labour was tedious, irregular, and very painful; it passed off completely for two or three hours, on two occasions, but was eventually terminated through the agency of ergot of rye. In consequence of the character of her labour, and as puerperal inflammation was then epidemic, she was ordered to take, as soon as possible after delivery (in powders), small and repeated doses of calomel, opium, and bismuth. On the evening of the second day, as there was some tenderness over the uterus, accompanied by spasmodic pains, the lochia pale and scanty, the pulse quick, and the tongue foul—eight leeches, followed by linseed-meal poultices, were applied, and the powders repeated at shorter intervals. On the following day, the tenderness being still present, but not to such an extent, six more leeches, and poultices as before, were employed, together with a repetition of the powders. By this treatment the inflammation was subdued, the mouth was slightly sore, and the milk was fully secreted on the fourth day. She did not suffer from diarrhea. The child was very weakly when born, and only lived for about 24 hours. This lady had been much excited by visitors on the day of, and after, her confinement.

#### STIMULANTS—HEMORRHAGE.

27. Mrs. S.'s first labour was very tedious, from early rupture of the membranes, and eventuated in the birth of a stillborn female, presenting with the breech. On visiting her shortly before delivery I found her hot and feverish, the effect of some stimulant which the nurse-tender had given her. Almost consentaneously with the expulsion of the placenta, which was thrown off about the usual period, very severe hemorrhage set in, which was subdued by cold affusions, cold water enemata, cold water vaginal injections, and large and repeated doses of tincture of opium. As soon as prudent afterwards she was ordered small and repeated doses of blue pill, with bismuth and opium. On the following day, at evening, there was much pain, with tenderness, on pressure, over the fundus uteri, the lochia were pale, fetid, and scanty; the pulse was rapid and compressible, and the tongue foul. Eight leeches were then applied, and followed by linseed-meal poultices. Pills repeated at shorter intervals, with the addition of calomel. As the pain and tenderness were less, but not completely removed, on the following day, six more leeches were applied, with a repetition of the poultices and pills. On the fourth day, all unfavourable symptoms having been removed, the mouth being sore.

and the breasts distended with milk, all further medical treatment was abandoned. She had not any diarrhea, nor tendency to it. I am credibly informed that this lady died, after a subsequent confinement, from phlebitis, under the care of another physician, who employed neither prophylactic nor any other treatment until too late to save her.

#### UTERINE DISEASE—ABORTION—EPIDEMIC.

28. Some years since I was summoned hurriedly to visit Mrs. H., then residing about five miles from Dublin. On my arrival, I found that she had just aborted at the eighth week of utero-gestation. On investigating her case, I learned that during each year of the previous six she had aborted four or five times, but at different periods of pregnancy. That this state of things was produced by uterine disease I had no doubt; for, in fact, ulceration was discoverable at the os, by the finger, when removing some clots from the vagina. In consequence of this complication, and as puerperal inflammation was then epidemic, and very fatal, I, without any delay, ordered her small doses of blue pill, with opium, every fourth hour. On the next day the pulse was very quick and wiry; the tongue white and furred; some tenderness was discoverable, by deep and steady pressure with the points of the fingers, in the right inguinal region. Six leeches were then applied, and followed by relays of linseed-meal poultices; and the pills, with the addition of calomel, were given at shorter intervals. The lochia were natural. On the third day the pulse had come down a little in frequency, but was not altered in character, and the tenderness was somewhat less. Six more leeches were applied, and followed by poultices as before. Diarrhea had set in, but was arrested by astringents, and by arrest of the pills, in lieu of which she had others containing small doses of calomel, masked by bismuth and opium. In the evening of same day one of the leech-bites was bleeding profusely, and had resisted all the ordinary means of arresting the flow, which, although the inguinal uneasiness still continued unabated, I thus proceeded to do:—I passed a fine needle through the bite, and formed a twisted suture by means of some fine thread. This is always a sure and safe remedy, and may be employed at the most tender age. The tongue was typhoid; the pulse quick and weak; the lochia scanty, brown, and fetid; she was restless; had had irregular rigors during the day; in fact, there was every evidence of blood-poisoning. A blister was applied, and dressed with mercurial ointment. The pills were then stopped, and she was ordered infusion of bark, with chlorate of potash, and sesqui-chloride of iron, as also beef-tea. After a few days under this treatment she began to improve, and finally recovered; but for fully ten days a tumour was to be felt plainly in the right inguinal region, which I thought would have terminated in pelvic abscess; but it gradually disappeared. About two months subsequently this lady visited me, when, on examination, I found the womb much enlarged, but not hardened; its os and cervix being very much ulcerated, of a dusky brick colour, and of a malignant aspect. On her next visit matters looked more unpromising; when I procured some of the discharge from the ulcer, which my friend, Mr. Maurice Collis, very kindly examined under the microscope, and

pronounced the disease to be "soft cancer of a very rapid growth," thereby confirming my diagnosis and prognosis, which I had previously stated to her husband. It is worthy of remark here, that a similar specimen was sent for examination to another microscopist, who stated, that "it presented no abnormal feature." As her husband and friends were not quite satisfied, I proposed a consultation, and two of the then leading men in the profession saw her with me, neither of whom would confirm my opinion, but advised a continuance of the treatment she had been undergoing; but I still adhered to my own opinion. After a very short further trial, I stated to her husband that, as I still considered her case hopelessly incurable, I could not conscientiously continue my attendance, and advised all further treatment to be abandoned, with the adoption of a nourishing and tonic diet; but as they yet had hope, or rather "hoped against hope," she returned to her former medical attendant, who denied that she had then or ever had any disease of the womb. Suffice it to say, that in a very few months afterwards her sufferings became so intense that even her very astute physician (whose ignorance I firmly believe was the cause of all her illnesses) was obliged to change his opinion, when very shortly after "she was numbered with the dead."

#### EPIDEMIC.

29. Mrs. F. came up to Dublin from the west of Ireland for her first confinement, it having been supposed that she had deformity in the pelvis, but for what reason I cannot say. Her labour was very tedious, requiring the use of ergot of rye, and, finally, the lever for its completion in the birth of a male child, which was very weak at birth, and died within the week of a very severe attack of erysipelas. As puerperal inflammation was then epidemic, her labour difficult and harassing, and as the posterior wall of the vagina was thickly studded with warty growths very much of a syphilitic appearance, I ordered her to have immediately after delivery small and repeated doses of calomel, with opium and bismuth, in pill. On the third day, although there was some tendency to the coming of the milk, there was a great amount of tenderness over the fundus uteri; the pulse was very quick and hard; the lochia scanty, ill-coloured, and fetid. Eight leeches were at once applied, and followed by relays of linseed-meal poultices, and the pills were given at shorter intervals. On the following day the tenderness was somewhat less; six more leeches were applied, and followed, as before, by linseed-meal poultices, and the pills were repeated. In a couple of days after, the mouth was sore, the breasts were distended with milk, the lochia had returned healthily, and all inflammation, together with the vaginal warts, had disappeared. She had not diarrhea till the second week, and then caused by improper and forbidden diet.

#### EPIDEMIC—TEDIOUS LABOUR.

30. Mrs. A. had a very tedious and harassing first labour, terminating in the birth of a female child, by means of the lever. As about that time I had met with some slow recoveries in childbed, and as puerperal

fever was then epidemic, I prescribed for her pills of small doses of calomel with opium and bismuth, to be taken every fourth hour, commencing immediately after the termination of labour. On the following day there was much tenderness and pain over the fundus uteri, the lochia pale, together with all the ordinary symptoms of hysteritis. Eight leeches were at once applied, and followed, as in other cases, by relays of linseed-meal poultices. The pills were given at shorter intervals; and mercurial ointment was rubbed twice daily into the groins and armpits. On the next day she was much better; but as the tenderness, to some amount, remained, six more leeches were applied, and the poulticing continued. On the fifth day all treatment was abandoned, as all unpleasant symptoms had been removed. The mouth was slightly mercurially sore, and the milk was secreted. She had not diarrhea at any time; and she nursed her baby for the usual period.

#### EPIDEMIC—FALSE PAINS, ENDING IN TEDIOUS LABOUR.

31. Mrs. S. came up to Dublin from the County Cork for her first confinement. For some days prior, and up to the advent of labour, she suffered very much from false pains; for which she neglected to have advice. Her labour was tedious (32 hours), requiring for its completion the use of the lever, by which a very fine large living boy was born. In consequence of the character of her labour, and the then prevalence of puerperal inflammation, I ordered her to take a pill containing a small dose of calomel with opium and bismuth, every fourth hour, commencing immediately after delivery. During the first night she got out of bed to get a drink, as the nurse slept so soundly that she failed in awaking her. On the following morning she was hot and feverish, with a very quick and wiry pulse; great pain, with tenderness, existed in the left inguinal region; lochia were suppressed; and, before my visit, she had had a rather severe rigor.

Ten leeches were at once applied; followed by linseed-meal poultices, renewed from time to time—which, in such cases, act as a perpetual stupe, as well as by keeping up the bleeding from the leech-bites. The pills, of calomel, opium, and bismuth, were given in larger doses, and at shorter intervals, and mercurial ointment was rubbed twice a day into the axillæ and groins. On the fifth day all treatment was discontinued, as all symptoms of disease had been removed—the milk was well secreted, and the mouth was slightly sore from the mineral. She had not any diarrhea; but continued to nurse her baby.

#### HEMORRHAGE—VISITORS.

32. Mrs. W.'s first labour was very tedious, requiring the use of the lever for its completion. Much hemorrhage set in after the expulsion of the placenta, which was thrown off at about the usual period. As soon as possible after delivery small and repeated doses of blue pill with James's Powder were administered; no opium was added, as the bowels were much constipated. On the second day diarrhea set in from some error in diet, and slight deep-seated tenderness was discovered in the right iliac region, by steady pressure with the points of the fingers; but which ordinary pressure with the flat of the hand failed to recognize.

The pulse was very quick and wiry; the tongue whitish and creamy; lochia pale. The bowel attack was removed by astringents; six leeches were applied, and followed by linseed meal-poultices. For the pills were substituted others containing small doses of calomel, guarded by bismuth and opium. Mercurial ointment was also twice daily rubbed into the axillæ and the groins. In a couple of days, as all the bad symptoms had disappeared—the milk being well secreted—all treatment was suspended; but the mouth was not sore. On the sixth day she was much excited by visitors, who were admitted to her room contrary to my orders. The following day I saw her, when the pulse was very quick, but weak and compressible; the lochia were discoloured and fetid. She had not slept during the night; but was restless, and had a rigor. Her then symptoms caused me much anxiety, as I feared she was about to have pyemia; however, not the least tenderness, after the most minute and searching examination, was discoverable. She was at once given bark, with chlorate of potash and sesqui-chloride of iron; and, subsequently, prussic acid, with morphia, to lessen the frequency of the pulse, which had the desired effect. After a few days she had a mild attack of phlegmasia dolens, commencing with pain and tenderness in the calf of the right leg, of which she rapidly and completely recovered; and was enabled to nurse her child—a very fine boy. I think there can be little doubt that but for the very active measures so early adopted in the first instance, this case should not have terminated so favourably. This lady has since had another child (a female), after a very quick labour, from which she had a rapid and good recovery. One of her sisters has had, on two or three occasions, very severe attacks of phlegmasia dolens, evidently of a phlebotic nature; and on one occasion (the last) her recovery was, for some time, considered hopeless.

## UTERINE DISEASE—HEMORRHAGE.

33. Mrs. R., a lady of a very highly nervous temperament, came to Dublin, from the North of Ireland, for her first confinement, which was very tedious. Consentaneously with the expulsion of the placenta a pretty brisk hemorrhage set in, but was subdued by cold applications, cold water enemata, and tincture of opium in large and repeated doses. As soon as the fatigue of labour was over I ordered her to have small and repeated doses of blue pill, with bismuth and opium. On the morning of the third day there was some abdominal uneasiness, with obscure uterine tenderness, discoverable only by deep pressure with the points of the fingers; the lochia were suppressed, but there was not any tendency to the secretion of milk. The pills, with the addition of calomel in small doses, were repeated as before; the entire abdomen was well stuped, and kept covered with bran poultices. In a few days all unpleasant symptoms had disappeared; the lochia had re-appeared healthily, but milk was not secreted. It was not considered requisite to push the mercury so as to affect the system, nor was there any diarrhea. Early in the preceding spring Mrs. R. consulted me on account of sterility, she having been married some years without ever having proved pregnant, evidently caused by endo-cervicitis, for, almost immediately upon its removal, she became *enceinte*.

## INTRODUCTION OF HAND FOR RETAINED PLACENTA.

34. I was called by my friend, Dr. —, to see, with him, a Mrs. D., in whom the placenta had been retained for a couple of hours, in her fourth labour. The hand was introduced with some difficulty, as the os was much contracted, and the placenta was not detached, from inertia; it was, however, then easily removed, without any hemorrhage having followed. Before leaving, I recommended my friend to commence giving her, at once, small doses of calomel, blue pill, with opium and bismuth, every third hour, and to look out for symptoms of inflammation. On the evening of the second day the pulse was found quick and wiry, the lochia suppressed, with much uterine tenderness and pain. Eight leeches were then applied, and followed by bran poultices, renewed from time to time as they cooled; the pills were repeated. On the fourth day, as all inflammation had been removed, as the milk was fully secreted, the lochia had re-appeared, and the mouth was slightly sore, all treatment was given up. She had not diarrhea at any period of the illness.

## ARM PRESENTATION—VERSION.

35. I was carried away hurriedly, one evening, by my friend, Dr. —, to visit a lady (Mrs. G.) with him, at some distance from Dublin, in labour of her third child. On our arrival, we found the hand on the perineum, the shoulder occupying the brim of the pelvis, the uterus contracted on the body of the child, but there was little or no uterine action; she was very much flushed, with a quick pulse, undoubtedly caused by stimulants administered to her by the nurse before we had arrived. She also having, as she confessed afterwards, mistaken the hand for a foot, drew it down, and thus complicated matters. Version was then performed without much difficulty, but the child was stillborn, and, from all appearances, had been dead for some hours. At my suggestion Mrs. G. was immediately put on small doses of calomel, with opium and bismuth, to be taken every third hour. On the second day the pulse was 130, and wiry, with suppressed lochia, and much tenderness over the uterus and abdomen; she was then given two grains of calomel, quarter of a grain of opium, and two grains of subnitrate of bismuth, every second hour; six leeches were at once applied, and repeated in the evening; on each occasion being followed by bran poultices, renewed as they became cold. On the morning of the fourth day all treatment was stopped, as all evidences of disease had been removed; the lochia had reappeared naturally, and the milk was fully secreted. She had not any attack of diarrhea.

## INNUPTA—PREMATURE LABOUR—EPIDEMIC.

36. I was summoned, by telegraph, to visit Miss L., at about seven miles from this city, who had given birth to a stillborn female, at the sixth month of utero gestation, child and secundines having been expelled by one pain just as I had entered the house. She then informed me that she had been seduced under promise of marriage; but that she had not the most remote idea of her condition, till after my arrival, she most solemnly declared. Her increased size had not excited any suspicion amongst her friends, doubtless, the present hoop fashion so well con-



cealing it. In consequence of the nature of her case, and of the then great prevalence of puerperal fever, I lost not an hour in adopting preventive measures; and, in accordance thereto, ordered for her pills containing calomel and blue pill in small doses, with opium and bismuth at intervals of every four hours. On the following morning the pulse, which had been quiet, had risen rapidly and was wiry, the lochia were suppressed, and there was much pain and tenderness in the womb. The pills were then ordered at shorter intervals, the quantity of mercury having been increased, and eight leeches, followed by relays of linseed-meal poultices, were applied. On the next day the inflammation was much less, but the pills were still repeated, and the poultices employed as before. On the fourth day, as the lochia had reappeared, the mouth was sore from the mineral, and all unpleasant and dangerous symptoms had been removed, all antiphlogistic treatment was given up. On the fifth day the breasts were much distended with milk, which gave her much annoyance for a couple of days. Strange to say, the vulva had been very much inflamed, with several sloughy spots, which gave way to poultices well moistened with a solution of chloride of lime, and injections of warm milk and water first, and, after, of the solution now named, into the vagina; infusion of bark with chlorate of potash being taken in mixture. She had not any diarrhea; but eventually recovered completely, and went to reside in the country.

#### UTERINE DISEASE—HEMORRHAGE.

37. I was hurriedly summoned to visit Mrs. F., at about three miles from Dublin, who, shortly after my arrival, aborted at the fourth month of pregnancy; fetus and secundines having been expelled together; immediately after which very violent hemorrhage set in, but was soon controlled by cold dashings, and large doses of tincture of opium. From the history of this lady's case, the occurrence of the hemorrhage, and the, doubtless, presence of uterine disease, I, without any delay, put her on small and repeated doses of blue pill, with opium and bismuth. On the following morning I found the pulse quick, which I attributed to the loss of blood, and the over-action of some cathartic medicine. I directed the pills to be omitted until the purging had ceased, but then to be resumed, which was done towards evening; after which she had not any return of the bowel complaint. On the third day, as the pulse was still very quick but wiry, the lochia lessened, and some obscure tenderness was discoverable by digital pressure in the left inguinal region, the pills were repeated at shorter intervals; mercurial ointment was laid in the axillæ and inguinal regions; and also six leeches, followed by linseed-meal poultices, were applied. In a couple of days after, as all symptoms of inflammation had been removed, and the breasts were very much distended, from which she suffered very much, the pills, &c., were stopped. This and the former case illustrate a curious fact, nevertheless true, that often females suffer more from such states of the breasts during the earlier periods of pregnancy than at "terme." In the spring of 1848, this lady came, with her family, to reside in Dublin, from an inland county in Ireland. When in the city for a few days she became very ill, and was attended by a medical friend from the country, who happened then to be in Dublin on

business; but as he was called suddenly home, without being able to make any arrangement for her subsequent treatment, I was sent for on the following day, but was not informed that any other medical man had previously seen her, nor what was said to be her "ailment." Suffice it to say that I found her in a high state of fever. After quitting her room, her mother said to me, "How do you find Grace to-day?—has all infection gone?" "From what?" I replied. "From scarlatina; for Dr.—— said such was her disease." "Perhaps so; but she has not it now," was my reply. "Then what is it?" "I tis just now impossible to state positively her complaint, but I am of opinion that if she has never been unwell, she is now about to be so." I then ordered a mustard pediluvium, a diaphoretic mixture, and a bran poultice over the lower part of the abdomen—and left. On visiting her on the following morning, I found the pulse quiet; all fever gone; in fact she was well, but the catamenia were well established, having appeared the evening before. In the year 1854 Miss J. married, and went to reside in the north of Ireland. About four months after her marriage she miscarried, from fright, having been then three months pregnant. In 1856 she came to Dublin to consult me, and said that about two months before she had miscarried, after which she had been put into a couple of hot baths, notwithstanding she had perceptibly increased in size, which was supposed to be dropsy. However, on examination, I told her she was still pregnant, and carrying a living child, as evidenced by the stethoscope. She then returned home in great spirits, determining to come up to town for her accouchement, but was afterwards prevented by family matters from doing so. With this child she had a tedious labour, complicated by hemorrhage, and followed by puerperal inflammation. Afterwards she had three living children, and each of the labours was followed by hemorrhage. Subsequently she aborted twice—once at six weeks, and once at seven weeks—after which in August, 1862, she came to reside near Dublin, at which time the last abortion occurred. In conversation she mentioned, that after each of the last two miscarriages she had suffered extremely from milk in the breasts, causing high fever for some days. She has since been under my care for disease of the uterus and ovary, but she is now in excellent health; in fact, she says she has not enjoyed such health for years.

#### STIMULANTS—HEMORRHAGE.

38. Not very long since I was called to see Mrs. M., who was bleeding profusely. On my way I was informed that her labour was progressing very favourably, when the medical attendant induced her to take some almost fabulous amount of brandy, shortly after which, before delivery, very violent hemorrhage took place; and but for the active interference of an experienced nurse-tender, who insisted upon further advice, I firmly believe this patient should have lost her life. On my arrival in her bedroom I found her doctor armed with a glass of brandy and a dose of ergot, being about to administer both, neither of which, however, I permitted her to take, she having had too much of both. I then gave her a full dose of laudanum, applied some cold vinegar and water to the vulva, and bound her up with pads. She had not any return of the bleeding,

and fell asleep for a couple of hours. As soon as possible after awaking, she had small and repeated doses of blue pill, with opium and bismuth. She went on well until the evening of the second day, when some obscure tenderness was observed by digital pressure in the right iliac region. Small leechings, fomentations, and poultices were employed, and the pills, with the addition of calomel, were repeated at shorter intervals. By these means the disease was removed. She never had diarrhea, but the milk was fully secreted; after which she nursed her baby for the usual period.

#### INNUPTA—THREATENED CONVULSIONS—TEDIOUS LABOUR.

39. Miss —, after a very tedious first labour, was delivered, by the lever, of a male child. About six weeks previous to the advent of labour she had all the premonitory symptoms of puerperal convulsions, which were removed, and thus the disease prevented by appropriate treatment. Immediately after the birth of her child, &c., she was ordered small and repeated doses of blue pill, with opium and bismuth. On the third day there was much tenderness over the uterus, to the left side; the lochia were scanty, of a bad colour, and offensive odour; and the pulse was very quick, but not wiry; and no secretion of milk, or tendency to it. Ten leeches were then applied, followed by linseed-meal poultices; and the pills, with the addition of small doses of calomel, were repeated, but at shorter intervals. On the following day the tenderness was very nearly removed; and she complained of a brassy taste in the mouth. The pills were given at longer intervals, and bran poultices were kept constantly applied during the day, and succeeded at night by a couple of folds of hot flannel. In the evening of the next day all medicine was stopped, as all the inflammatory symptoms had been removed, and the milk was coming to the breast—which was allowed at first fully to be secreted, and then to disappear, as she did not wish to nurse. She continued to progress very favourably for some days; when, one morning, I found her very much excited, in consequence of some family annoyance. She was sleepless, with a rapid and irritable pulse; however, by means of draughts, consisting of prussic acid, digitalis, and morphia, the pulse came down to its natural condition—her sleep returned to her—and she made a good recovery. She had not diarrhea at any period of her illness.

#### INNUPTA—EPIDEMIC.

40. About two years since, I was called, hurriedly, to see Miss —. She was said to be suffering from inflammation in the bowels, and had been in pain during the greater part of the night. On visiting her I examined the abdomen, which, from its appearance, led me to examine further, when, to the surprise of her mother, I declared her to be far advanced in labour. However, although her labour was good, I determined to employ preventive treatment, in consequence of her friends having deserted her—leaving her only in the charge of a nurse—superadded to her own mental torture, and the fact of there then being a prevalence of puerperal fever. Accordingly, immediately after delivery, I ordered her small and repeated doses of blue pill, with opium and

bismuth. On the second day there was some obscure tenderness over the uterus, discoverable by digital pressure, with a quick, irritable pulse and arrest of the lochia. Eight leeches were at once applied, followed by linseed-meal poultices; and the pills were given at shorter intervals. In a couple of days after she was free from all pain and tenderness. The milk was fully secreted; but she did not nurse. She had not any diarrhea. This lady has since been married to the father of her first child; and since then has had another, followed by a good and quick recovery.

#### UTERINE DISEASE—HEMORRHAGE—EPIDEMIC.

41. Mrs. P. consulted me on account of sterility, she having been for some years married without ever proving *enceinte*. On examination, a very severe endo-cervicitis was discovered; however, after appropriate treatment the disease was removed. But before I gave permission, she and her husband—who had been separated—lived together again; when, almost immediately, she became pregnant. With this child (a female) she had a very tedious labour, requiring for its completion the aid of the lever. Very severe hemorrhage set in, consequent upon the nurse (behind my back) having forced away the placenta prematurely. For those reasons, and puerperal fever being then rife in Dublin, I ordered, at once, small and repeated doses of blue pill, with opium and bismuth. She progressed favourably until the night of the second day; when I was called out of my bed to see her, as she was in great pain. On my arrival I found her seated upon the night-chair, with a very excited appearance. After a good deal of persuasion I induced her to return to her bed; after which she became quiet, and stated that up to half an hour before I was sent for she felt herself quite well; when, as she required to have the bowels moved, the nurse permitted her to get out of bed for that purpose. She had not been long there when she had a rigor, followed immediately by pain in the womb; but nothing could induce her to move until I arrived. She complained much of tenderness on pressure over the uterus, and pain of a spasmodic nature. The lochia were suppressed; and the pulse was quick and wiry, but no tendency to lacteal secretion. Ten leeches were immediately applied, and followed by linseed-meal poultices. The pills, with the addition of calomel, were given at shorter intervals. In a few days, as the disease was gotten under—the mouth having been made sore—all treatment was given up. She had not diarrhea; but the milk was well secreted, and she nursed her baby—who, for the first ten days from its birth, had a very severe attack of erysipelas of the neck, terminating in an abscess, which was opened, and the child eventually did well.

#### STIMULANTS—HEMORRHAGE.

42. Mrs. C., when in labour of her first child, was kept in a small close room, with a large fire, and was well plied with wine and brandy by an ignorant nurse-tender. When she had been for some hours in labour I was sent for. On my arrival I found her flushed, with a quick pulse, and her labour so far advanced that there was not time to cool her or her room sufficiently. Very shortly after she brought forth a female child, which was rapidly followed by severe hemorrhage, which was

arrested by cold applications to the vulva, cold water enemata, and vaginal injections, together with large and repeated doses of tincture of opium. As she also had some bronchitis, she was given small doses of blue pill, hippo, and morphia, in pill, every third hour. On the following day the pulse was very quick and wiry, the lochia pale and scanty, and there was tenderness over the uterus. Eight leeches were then applied, and followed by linseed-meal poultices; mercurial ointment was rubbed into the axillæ and groins twice daily; and she had a pill consisting of calomel, James's Powder, bismuth, and opium, every third hour. On the third day she was somewhat improved, but remedies were ordered to be continued. Her friends, not knowing that no amendment can be depended on which does not last for 24 hours, stopped all treatment as soon as I had left the house; in consequence of which, on the next morning she was not so well, but had some deep-seated tenderness in the right ovarian region, only discoverable by steady digital pressure. The pills were again resumed, and a blister, well camphorated, was applied to the affected part. (I have never met in my practice a case of strangury where I employ camphor thus.) On the fifth day the pills were stopped, as diarrhea had set in, from an error in diet, which was gotten under by an astringent mixture and opiate enemata; the pulse was very rapid and weak. She was then given quarter of a grain of opium and half a grain of quinine every second hour, which, on the following day, was changed for one grain of quinine and one-sixth of a grain of opium, every second hour, as the bowels were inclined to be confined; she also had brandy in large quantity, night and day; and, as she was sleepless, she had one anodyne at night and another coming on morning, till her sleep was restored to her; her bowels were kept open by mild and anti-flatulent enemata. This lady eventually recovered, but was kept in bed for nearly two months. For a long period there was every reason to fear the formation of a pelvic abscess, a tumour having been easily felt in the right inguinal region, but which finally, but gradually, gave way to absorbent liniments and blisters. I think we may safely assert that Mrs. C.'s life was saved by the early administration of the mercury, and that the too early stopping of it by her friends was the cause of her following serious illness, as, when the error was discovered, it was not deemed prudent to push it to any extent, when the tonic and sedative treatment, &c., so happily came in. I am aware of a somewhat similar case, in which a lady was let out too soon to drive, in consequence of which a pelvic abscess formed, and opened by the rectum; but she, though young, has ever since—now some years—been sterile.

#### IMPROPER DIET—VISITORS.

43. Mrs. L., after a natural labour of ten hours' duration, was delivered of her first child, a female. Everything progressed favourably up to the third day, when the milk was well secreted, the breasts having been much distended; but in the afternoon the nurse, contrary to my expressed directions, admitted visitors to her room, and induced her to partake of some wine and rich cake, which had been produced for them. On the following morning I was hurriedly sent for, when I found the pulse very quick and wiry, the tongue covered with a white fur, the abdomen

tympanitic, together with much pain and tenderness in the right iliac region; the lochia were light-coloured and scanty, and the breasts had become quite flaccid from recession of the milk. Eight leeches were at once applied, followed by relays of linseed-meal poultices, and small and repeated doses of calomel, with opium, were administered. In a couple of days all treatment was stopped, as the inflammation had been completely removed; the mouth was slightly affected by the mercury, but the milk did not return. She had not any diarrhea. The baby for some days had her buttocks and private parts thickly covered with a very suspicious-looking rash, caused by the nurse using the napkins a second time—not washing, but merely drying them; which condition I have, on more than one occasion, seen mistaken for syphilis. This lady has since had nine children, the last two of which she nursed. On all occasions she had a quick recovery, having learned, by sad experience, to mind the advice of her physician, and not that of her nurse. She now enjoys excellent health, and has not given up child-bearing.

#### STIMULANTS.

44. Mrs. R. had a very easy labour with her first child, a female. She progressed favourably until the evening of the second day, when she was suffering very acutely from spasmodic pain, and much tenderness over the uterus, caused by some brandy given to her by her nurse, and the lochia were suppressed. She was then bled to syncope, and ordered blue pill, with calomel and opium, every third hour, and the entire abdomen was covered with a bran poultice, renewed every second or third hour, according as each became cool. On the third day she was somewhat relieved, but no change was made in the treatment. Towards evening, on visiting her, I found that, having been persuaded by the said ignorant nurse to stop all remedies, she was not so well as in the morning. The above-stated treatment was resumed, but in the evening of the following day much tenderness existed in the left inguinal region, which was removed by leeching and blisters, dressed with mercurial ointment. The mouth was sore from the mineral, the milk was not re-secreted, and a troublesome diarrhea set in, but not before she was out of danger from the inflammation.

#### IMPROPER FOOD.

45. Mrs. B., the wife of a medical man, was delivered of her fourth child, a female, after an easy labour, and went on very well until the evening of the second day, when I was summoned in haste to see her. I found her very feverish, with a rapid, full, and bounding pulse, the lochia suppressed, no tendency to the secretion of milk, but the legs and knees drawn up, and crying out with exquisite pain in the womb, which was so tender that the slightest possible pressure was insupportable. On inquiry, I discovered that a couple of hours previously she had partaken of some corned beef and cabbage, for which, for some days past, she had been longing. I at once placed her upright in bed, and bled her to syncope, which gave her instant relief. She was given calomel and opium every third hour, and mercurial ointment was rubbed, twice a day,

into the axillæ and groins. As, in two days afterwards, all the inflammation had been removed, the lochia had returned, the milk was well secreted, and the mouth was sore, all treatment was abandoned. Diarrhea set in, but not until she was out of danger from the inflammation.

## EXCITEMENT FROM VISITORS.

46. Mrs. B. had an easy and natural labour with her fourth child, a female. She progressed favourably until the second day, when, on visiting her, I found the pulse wiry and much accelerated; the tongue foul, covered with a white fur; the lochia suppressed; no tendency to a secretion of milk, but some obscure tenderness in the left inguinal region, only discoverable by deep and steady pressure with the extreme points of the fingers, which diseased condition I have no doubt was produced by a visitor who unguardedly revealed to her some unpleasant family matters. Six leeches were at once applied, and followed by relays of hot linseed-meal poultices. Pills, containing calomel, opium, and James's powder, were given every third hour. On the following day, as the tenderness had not been completely removed, six more leeches were applied, and followed, as before, by the linseed-meal poultices, and the pills were repeated. In a couple of days, after all treatment was given up, as all unfavourable symptoms had been removed, the milk was abundantly secreted, and the lochia had returned. Diarrhea set in, but not before the disease had been gotten under, and the mouth made sore; it was, however, speedily checked, and she nursed her baby afterwards for the usual time.

## STIMULANTS.

47. Mrs. H. had an easy and natural labour with her first child—a female. She progressed very favourably (the milk having been secreted at the ordinary time) till the fourth day, towards evening, when having been hurriedly summoned, I found her in a high state of fever; the pulse rapid, full, and wiry; the tongue foul and white; the lochia suppressed; the breasts distended with milk; the legs and knees drawn up; and the uterus so exquisitely tender that the slightest touch gave her agony, which was periodically and spasmodically accompanied by pain in the organ. She was immediately placed upright in bed, and bled to syncope, after which she got great relief. She was then given calomel and opium in pill every second hour, and hot bran poultices were kept constantly applied over the uterus and the entire abdomen. Under this treatment, together with mercurial inunctions to the axillæ and groins, the disease was removed in a few days—the system, as evidenced by a sore mouth, having been affected by the mineral. The milk returned, and she was enabled to nurse. Diarrhea set in, but not till she was safe, and it was removed easily. The hysteritis in this case was induced by a quantity of raw brandy given to her by a friend during the absence of the nurse-tender from her room, which I am informed occupied only quarter of an hour, and within half an hour after her return the pain commenced.

## INNUPTA—STIMULANTS.

48. I was brought, by a medical friend, since deceased, to visit Miss

B., who had been delivered, on the previous morning, of a female, her first child, with which I was informed she had had an easy and natural labour. On entering her room I found her lying on her back, the countenance most anxious, the legs and knees drawn up, and screaming with pain in the abdomen. She could not bear the slightest touch, so exquisitely tender was she in the entire abdomen; the pulse wiry, and too rapid to be counted; the lochia was suppressed. She had had a rigor, and was vomiting. This evidently was a case of peritonitis, commencing in hysteritis, as she said the pain and soreness began in the womb; generally the case, and one, for many reasons besides its very early appearance, calling for active measures. She was accordingly bled largely to syncope; mercurial ointment was rubbed into the axillæ and groins twice a-day; the abdomen was completely covered with hot bran poultices, frequently changed as they cooled; and she had calomel and opium in pill every second hour. On the following morning she was somewhat relieved; but it was considered requisite to apply a dozen leeches to the abdomen, and eventually a blister, which was dressed with mercurial ointment. In about a week all traces of the disease had been removed; the lochia had returned; the mouth was very sore; but the milk was never secreted; nor had she any diarrhea. The cause of her illness, besides seduction, was the fact of her having drunk a quantity of wine and brandy the evening of her confinement, at the suggestion of her nurse, and who afterwards neglected to send for her physician until she had been ill for hours.

#### UTERINE DISEASE—PREMATURE LABOUR.

49. One evening I was carried away, hurriedly, by a medical friend to visit a lady who was about to be prematurely confined. She had been very well up to an hour previously, when, on dressing for a ball which was to be in the house where she was on a visit, she took suddenly ill. On my arrival I found her pacing up and down her room, and in great pain, as on examination I found the pains were irregular and inactive. I gave her an opiate, which gave her rest for some hours, after which powerful and regular pains set in, and she was quickly delivered of a stillborn female, which had evidently been dead for some days. I shall not easily forget the birth of this lady's child, which was accompanied by music and dancing underneath us, but which had anything but an unfavourable effect upon her or her labour. I learned from Mrs. E.'s medical adviser that she never had a living child, but had had three or four abortions and premature confinements; after which, on investigating her case, I gave it as my opinion that some uterine disease was the producing cause, to which he would not agree. On the second day she had a severe rigor, followed by great pain and tenderness over the uterus; the lochia were suppressed; the pulse quick and wiry; the tongue covered with a white fur; and there was not any tendency to the coming of the milk. She was at once bled largely to syncope; the abdomen was covered with hot bran poultices, frequently changed; mercurial ointment was rubbed twice daily into the axillæ and groins, and calomel, with opium, was given every second hour for two or three days following; leeches, in relays, with linseed-meal poultices, were employed. After some more



days the pain, and all symptoms, with the exception of the quick pulse, were removed, when diarrhea having set in, mercurial treatment was abandoned. She then had a rigor, was sleepless and feverish, and the lochia were scanty and fetid. There was not any discoverable pain, tenderness, nor tumour; and at the end of ten days a quantity of pus was passed by the bowels, evidently of a phlebotic nature, after which she rapidly recovered. In a couple of months after her confinement I examined the womb, which, as I had predicted, was much diseased. A very large ulcer of the cockscomb character covered the entire os, which bled on the least touch; the cervix was much enlarged from inflammatory and congestive engorgement; as was also the organ itself. She was then put on appropriate treatment, which terminated in a cure, immediately after which she and her husband went to reside at the Cape of Good Hope; and since then she has had three or four living children.

#### ARTIFICIAL DRAWING OF THE BREASTS.

50. Mrs. K. had an easy and natural labour with her second child, a female. She progressed very favourably up to the evening of the fourth day, when I was hurriedly summoned to visit her. She then was very much flushed, with a rapid, full, and bounding pulse, the tongue coated with a thick white fur, and the lochia suppressed. She lay on her back with the legs and knees drawn up, and crying from extreme pain in the uterus, which came on spasmodically and periodically. She could not bear the least pressure over the womb, it was so exquisitely tender. I was very much surprised at her sufferings, as only a few hours previously I had left her with a quiet pulse, and the breasts distended with milk; but, as they were painful, I ordered the nurse to rub them with warm oil, and, at the same time strongly inhibited their being drawn by any other means than the baby's mouth. Having expressed to her my inability to account for the suddenness of her illness, she said, "Oh! the nurse drew my breasts with her mouth through a glass tube, when almost immediately the milk left me, and I felt the pain drawn down into the womb, which then became tender, and has continued so up to this." I at once bled her to syncope, having first placed her in the erect posture; and ordered her calomel and opium, in pill, every third hour; and had mercurial ointment rubbed, twice daily, into the axillæ and inguinal regions, together with the constant application of hot bran poultices over the womb. As puerperal fever was then rife in Dublin, the treatment was thus energetically employed. In a few days afterwards the inflammation had been removed, the lochia returned, but the milk was not re-secreted. She had not any diarrhea, nor tendency to it; but her mouth was very sore from the effects of the mercury on the system. One of the most eminent physicians in this city, at that time, saw this lady with me; who, on the occasion of his visit, in reply to her husband, who was regretting the state of her mouth, thus said:—"Sir, you ought to be very thankful that your wife is as she is. I have just now come from seeing a lady, in consultation, who before many hours shall be in eternity; and had the same measures, and with equal activity, been adopted in her case, as they have been in Mrs. K.'s, such an unfortunate result would not follow."

## ADMISSION OF VISITORS.

51. Mrs. W., a young lady of a very excitable temperament, was, after an easy and natural labour of three hours, delivered of a female, her first child. She went on very favourably until the morning of the second day, when, contrary to my directions, visitors were admitted to her room. On seeing her, shortly afterwards, she was so very much excited that at first I thought she had taken some stiumulants; her pulse was so quick as not to be counted, and wiry; the lochia were very dark-coloured and fetid, and some obscure tenderness was discoverable, but only by deep steady pressure, with the points of the fingers, over the uterus. Six leeches were at once applied, and bleeding kept up by hot linseed-meal poultices, and powders containing calomel, opium, and bismuth, were given every third hour. On the third day the tenderness was less; she had been restless and delirious during the night, but had some quiet sleep coming on morning. The pulse and fever being as high as before, with a dirty, creamy, white tongue, six more leeches were applied, and followed as before by poultices, and the powders were repeated. On the fifth day, as all tenderness had disappeared, the lochia were natural, the mouth was slightly sore, and the milk was well secreted, all treatment was stopped. She had not any diarrhea, nor tendency to it, but for some days she suffered from milk fever, after which she rapidly recovered.

## HYPERPURGATION.

52. I was called to Mrs. D., a lady residing in the suburbs, when in labour of her second child. I found her much excited and alarmed, as in her first confinement instruments had been employed; and her husband's first wife had died from hemorrhage in her first labour. She had been, some days previously suffering from false pains. I then assured her that she was not in any danger, and was progressing as favourably as I could wish; after which she became tranquil, and within the space of two hours gave birth to a living female child. She went on very well until the second day, when severe and troublesome diarrhea set in, caused by an overdose of a cathartic, given by the nurse without directions. In the course of that day some obscure tenderness was discoverable over the uterus; the lochia were pale and scanty; the pulse about 100. Small doses of calomel, with opium and bismuth, were given every third hour, and hot dry bran poultices were kept constantly applied over the entire abdomen. As all tenderness had disappeared on the fourth day, when the milk was secreted, the mercury, &c., was stopped, but there was not any return of the diarrhea; yet the pulse became very quick, and continued so for some days, but was brought down by means of small doses of digitalis and Dover's Powder; after which she had infusion of cinchona, with laurel water, and then rapidly recovered. She nursed her baby for the ordinary period.

I think that, from what has now been stated, we may fairly deduce the following:—

1. That the rate of mortality in childbed is by far too high.

2. That some form of puerperal inflammation is, in the great majority of instances, the cause of death.

3. That puerperal inflammation is very frequently fabricated.

4. That puerperal inflammation is often overlooked, either from ignorance or want of careful examination.

5. That chloroform in many ways predisposes to a fatal issue.

6. That the advent of puerperal inflammation can, in very many instances, be prevented; as also that the disease can be cured more frequently than it is.

7. That, from the insidious character of puerperal inflammation, its rapid and fatal course, an early and active treatment is required for its removal.

8. That, apart from other reasons, it is of the utmost importance to remove *post partum* inflammation quickly and completely; for upon imperfect cures of that malady it is far from unusual for phlegmasia alba dolens and other secondary forms of inflammation to follow during the puerperal period, as also, from such a contingency, chronic diseases of the uterus or pelvic viscera exhibit themselves at a still later period.

ART. II.—*On Poisoning with the Berries of Atropa Belladonna; with Observations on the Mode of Action of Belladonna.*\* By THOMAS HAYDEN, F.R.C.S.I., L.K. and Q.C.P.I.; Physician to the Mater Misericordiæ Hospital.

ON Saturday, October 11, 1862, at 6 o'clock, p.m., Master Simon K., a fine healthy-looking boy, aged seven years, was brought into my study, by his two brothers, who reported that he had eaten a quantity of berries, about 10 o'clock that day, in a suburban demesne where he had been to take exercise in company with another boy; that he had returned at the usual dinner hour (3 o'clock), but had taken no dinner; that, whilst at tea, at 5.30, p.m., he appeared giddy, talked inarticulately, laughed causelessly, and was a subject of amusement to his brothers.

At 6, p.m., when the boy was brought to me, his face was somewhat flushed; pupils widely dilated; pulse, 138 and full; deglutition was performed with difficulty, and articulation unintelligible;

\* Read before the Association of the College of Physicians, 20th May, 1863.