THE
DUBLIN JOURNAL

OF
MEDICAL SCIENCE,

1 SEPTEMBER, 1843.

PART I.
ORIGINAL COMMUNICATIONS.

ART. I.—*On Inflammation and Abscess of the Uterine Appendages.* By FLEETWOOD CHURCHILL, M. D., M. R. I. A., &c.

(Read to the Surgical Society Saturday, January 28th, 1843.)

I BEG permission to bring before the consideration of the Surgical Society, the subject of inflammation of the uterine appendages, terminating most frequently in abscess, sometimes unconnected with childbirth, but more frequently following delivery within a longer or shorter time. My attention has been long directed to such cases, partly from finding them scattered among the writers on diseases of females, and partly from several such having come under my own observation; and it appears to me, that a collection of these cases, with a few practical deductions from them, may throw light upon a subject hitherto rather obscure. In part, however, my object has been anticipated and satisfactorily attained by a paper, which my friend Dr. Doherty read before the Obstetrical Society.* He related several cases of acute inflammation of the

* See Dublin Journal, November, 1842, p. 199.

uterine appendages occurring within a short time after delivery, and which were successfully combated by antiphlogistic and mercurial remedies. The essay is an extremely valuable addition to our knowledge of puerperal diseases, though his cases occurred at an earlier period after delivery than those to which I at present refer.

Before I proceed I may as well say a word as to the title I have assumed. I dare say it will be asked, whether the seat of the abscess is in the ovaries or broad ligaments, and, if in either, why not give a more definite name to the disease. I am aware the continental writers have done so, and that among puerperal affections we read of “ovarite,” and “ovarite suppurèè,” &c. &c. But, if I may venture to judge from my own experience, I should say, that it is a very difficult point to decide, that the ovary only, or the folds of the broad ligament only, is the seat of the disease. I will not say it is impossible, although in most of the best marked cases the ultimate proof of a post mortem examination is wanting; but at least it is “*à priori*” improbable that one part should be alone involved, when both have so recently shared in the great convulsion of childbirth, and reasoning from facts, I do not see anything subversive of this opinion. I shall, therefore, speak of the disease as affecting the uterine appendages, be they fallopian tubes, broad ligaments, or ovaries—one or all—nay, as extending itself sometimes to the neighbouring cellular tissue.

The affection is sufficiently frequent to merit our careful attention, and there is reason to believe that it is even more so than has been suspected, nor is it improbable that many females have owed the delicate health in which they have remained for some time after confinement, to this condition of the parts, undetected because of the obscurity of the symptoms; neither has it been very distinctly recognized by writers on the diseases of the womb,—their observations are slight and the cases few. I shall quote a case from La Motte, another from Mauriceau, and several from Puzos, after whose time, although in several authors

there is an evident allusion to the disease, they do not add much to our information.

The cases to which I beg your attention naturally divide themselves, first—into those which occur unconnected with gestation or delivery ; secondly—those which come on shortly after delivery, as may be seen in Dr. Doherty's essay ; and thirdly—those more chronic in their development and progress.

CASE I.—I was consulted in May, 1842, by Mary Kearns, who supposed herself to be pregnant, though menstruating regularly. I saw immediately that this was not the case. She was about 44 years of age, had five children, the youngest being two years old. For some time past she had felt pain in the inguinal regions and above the pubis, but attributed it to pregnancy.

Shortly after consulting me the pain increased, and she felt something give way to the left of the pubis, and immediately afterwards a quantity of puriform matter was passed by the rectum, from whence a sanguineo-purulent discharge continued for a week and then ceased, and she recovered. After a few weeks she had a return of the pain, followed by the discharge, which ceased again after a week or two. During the week preceding the discharge, she suffered from severe dragging pain in the inguinal regions, perspirations, loss of appetite, dysuria and tenesmus, all which symptoms disappeared after the matter was evacuated. The remedies used were leeches and poultices to the seat of the pain ; small doses of calomel and James' powder, and an occasional aperient.

CASE II.—In March, 1842, I was requested to see Mrs. Harris in the Meath Hospital ; she was about 28 years of age ; had been married two years, and both before and since had menstruated regularly but never had children. For several weeks before entering the hospital she had suffered from what she conceived to be gravel, i. e. frequent desire to pass water, sometimes with difficulty, and the urine deposited a reddish sediment. Her health had deteriorated, her appetite diminished, and she became very thin. A week after her admission she discovered a

large tumour in the abdomen, which she had not before noticed, and the symptoms of gravel disappeared. On examining the abdomen, I found a tumour reaching nearly to the umbilicus, in shape something like an enlarged uterus, and extending laterally, though not so high, to the iliac fossæ, especially on the right side. It was hard and little moveable, and, on the right side, very tender on pressure. There was no superficial tenderness. Internally I found the cervix uteri of the usual size, high in the pelvis, not tender on pressure nor very moveable. The body of the uterus did not swell out from the cervix more than usual, but behind it was felt the lower end of a soft swelling. A shock in the abdominal tumour was but little felt by the finger placed on the cervix uteri. The diagnosis was very difficult. On the one hand the abdominal tumour resembled the uterus enlarged, and yet the lateral tumefaction, and the swelling behind the cervix, showed that more than the uterus was engaged.

Two days after I saw her, a quantity of purulent matter escaped by the rectum; the abdominal tumour was diminished; its tenderness gone, and the tumour behind the cervix had disappeared. No rigors occurred. The discharge continued at intervals for some time, and the bulk of the abdominal tumour was gradually reduced.

June 10th, 1842.—Her strength is much reduced, but the tumour is lessened to one-fourth of its former size. The discharge occurs occasionally. She has since completely recovered.

CASE III.—“The wife of one of the ‘Cassiers de l’Extraordinaire des Guerres,’ confined five weeks previously, perceived a swelling in the abdomen, which had followed paroxysms of pain in that region, from which she had suffered since the tenth or twelfth day after her confinement. The tumour was the size of an infant’s head, and appeared to be situated in the right broad ligament. It occupied the space between the side of the pubis and the anterior superior spine of the ilium. Although the tumour had lasted near two months, and had acquired a considerable

degree of hardness, I did not hesitate to attack it with ‘resolutifs.’ The patient was bled four times in two days, and given ‘bouillons légèrement aperatifs;’ lavements and cathartics followed, with aromatic diaphoretics. The tumour gradually diminished in size, and at length, after six weeks of treatment, disappeared.”—(*Abridged from Puzos, 1759, p. 358*).

CASE IV.—“An extremely delicate lady, and the wife of a ‘payeur des rentes,’ was attacked, about the tenth day after a natural labour, with slight fever. As the convalescence in other respects was proceeding favourably, temporizing treatment was adopted, until pain in the belly, limited to one spot, demanded special attention. I then (says the author) found an ‘engorgement’ of one side of the belly, pressure upon which increased the pain. Venesection was practised and repeated several times, in spite of which the tumour increased for eight or ten days, until it surpassed the size of the head of an infant. ‘Resolutifs’ were diligently employed; the patient was again bled; repeated purgatives were administered, and the diet was extremely low. These means succeeded; in about a month the tumour diminished, and in another had disappeared.”—(*Abridged from Puzos, p. 359*).

CASE V.—“The wife of a baker of the Faubourg St. Antoine, about six weeks after her confinement, sent for M. Puzos, to consult him about a tumour in the belly. The swelling was enormous, extending from the fold of the groin to the superior part of the ilium, and forward to the linea alba and umbilicus, filling the space between these points and the pubes. For a month he employed venesections, bitters, purgatives, and topical applications without success. After this, absorbents and opiate diaphoretics were given, with infusion of saffron and some tea, with slight nourishment; soon after profuse sweats occurred, and the tumour disappeared by degrees, three months after delivery and after nearly two of treatment.”—(*From Puzos, p. 360*).

CASE VI.—“A lady in the Rue Vivienne, naturally deli-

cate, whose constitution had been enfeebled by repeated child-bearing, was happily delivered for the fifth time ; the milk was secreted at the usual time, and the uterine excretions were natural, but the lady did not gain strength. After a while fever set in, accompanied with loss of appetite and pains in the abdomen. These symptoms were much relieved by emollient glysters, &c., and M. Puzos ceased attendance. After some time he visited the patient again, and finding her in much the same condition, made a careful examination of the abdomen, and detected a tumour as large as an orange in the broad ligament of the right side, adherent externally but moveable internally. Venesection was repeatedly employed with purgatives and cataplasms. At first the tumour increased in size, but afterwards the symptoms diminished, and in a month the tumour had disappeared.”—(*From Puzos, p. 361*).

CASE VII.—Anne Coffey, æt. 26, admitted into the Meath Hospital in July, 1842 ; was confined a month ago of her first child, after a natural labour ; two days afterwards she had a rigor and pain all over the abdomen, with tenderness, for which she was blistered. The general pain and soreness diminished afterwards, but became localized as it were in the left iliac region. She then found it impossible to stand upright, and moving about distressed her. She suffered stinging pain in the region just named, with dysuria and tenesmus, and, after a few days, perceived a tumour in that spot, which has gradually increased. From the beginning it has been hard, painful and tender ; it is still hard, though less painful, and as large as a turkey egg, somewhat moveable, and apparently quite solid. It lies just above the brim of the true pelvis, towards the left iliac fossa. The vagina is hotter than usual, but there is no enlargement in any part of it, evidently because the tumour is unusually high. The tenesmus and dysuria have ceased. Leeches, fomentations, and blisters were applied over the tumour, and calomel, with gentle purgatives, administered in-

ternally and with considerable success. The pain ceased, the tenderness abated, and the tumour diminished so much in size as to afford a reasonable hope of its resolution. This, however, I cannot record, as she left the hospital.

CASE VIII.—Mrs. M., æt. 32, was safely delivered of her first child May 22nd, 1843, after a labour of 18 hours; placenta expelled without delay. Her convalescence proceeded naturally until the seventh day, when she apparently caught cold, and was attacked by rigors, weariness, pains in the limbs, some abdominal pain, thirst, quick pulse, &c. &c., in short she had a smart attack of ephemeral fever, which was treated in the usual way and gradually subsided. When nearly well, about a fortnight after delivery, she had an attack of diarrhœa, which was rather obstinate, and after the discharges were under control, she suffered a good deal at intervals from what she called griping pains. At this time the lochia had gradually lessened in quantity, but were natural in quality; the milk had altogether subsided; her pulse was 100; tongue white, with some thirst. She complained also, that when she had occasion to get out of bed she could not stand upright. This led me to make a careful examination, and I found on the left side of the symphysis pubis a tumour, the size of a small apple, round, hard, tense, painful and tender. Leeches were repeatedly applied over this part, followed by fomentations and poultices, and under this treatment the pulse became quiet, the thirst diminished, the tongue became cleaner, and the tumour itself diminished and lost its tenderness. About five weeks after her confinement menstruation occurred, and with manifest relief of all the symptoms. There is still some slight fulness in the situation of the tumour, but scarcely any tenderness, and she can stand upright. She takes now quinine and nourishing diet, and a hip bath alternate nights.

CASE IX.—Dr. John Clarke (*Essays*, p. 72) remarks, “my own experience has only furnished me with a single instance of a circumscribed abscess, following any inflammatory affection in

the cavity of the abdomen in a puerperal patient. This broke at the navel some months after delivery ; but the event of the case never fell within my knowledge."

CASE X.—I am indebted to my friend Dr. Logan, of Finglass, for the two following cases : Eliza Rodden, æt. 23, applied for medical aid in 1838, under the following circumstances : she is the mother of three children, and, until the present attack, enjoyed good health. About two months previously she was confined, after a quick, easy, and natural labour ; and a few days subsequently, having experienced a fright, she felt as though something cracked in her back, and became for a time unconscious. The lochia and milk were suppressed, and she was confined to her bed from inability to use her right leg. In this state Dr. Logan found her ; she complained of pain in the right iliac region, and inability to use the right leg, with occasional rigors. There was no abdominal tumour, but on making an examination "*per rectum*," an obstruction from a tumour was distinctly felt between the uterus and parietes of the pelvis. She suffered no distress from evacuating, the bladder or rectum. Fomentations were ordered. In consequence of her applying to another physician, Dr. Logan lost sight of her for some time, but she subsequently gave the following account of her progress : soon after Dr. Logan's visit, a tumour made its appearance in the lower part of the right side of the belly, and continued to enlarge until it acquired the size of a child's head, softened, and burst in the right inguinal region, just above Poupart's ligament. This occurred about two months after Dr. Logan's visit. The dischargé resembled boiled flummery, without blood, and continued about a week.

She has since had a child, and recovered without any unfavourable symptoms.

CASE XI.—Alley Courtney, æt. 29, mother of four children, has for some years been in a delicate state of health ; applied to Finglass Dispensary, April 22, 1843 ; was confined March 19, 1843, after a natural and quick labour. About a week or ten

days after, she, for the first time, perceived a tumour in the left iliac region. She had suffered no pain there after her confinement, except when attempting to lie on the left side. At the time the tumour appeared, she experienced headach, thirst, &c., the lochia and milk ceased, and rigors soon set in, with great prostration of strength.

When Dr. Logan first saw her, the tumour was nearly the size of an infant's head, occupying the left iliac region, and extending into the abdomen; it was soft and fluctuating to the touch; the skin unchanged in colour, except near Poupart's ligament, where it was evidently "pointing." Poultices were ordered; and inf. quassiaë given internally.

On the day but one after, whilst changing the poultice, the abscess burst, and upwards of a quart of pus, mixed with blood, escaped. Shortly afterwards the suck returned, and she is now able to nurse her infant.

During the attack the bowels were free, and she experienced no pain in emptying the rectum or bladder.

CASE XII.—Mrs. P., æt. 40, was delivered in Nov. 1841, by the forceps, of a living child. She had been long in the first stage of labour, and the cervix uteri was torn off. Before assistance could be rendered the perineum was lacerated, and she had a tedious recovery, during which she had an attack of hysteritis, which, however, was subdued by leeches, calomel, and opium. After becoming quite convalescent, she had a sudden attack of peritonitis in February, 1842, which was relieved in the usual way—by loss of blood, and mercury. In March she had a second attack, which came on quite suddenly, but which was met promptly, skilfully, and successfully, by my friend Surgeon Morgan.

When the abdomen would bear pressure we set ourselves to discover, if possible, the cause of these sudden attacks, and we found a tumour near the right iliac region as large as a goose egg, and very tender on pressure. This we supposed to be the result of inflammation of the uterine appendages, and we con-

jectured that an escape of matter into the peritoneum had been the cause of the two attacks of peritonitis. Exactly two days after the detection of the tumour, a large quantity of matter escaped from the vagina and rectum, and the tumour greatly diminished in size, and lost its tenderness. No rigors occurred, nor were the lochia diminished in quantity. The discharge occasionally stopped for a day, and then recurred, until all tumefaction had disappeared, and the tenderness likewise.

She gradually recovered strength, and left town convalescent.

CASE XIII.—A case much resembling the foregoing, I witnessed with Dr. Houghton, some years ago. The patient had been confined during an epidemic of puerperal fever, and although she recovered to a certain extent, yet her health was far from re-established. Some weeks afterwards, whilst evacuating the bowels, she felt something give way suddenly; this was followed by a state of collapse and severe pain in the abdomen, in short, by peritonitis. She was treated by bleeding, calomel and opium, in large doses, with perfect success. The cause of the peritonitis, which at first was extremely obscure, was explained in a few days, by the escape of a quantity of purulent matter from the vagina.

This patient recovered perfectly.

CASE XIV.—Mrs. M., æt. 28, was confined of her first child, after a natural labour. Convalescence satisfactory for four or five days; she then was attacked by rigors, pain in the uterus, &c. Leeches were applied, followed by poultices, and calomel and opium given internally. Under this treatment the symptoms subsided, and she was thought to be nearly well; but a few days afterwards she detected a tumour in the right iliac region, and I was requested to see her. I found the tumour as large as a large orange, extending from Poupart's ligament upwards and inwards towards the mesial line. Internally it could be felt on the right of the cervix uteri, and extending to the os pubis. It was painful and tender. Pulse 100; tongue

dry; thirst. Leeches were applied twice to the tumour, and poultices. Calomel and Dover's powder were given until the gums were affected; and under this treatment the tumour ceased to be painful and tender, and was reduced to one-third of its original size. The pulse came down to 90, and the tongue cleaned. The only complaint the patient made was of pain around the hip-bone and down the thigh, evidently arising from the pressure of the tumour upon the nerves passing under Poupart's ligament. Thus matters remained for ten days or a fortnight, when the abscess broke, and the matter was discharged per vaginam, with immediate relief of the tension and those symptoms which were the consequence of pressure.

The matter continued to escape in small quantities for three weeks; the tumour gradually disappearing. She suffered no pain, and scarcely any inconvenience. She can now stand upright, and walk about. The appetite and other functions are healthy.

CASE XV.—“In this case the patient caught cold during her accouchement, and immediately after felt a pain in the right iliac region, followed by tumefaction. The pain and swelling continued during the time she was in bed, but the pain increased after she became convalescent. On examination, M. Delamotte found the tumour tender and slightly red. Means were employed to produce suppuration, which took place in eight days. The abscess was opened, ‘deux pallettes’ of pus escaped, and in ten days the abscess was healed and the patient cured.”—(*Abridged from La Motte*, 1726, p. 670, Obs. 436).

CASE XVI.—“On the 28th of March, 1782, I was called to a patient who had been confined two months, and who had complained for a few days of a tumour in the lower belly, in the right iliac region. The pain was extreme, accompanied with fever and frequent faintings. At length matter formed, and the abscess was opened, and gave issue to ‘trois pallettes’ of matter, resembling the lees of red and white wine mixed. The suppuration continued for five weeks, and the tumour disap-

peared, and the patient recovered.”—(*Abridged from Mauriceau, 1728, vol. ii. p. 247, Obs. 299*).

CASE XVII.—“A lady of the Faubourg St. Marceau, after an ordinary labour, continued as well as possible up to the eighth or tenth day. She then complained of pains in the belly, groin, and thigh, but no swelling was perceptible. Oil of almonds, lavements, and topical applications were employed, with venesection twice. Four or six weeks thus passed without relief, on the contrary, the fever increased, the leg and thigh became useless, and the pain in the groin increased. Upon examination, M. Puzos detected a hardness above the fold of the groin, not circumscribed, without elevation or redness of the skin. All means were used to procure resolution, but in vain; suppuration took place, and M. Boudon opened the abscess, from which a large quantity of matter escaped. The patient recovered, and has had several children since.”—(*From Puzos, p. 364*).

CASE XVIII.—“The wife of a receiver-general of Finance, after a happy delivery, suffered from pains in the belly, with a troublesome tenesmus. All the means tried for her relief failed. After some time fever arose, and the pains became localized just above the right groin. Cataplasms and fomentations were employed, purgatives were given and quinine, without benefit. The thigh was drawn up, from the increase of the swelling. M. Puzos saw her after the attack had lasted five or six weeks, and attempted the resolution of the tumour, but without success. Suppuration took place, the abscess was opened, and in three months the patient was cured.”—(*From Puzos, p. 364*).

CASE XIX.—“A lady of Provence came to Paris for a consultation, and saw MM. Petit, Boudon, and Puzos. They found a fistulous opening above, and a little on one side of the pubis. A sound could be passed very far into the hypogastrium. This fistula had resulted from an abscess after delivery, opened above a year before, and which all attempts had failed in healing. The physicians advised that the opening should be main-

tained, and the matter evacuated by a canula.”—(*From Puzos*, p. 365).

CASE XX.—“A woman, æt. 24, fair and delicate, though healthy, was delivered safely, though with difficulty, of her first child, May 6, 1840. Four days afterwards she had a rigor, followed by heat, and pain in the right inguinal region. The shivering, which was attributed to cold, was successfully treated by frictions with lard and sudorific drinks. As the patient became worse, a physician was summoned on the 14th. He applied leeches twice, followed by poultices, and exhibited mercury both internally and in frictions. No benefit resulting from this treatment, M. Löwenhardt was called in July 4, and found the patient in the following condition: the face very pale, thin, and profoundly altered; the right thigh retracted, flexed, and swollen at its superior extremity; the inguinal region of the same side likewise swollen, tense, and whitish, very tender, but without pulsation; the swelling being equally tense and hard, without softening in any part, without redness or elevation. The left inguinal region and the abdomen generally was tense, but not tender. The right thigh, flexed, as already stated, could not be straightened without pain and difficulty.

“On examination internally, the vagina was found almost destitute of moisture; the right side of the canal was swollen, and pressure against it increased the pain in the inguinal region. The ovary was easily reached with the finger introduced in the anus, and was swollen and painful.

“In addition to these symptoms, the patient was much emaciated, suffered from fever, with evening exacerbations, complete insomnia, profuse acid perspirations, with miliary eruption and diarrhœa. The secretion of milk was not entirely suppressed. There were no nervous symptoms, and the sensorial functions were intact.

“Leeches, mercurial frictions, and emollient applications, were again applied to the affected part, and Eau de Seltz and

milk given for drink. At a later period, bitter infusion with muriatic acid was given.

"So matters continued until the 12th, when there appeared a small, red elevation just above the right horizontal ramus of the os pubis. At the same time the vaginal parietes were found more puffed, and the tumour felt through the rectum had enlarged. The patient suffered also from tenesmus. Judging that matter had formed, M. Löwenhardt plunged a bistoury deeply into the tumour, but nothing escaped but blood. On the 19th, there was difficulty in voiding urine, and the tenesmus was very distressing. A small quantity of pus escaped from the vagina, through an orifice in the tumefied portion. Again, M. Löwenhardt cut into the tumour, and, as the reporter says, reached the ovary, and gave exit to a large quantity of pus, which was increased when pressure was made upon the tumour by the finger in the vagina or rectum. Great relief followed, and the dysuria and tenesmus disappeared. The discharge '*per vaginam*' continued until Aug. 4, and that through the abdominal parietes until the beginning of September, and by the 15th of September the cure was complete."—(*From the Arch. Gen. de Med.*)

The critic in the Archives remarks very truly, that we have scarcely sufficient data in the above report to decide upon it being a case of suppuration of the ovary.

CASE XXI.—I was requested to examine a patient in the Meath Hospital. She had been admitted for a severe pain in the course of and limited to the sciatic nerve, and as this was her only complaint, she was treated for sciatica. Something occurred to excite a suspicion of deeper disease, and on being questioned, she mentioned that she had recently been confined.

A little closer investigation brought to light the fact, that after her confinement she had suffered from pain in the belly, for which leeches were applied, and as I knew that several cases of puerperal fever had occurred about the same time, I felt little doubt of the nature of her attack. I examined the abdomen most

carefully, and found a hard and tender swelling in the left iliac fossa, near to the brim of the pelvis: it was about the size of an egg, and immoveable, extending forwards to the part traversed by the great vessels and nerves. An internal examination detected this tumefaction, extending from the left side of the uterus to the bony pelvis, and pressure in this part gave much pain. The diagnosis was easy.

Leeches were applied on the tumour externally, succeeded by poultices. The swelling increased, and approached the surface, and after some time an obscure sensation of fluctuation was felt; in consequence of which, Mr. Porter cut down upon and opened the tumour, giving exit to a considerable quantity of purulent matter. From this time the patient rapidly recovered, the pain in the leg disappeared, and she was soon able to walk straight. There were no rigors.

CASE XXII.—As an example of the severest kind, I quote the following case:

“ Sarah Bryant, æt. 32, was delivered of her fifth child in the year 1834, previous to which time she enjoyed good health. About three weeks after her confinement, as near as she can recollect, she had an attack of pain in the region of the womb; after which her health gradually became impaired. A tumour, which subsequently proved to be a chronic abscess, formed in the left inguinal region, almost precisely in the situation of inguinal hernia. She was admitted into the Westminster Hospital, as a patient of Mr. Guthrie’s, in September, 1837. At this time the emaciation had become extreme; there were numerous sinuses in connexion with the abscess, burrowing about the left hip. There was at this time no diarrhœa; in fact, she required occasional laxatives: the evacuations were passed with pain. The treatment was merely palliative; and she died completely worn out with pain, Oct. 11, 1837, about three years after her delivery.

“ *Dissection.*—The sigmoid flexure of the colon, the rectum, the uterus, and the bladder were closely matted to each

other in the left side of the pelvic cavity, through the medium of old adhesions. The lower part of the colon was also adherent to the parietes in the right iliac fossa, and closely corresponded to one of the sinuses of the abscess. The abscesses were found to be limited to the left side of the pelvis and lumbar region, and had burrowed extensively over the surface of the ilium and lower false ribs, the surfaces of both of which were extensively denuded of periosteum.”—(*From Med. Gaz.*, vol. xxv.)

I am indebted to Dr. Shannon, Surgeon to the South Union Workhouse, for the following case :

“CASE XXIII.—Anne Finigan, aged 43 years, was confined of her fourth child in the Lying-in Hospital, after which (she states) she was attacked with cramps in her legs and thighs, extending to the abdomen, for which she was twice leeches and mercurialized, and in one month from the time of her confinement she left the hospital quite well, but very weak. The night of the day she left the hospital she was compelled to sleep on bare boards, and was exposed to much hardship; three days after which, she had a severe rigor, and next morning perceived a tumour in the lower part of the abdomen, which gradually increased to the time of her admission into the hospital of the South Dublin Union Workhouse, which did not take place till nine days after the first appearance of the lump.

“March 16. The tumour now feels as large as the head of a full grown fœtus, occupying the hypogastric and left iliac regions, and extending half way between the symphysis pubis and right anterior superior spinous process of the ilium. It is very painful on the slightest pressure, feels very hard, and is fixed; the integuments are unchanged, and perfectly moveable over the tumour. She has night sweats; great pain in passing water; and a profuse white discharge from the vagina; scarcely any milk; thirst; pulse 90; very weak. Ordered six leeches and a large poultice to the tumour; fomentations, some saline mixture, and light nutriment.

“March 17. Pain in tumour rather less; feels very weak.

“ No report till March 26. Last night she had a rigor, and a severe pain in the left side of the chest. Had a mustard cataplasm immediately applied, which gave her no relief. There is decided dulness, with feeble respiration, over the part; pulse 100; very weak; furred tongue; a remarkably sunken countenance. She had the sinapism repeated, and took two grains of carbonate of ammonia, with one of blue pill, every fourth hour.

“ March 27th. Pain in side not better; dulness increased, with crepitus; slight expectoration; cough. Pills to be repeated (with half a grain of hippo and one grain of Dover’s powder added) every third hour; to have a large blister; afterwards to be dressed with mercurial ointment.

“ 28th. Complained that her gums were sore. She says that the pain in her side is quite gone; cough not so troublesome; expectoration not less; her blistered surface to be dressed with simple ointment; to take her pill every sixth hour. Can take a little arrowroot.

“ 29th. Feels nearly quite relieved from the chest affection. The tumour in abdomen appears rather larger; the integuments are becoming adherent; she passes water freely, and without pain. The discharge has altogether ceased; tongue cleaning; pulse 90. She has been endeavouring to suckle her infant contrary to advice; however she has evidently much more milk than she had a week ago. To have nourishment; and an expectorant, containing carbonate of ammonia and hippo wine.

“ April 13. The tumour has rather increased since last report. There is now a dark-coloured blush on the lower and middle part, without any appearance of pointing. The integuments being perfectly adherent in this part, I made a small opening, and discharged a large quantity of dark-coloured matter, leaving a large cavity, in which I could move about a director. She was ordered bark, meat, and porter, on which she rapidly improved in her general health. The opening continued to discharge a small quantity of matter every day, till the

seventh or eighth, when it become quite closed, leaving a little surrounding hardness, for which she was ordered some camphor liniment.

May. She now leaves the hôpital, evidently growing fat, with a fair quantity of suck for her infant; three weeks from the opening of the abscess, and eight from the commencement of the tumour."

The foregoing twenty-three cases afford a very good illustration of the disease to which I have drawn your attention. I do not doubt that many more might be collected from authentic sources already before the public, and I am certain that still more will be the reward of the patience and observation now employed in the investigation of this class of diseases. My object will be fully answered if I succeed in exciting the attention of the members of this Society, and obtain from them the results of their experience. I shall now adduce a few practical inferences mainly from the cases already related.

1. Inflammation of the uterine appendages may occur in an acute or chronic form. In the former, it constitutes one of the varieties of puerperal fever, and has been most ably treated by Clarke, Lee, Fergusson, Puzos, Husson, Dance, Tonnellè, &c. The latter author found fifty-eight cases of ovarian inflammation and four of abscess, in 190 cases of puerperal fever. Dr. Lee states, that in one case the ovary "appeared to be converted into a large cyst containing pus, which had contracted adhesions with the abdominal parietes, and discharged its contents externally through an ulcerated opening. In another case, which proved fatal, the inflamed uterine appendages agglutinated together, had contracted adhesions with the peritoneum at the brim of the pelvis, the inflammation having extended to the cellular membrane exterior to the peritoneum, and occasioned an extensive collection of pus in the course of the psoas and iliacus

externus muscles, similar to what takes place in lumbar abscess."*

As to the symptoms of this acute disease, Dr. Lee briefly remarks,—“The pain is generally less acute than in peritonitis, and is principally seated in one or other of the iliac fossæ, extending from them to the loins, anus, and thighs. On pressure, the morbid sensibility will be found to exist chiefly in the lateral parts of the hypogastrium. The constitutional symptoms at the commencement of the attack do not materially differ from those which mark the accession of peritonitis, being often accompanied with strong febrile action, which speedily subsides, and is suddenly followed by prostration of strength and other changes, which characterize inflammation of the muscular and mucous tissues of the uterus.” Dr. Lee details eight cases of the disease which proved fatal.

It is not my object to enter further upon the consideration of the acute form of the affection, but immediately to proceed to notice the CHRONIC DISEASE.

It has been described, as I have said, by several authors under different names. Puzos calls these abscesses “*depôts du lait*,” or “*depôt laiteux dans l'hypogastre*,” and Levret, “*engourdissemens laiteux dans le Bassin*,” from an erroneous supposition that they were caused by metastasis of the milk to these parts.

The disease described by my friend Dr. Doherty is essentially the same as the one under consideration, but occurring in general at an earlier period after delivery; differing very little in symptoms, but terminating more favourably, that is, in resolution. It appears altogether a simpler affection, quicker in its course, and much more manageable under similar treatment. Without occupying your time by extracts from his excellent paper, which is now before the public, I shall just refer to it as we proceed.

* “On more important Diseases of Women,” p. 25.

2. Chronic inflammation of the uterine appendages may occur, though rarely, independently of pregnancy or labour (Cases I. II.), but far more frequently after labour, and at varying intervals: the first intimations being perceived in some cases (Cases IV. VI. VII. VIII. X. XI. XIV. XV. XVII. XXIII.) from three to ten days after delivery, and in others not until the lapse of some weeks (Cases III. V. XII. XVI. XXII.)

3. *Causes*.—It is very difficult to assign any special *cause* for the attack. It may follow blows, falls, or a fright; or more frequently result from cold.

From the coincident suppression of the milk or the lochia* it is sometimes attributed to either accident.

That it may occur in consequence of the long-continued pressure of the child's head in lingering labour I do not doubt, but it is evident that this is not a frequent cause, as most of the cases occurred after natural labour.

Lastly, it may be the termination of acute inflammation.

4. *Invasion*.—The mode of invasion varies a good deal.

a. In certain cases (Case XI.) there are few, if any, preliminary symptoms; uneasiness perhaps, but not amounting to pain, in one iliac region, and upon placing her hand on the spot, the patient detects a tumour.

b. Or, after a favourable convalescence for some days, just as the usual term of our attendance expires, the patient experiences a slight febrile attack, with some shooting pains in the abdomen, which subside after a time, though the fever remains without any apparent cause, until, in the course of time, the disease is developed. (Cases IV. VI. XVII.)

c. Again, in other cases, the attack is local, and its nature pretty evident; from the beginning there is pain in one or other iliac region, tenderness, and shortly after, tumefaction, with fever.

d. Lastly, the affection may at first assume the character of a more general affection of the peritoneum, the pain extending

* Mauriceau, vol. ii. p. 249.

over the abdomen, occurring mainly in paroxysms, with tenderness on pressure, and fever, but by and by, the general tenderness and extended pain subsides, and becomes localized, by which the character of the attack is determined. (Cases XIV. XXIII.)

5. *Symptoms.*—Having briefly alluded to the various modes in which the disease commences, I prefer taking the symptoms in the order of their importance and prevalence, rather than in that of succession.

a. The presence of tumefaction, or of a distinct tumour, is invariable; it occurs in all cases, and characterizes the disease. It may be found completely above Poupart's ligament, above the linea ilio-pectinea, sometimes occupying one iliac fossa entirely, and even extending upwards nearly to the umbilicus, and forwards to the linea alba. (Cases V. XI. XIV.)

Or it may be situated more deeply in the pelvis, just reaching to Poupart's ligament, protruding the groin, and from its fixedness giving the impression of its being firmly connected with these parts. (Cases VIII. X. XX. XXI.) In the former case the tumour is larger, more defined, and far more moveable: in the latter it is rather undefined, immoveable, and more painful. In both it is equally hard, in fact as hard as stone, until suppuration commences, and equally tender on pressure. If a vaginal examination be made, in the former case, we do not always discover any change; the vagina may be cool, no tumefaction may be detected, and movement of the uterus may occasion but little pain. But in the latter cases, and also in the former when the inflammation is much diffused, the vagina is hot, somewhat tender; and at one of its sides, or at its upper part, in the "cul de sac" on one side of the cervix uteri, a hard, painful swelling is observed, evidently connected with the tumour in the groin, and in these cases the uterus cannot be moved without acute pain.

b. Although it may be developed at different periods, yet sooner or later, pain is an accompaniment of the disease. It maintains, as it were, its seat in the tumour, from whence stings

of pain radiate in all directions. When the tumour is high, that is, above the brim of the pelvis, the pain is more limited to the tumour: when situated in the pelvis and groin, it extends across that cavity, down to the anus, to the back, and down the thigh. In these cases it is almost always difficult, in some cases quite impossible, to straighten the thigh, so as to stand upright. Walking, too, is both difficult and painful.

c. In these latter cases also, when the tumour occupies a portion of the pelvic cavity, we often find the patient distressed by tenesmus, and a desire to make water frequently the consequence, probably, of an extension of the irritation to the bladder and rectum. Occasionally, when the tumour is large, it offers a mechanical improvement to the functions of these viscerae, and the patient may suffer from dysuria, or be unable to evacuate the intestinal canal.

d. The amount of fever, as well as the time of its setting in, varies. In some cases it precedes or accompanies the first local symptoms: in others it supervenes after the tumour has been detected some time. In a few cases it is almost confined to the evening, and during the process of suppuration there are, in almost all cases, evening exacerbations.

The pulse ranges from 90 to 110; the tongue is loaded, the skin hot, the thirst considerable, and the urine high coloured. The appetite is always bad.

These symptoms are somewhat mitigated, or at least the patient suffers less in cases not connected with parturition.

6. *Terminations.*—After being fully developed, and running on even for a considerable time, the disease may terminate:

a. *In resolution.*—This most frequently occurs with cases in which the tumour is above the brim, and limited in extent; and in such we find the pain diminishing, and ultimately ceasing, the tumour first becoming less tender, then less in size, until at length it disappears. This process will occupy from one to three months. (Cases III. IV. V. VI. VII. VIII.)

b. *In abscess.*—When suppuration takes place we can ge-

nerally feel a degree of softening, with an obscure sense of fluctuation in the tumour either externally or internally; the patient complains of more throbbing, and occasionally of rigors, and by degrees (if not anticipated) the coverings are thinned, and the matter may escape—

a. Externally, through the abdominal parietes covering the tumour. (Cases X. XI.)

b. Into the peritoneum, where it gives rise to peritonitis, always alarming, but not always fatal. (Cases IX. XII. XIII.)

c. Into the vagina, through which the matter escapes. (Cases XII. XIV.)

d. Into the bladder* or intestinal canal, and especially the rectum,† with evacuation of matter per stool. (Cases I. II.)

e. Into the surrounding cellular tissue, where it may burrow until it finds an outlet. (Cases XIX. XXII.)

The matter may be evacuated by any of these “ routes ;” and if the opening be sufficiently large, the sac may be emptied and the abscess fill up and heal. But if the opening be small, the discharge may continue for an indefinite length of time, the opening remaining fistulous, and the cure being proportionably difficult. (Case XIX.)

f. Lastly. The extent of the disease, or the secondary affections caused by it, may prove fatal after an indefinite time.

7. *Diagnosis.*—A good deal of light will be thrown upon the diagnosis, when the disease occurs within a reasonable time after parturition, and especially when the patient has suffered from abdominal pain: in such cases if we discover a tumour in one of the iliac fossæ, with tenderness and pain, we shall have adequate grounds for diagnosing this affection.

If, however, the attack occur independently of child-bearing, or at a considerable interval afterwards, there may be difficulty in distinguishing between it and some of the chronic organic diseases of the ovary, especially when the tumour is above the

* Boivin and Dugè's “ Diseases of the Uterus,” page 578. Trans.

† Ibid.

pelvic brim: our safest guide, probably, will be the amount of pain and constitutional disturbance, which is much greater in the disease I have been describing.

I have known this affection mistaken for sciatica; and when the tumefaction is mainly confined to the pelvis, and pressure is made upon the nerves issuing from that cavity, the pain may be limited to the track of the nerves, so as to deceive any but a careful observer. However, a minute investigation will probably enable us to trace the pain into the pelvis, and then an external and especially an internal examination will at once reveal the cause of the pain.

The flexion of the thigh, which alone might also mislead, will of itself lead to an examination of the groin, and so to the detection of the tumour.

8. *Treatment*.—The indications of cure are 1, to procure resolution of the tumefaction; or 2, to promote suppuration and evacuation of the matter.

1. If we are called in at an early period of the attack, it is often possible to arrest its progress, as has been well remarked by Dr. Doherty; nay, even where the disease has lasted some time, as in the cases I have quoted from Puzos, it is in some cases quite possible to procure resolution. For this purpose Mauriceau,* and the author just named, advises repeated venesection, with purgatives, alteratives, absorbents, &c. I believe that the repeated application of leeches will be found more effectual at less expense of strength. A dozen should be applied over the tumour, followed by bran poultices, and repeated if necessary, i. e. if the pain and throbbing be not relieved. If we succeed in arresting the progress of the inflammation, a succession of small blisters will be of great use. Fomentations, and an occasional hip-bath, also afford great relief to the patient; but still more comfort is derived from vaginal injections of warm water twice a day.

Internally, we may exhibit mercury in small doses, perhaps

* Mauriceau, vol. ii. p. 248.

even so far as to effect the gums, and an occasional purgative ; but I confess I am not convinced that brisk purgation is beneficial. In some cases I am certain that it increases the pain. If the pain prevent sleep an opiate may be given.

When the disease shows signs of yielding, I have seen benefit derived from an application of the empl. hydrargyri. The diet should be bland and nutritious, but unstimulating.

2. If, however, notwithstanding the prompt and sedulous use of the means I have indicated, the disease should not yield, we may be sure that suppuration will take place ; and our object then will be to promote this by fomentations and poultices constantly applied.

The formation of matter will sometimes be indicated by rigors, but in many cases it is by the touch only that we can recognize this occurrence. I cannot too strongly impress upon you the advantage of making an opening into the abscess when it is possible, and so deciding the course which the matter is to take, instead of leaving it to burrow and make an opening in some dangerous situation.

The best situation for the opening is through the abdominal parietes ; the next, through the vagina. If from the high situation and mobility of the tumour, we fear that, when opened, the matter may escape into the peritoneal cavity, we might adopt the plan so successfully practised in abscess of the liver by Dr. Graves, and cut down to, but not through, the parietal peritoneum, and then apply poultices, with little doubt but that the matter will ultimately make its appearance through the wound.

Should the abscess open spontaneously, we must counteract as well as possible any unpleasant consequences which may result ; but whether opened spontaneously or by the knife we must endeavour to empty the sac, and to secure a free exit for the matter as it is secreted, by which means we shall avoid the

* Mauriceau, vol. ii. p. 250.

prolongation of the disease, and all the distress of a fistulous communication.

When the matter has been fairly evacuated, the diet must be generous, and a full share of wine or porter allowed.

ART. II.—*On Puerperal Convulsions*. By CHARLES HALPIN, M. D., Cavan, Licentiate of the King and Queen's College of Physicians, and of the Royal College of Surgeons, Ireland ; Corresponding Member of the Association, &c.

[Read at a Meeting of the Association, August 6, 1843.]

THERE is no branch of the medical profession so fraught with difficulties and dangers as midwifery. There is none so laborious in practice, so uncertain in its results, or so dangerous, not only to the lives of the individuals who come under our care but also to our own characters as medical practitioners. In the puerperal state more than any other, we meet with difficulties and complications which, from their urgent nature, will not permit us the benefit of a consultation, and which will call forth the exercise of the soundest judgment, and most prompt decision at a moment's warning.

Various and dangerous as the complications of the parturient state are, there is none that creates the same degree of alarm in the friends of the patient, or requires greater decision, or more matured judgment on the part of the medical attendant than puerperal convulsions. Sudden in its accession, frightful in its career, and destructive in its results, it behoves us to be ever watchful of its approach, and prompt and vigorous in our treatment of it.

A disease attended with symptoms so violent and alarming must have attracted attention at a very early period of the history of medicine. We find mention made of it by Celsus ; and *Ætius*, who wrote in the fourth or fifth century, describes it particularly ; from this period its nature has been investigated with the most unwearied diligence by the ablest practical men ; and