T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVIII.

WEDNESDAY, APRIL 19, 1843.

No. 11.

PUERPERAL METRO-PERITONITIS THREE DAYS AFTER DELIVERY,
COMPLICATED WITH SEVERE PECTORAL DISEASE.

From a Clinical Lecture at the Hotel Dieu, Paris, by A. F. Chomel, M.D.

At No. 3 of the Salle St. Bernard, commenced Dr. Chomel, is a woman who is attacked with puerperal metritis. The disease first appeared at the Maternity Hospital, where the woman was delivered. She tells us that, having suffered a good deal of distress from her position in life, her pregnancy was accompanied from the commencement by a *malaise*, nearly constant; and that when it had reached the seventh month, she suffered so much that she determined on entering the Maternity, where she was soon afterwards delivered. The labor, it appears, was natural, but afterwards there was an abundant flow of blood, and subsequently severe pain in the hypogastrium.

On the third day after delivery she had a chill, the breasts swelled, and the abdomen became painful. Leeches were applied to the abdomen, which diminished somewhat the intensity of the pain; she had, however, general *malaise* until the seventh day, when she left the hospital and went home in a carriage, which seems to have shaken her a good deal. On reaching her house she was taken with a chill, with pains in the limbs and lower part of the abdomen. She then determined on entering the Hotel Dieu, where we found her condition as follows:

At first sight of this patient there was an air of suffering and oppression. The belly was voluminous and meteoric; touching it gently produced pain, especially when you pressed on the hypogastric region. For two days previously she had had repeated bilious vomiting, with small alvine evacuations. On examining her *per vaginam*, we found the os tincæ soft, and a little sensible; but on introducing the end of the finger into the neck of the uterus, and endeavoring to displace that organ, there was abnormal immobility, which seemed due to adhesions, which the fundus has contracted with the adjacent organs. On pressing with the hand on the hypogastric region, whilst the finger of the other hand was in the neck of the uterus, some obscure motions were determined, and we found that the fundus was several inches above the pubis. The finger, on being withdrawn from the vulva, was bathed by a whitish, sticky liquid, somewhat fetid.

This collection of symptoms did not permit us to doubt, for a moment, the existence of a metro-peritonitis, in which the peritoneum was

secondarily affected, which most frequently happens ; the peritoneum ordinarily inflames after the uterus.

As general symptoms, we had great dryness of the tongue and mouth, with thirst. The skin was hot, the pulse 140, and the features very much changed.

This affection differs materially from that which we call post-*puerperal metro-peritonitis* ; it is, as a general rule, a much more severe disease. In our patient, happily, it appeared several days after her delivery ; the initial chill occurred on the third day. Now, the more remote the period of the chill is from the day of delivery, the less severe is the disease which supervenes. The post-*puerperal metro-peritonitis* is, in this respect, like those *phlegmasiæ* which are produced by exterior causes, and which are always less grave than those which succeed to some general spontaneous cause ; whilst *puerperal metritis* is consecutive to some profound general alteration of the system, having for a principal phenomenon one or more chills, and is always a very grave disease. There is always fear of inflammation, either of the veins or of the lymphatics ; and in either case the disease is serious. We have the more to fear a disease of this nature in our patient, from the fact that an epidemic of this kind is at present reigning at the Maternity, where she was taken sick. Hence our prognosis yesterday was unfavorable, although there were some encouraging symptoms.

To-day her condition has not improved. Her pulse is very frequent (160), and very small. Her features are very much drawn, and her face has an earthy tint, which is always a bad omen. The discharges from the vulva are becoming intolerably fetid. They have the odor characteristic of *metritis*, where great alteration in the organ has occurred. On examining her this morning, I discovered on the anterior face of the vagina a tumor, with distinct fluctuation, which at first led to the suspicion of a purulent collection ; but on introducing a catheter into the bladder, a large quantity of urine escaped ; and on re-examining her, the tumor had disappeared. There was here, therefore, a state of atony of the bladder, inducing retention of urine. It is, besides, a common symptom in women recently delivered ; and you should, therefore, always attend to the state of the bladder.

In the course of yesterday she complained of pain in the right side of the chest. On percussion it was found flat ; on auscultating her we discovered the respiration obscure below, and superiorly a bellows sound, with bronchial respiration. Here, then, we have a pleuritic effusion, complicating *metro-peritonitis*. It might happen that the liver, swollen, and pressed upwards, causes the dulness at the inferior portion of the right side. But at the superior portion of the lung respiration is obscure, and otherwise slightly anormal. We must, therefore, admit absolutely a lesion, not only of the pleura, but of the parenchyma of the lung itself. These symptoms, of course, render the prognosis more grave.

A large blister has been applied over the whole anterior surface of the right side of the chest, in the hope of making a favorable revulsion, both for the disease of the abdomen as well as that of the chest. At the

same time we prescribed emollient injections, with the addition of the chloride of lime, into the vagina, with the view of correcting, as much as possible, the fetid nature of the discharges. Mercurial frictions on the abdomen, and purgative enemata, constitute the remainder of the treatment.

[Three days subsequently the patient succumbed. At the autopsy, there was found in the uterus a portion of placenta, with several coagula, surrounded by a sanious fluid, extremely fetid. The size and consistence of the uterus was nearly natural; its walls were in the condition we usually find them in on the eleventh or twelfth day after delivery. The uterine veins contained neither pus nor blood. In the broad ligament only there was a cavity of the size of an almond, filled with purulent matter. The peritoneum was covered with false membranes. In the peritoneal cavity there was nearly a pint of pus. There were false membranes in the pleura, especially about the summit of the lung, as well as upon the convex surface of the liver.]—*Phil. Medical Examiner.*

IMPULSIVE AND HOMICIDAL INSANITY.

From Dr. Woodward's Tenth Annual Report.

MANY cases of insanity exhibit no delusion, nor even permanent excitement. Monomaniacs converse well at times, and on many subjects. They are often irritable, excitable and passionate, but when not disturbed are calm and intelligent. The moral sense is as active and correct, with them, as with other persons; they know right from wrong, are sensible of their errors, lament the consequences of their excitement, and strive to control themselves, that they may do right and appear well. Many such cases are exceedingly conscientious, fear to do wrong, and are anxious to make reparation or acknowledgment.

Many insane persons know their condition, know their own weakness, and yet are not always able to counteract the influences that excite them to mischief. They are governed by impulse, which is excited so suddenly that the counteracting or antagonizing influences do not move seasonably to prevent mischief. This is their disease. The active propensities are quickened, and the counteracting moral sentiments are more tardy. As is commonly said, the individual acts before he thinks, and in a moment often regrets what he has done.

The impulsive insane are often irritable, restless and jealous. Sometimes they have delusions, and sometimes not. Their delusions frequently seem to have no connection with their outbreaks of violence. They are often the *best*, and at the same time the *most dangerous* class of patients in the asylums. They have little of the charity of the world, are most likely to be punished for their offences, and yet have the least control over their conduct.

One man in the Hospital, the past year, went out to do a small job of labor. In the absence of his attendant, the thought came into his head that he would go and see his brother, a distance of forty miles. He