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The following obstetrical cases may prove interesting to the profession: In one case, the labour was complicated with an epidemic disease; in the other, with a constitutional disease. The cerebral and spinal functions were differently influenced in each case: in the first we had an excited cerebral action, with decreased motor power; in the latter, an excited motor function with a total loss of the cerebral function. The third case is one of a very unusual presentation.

**Case 1.** Parturient Rosalia. Mrs. S., a fine, dark young woman, aged eighteen years, the wife of a foreigner, was seized with violent convulsions at the seventh month of pregnancy with her first child. The fit was attended with little or no pain, which speedily terminates in the death of the foetus. The labour-pains became now more frequent and powerful; the vertex was lodging crosswise; the face of the child was flattened and compressed; the head turned to the right. Dr. Smith concurred that it was desirable labour should be brought about by artificial means, the patient having been twenty hours in a state of alternate convulsions and coma, without any prospect of relief. The membranes were forthwith punctured at twelve meridian, with a stilette, and a small quantity of blood issued. Dr. Tyler Smith exposed the head, with calomel and colocynth given immediately. The vertex presenting, her fits still continuing very severe. At eight P.M. the convulsions increased in intensity, and I administered the serum. The membrane was again punctured, and a small quantity of blood issued. I prescribed a saline with a total loss of the cerebral function. The third case is one of a very unusual presentation.

**Case 2.** Parturient Convulsions. Mrs. W., aged thirty-seven, a delicate little woman, has been an invalid and subject to fits from girlhood. On April 29th, at four P.M., she was suddenly attacked with convulsions. She was then at the seventh month of pregnancy. Her fits increased in severity, and at eight P.M. the convulsions increased in intensity, and I administered the serum. The membrane was again punctured, and a small quantity of blood issued. Dr. Tyler Smith exposed the head, with calomel and colocynth given immediately. The vertex presenting, her fits still continuing very severe. At eight P.M. the convulsions increased in intensity, and I administered the serum. The membrane was again punctured, and a small quantity of blood issued. I prescribed a saline with a total loss of the cerebral function. The third case is one of a very unusual presentation.

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**Remarks.—** Cases of this kind, complicated with any epidemic disease, become of the most dangerous character. Whether it be small-pox, measles, scarlet fever, or any other sporadic complaint, where the blood becomes inflamed with a morbid poison, I have invariably found the milk first suppressed; then follows purulent metritis; then peritonitis, with fever of a low kind, with an excited imagination and bright glassy eye, attended with little or no pain, which speedily terminates in death.

There is no doubt that many cases are ushered in through a local origin by a communicable cause, and on the other hand, as the cases are ushered in through a vitiated atmosphere, of an epidemic or foul character. Would Dr. Meigs affirm that the above case was one of a local origin, with constitutional symptoms following? Was it not a case of premature blood disease? Or was it a case complicated with scarlet fever in child-bed, and, had he been one, I doubt not but that his views would be open to a reconciliation with child-bed fever, and its causation by primary blood disease.

During my attendance upon this case, I attended the same week several midwifery cases, and visited daily some thirteen and fourteen cases of scarlet fever, but to no lying-in woman did I communicate any disease, either by infection or contagion. The above case demonstrates the state of the spinal functions and the activity of the cerebral; the following will illustrate the reverse, depressed cerebral power and spinal activity.

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some hours after the child was born, and I again bled her; also applied lozenges to the temple; gave her a hair cut aEUR", and mustard cataplasm to the feet and breasts. This treatment completely subdued them, and the next day she was partially conscious, pulse 100; lochial natural; bowels costive; abdomen most tender. To take a dose of castor oil directly, colostrum every two hours, and a mixture with sulphuric ether and hem,bane. The child suffers from fits.

3rd.—Has no sleep for forty-eight hours, and has an insomniac look about her; to take half a grain of morphia every two hours until sleep is produced. 4th.—Slept well, more rational, and better in every respect; and she continued to get better every day, but displayed a still languid and disconnected in her speech and actions, which continue to this day. The child died in a fit when few days old.

Remarks.—No cases are so embarrassing to the accoucheur as those connected with the epileptic or apoplectic convulsions. I have no doubt many cases of the hysterical type have been mistaken for the above, for the slender and inadequate remedies which have effected their cures would certainly lead us to believe they were not of the true cast, as nothing but very stimulation, nor did the lozenges show any traces of albumen. From obstetrical records we learn that more than half die who have been attacked thus during labour, but this estimate will not bear a comparison with the experience of more recent practitioners: it is not nearly so large, modern practices having stamped the treatment of this disease with much improvement.

The preceding case is one of singular interest, inasmuch as the labour was only a mere two hours; there were no convulsions and coma, without a single lucid interval, and during that time she was sixteen hours in labour, which was commenced and terminated without her knowing she had had a single contraction. I operated and given morphia just before the end, not upon the termination of labour, but continued hourly for seven hours after the birth of the child, until the active treatment of the 2nd of May was resorted to, which entirely and completely subdued them.

The history of her family gave a tendency to insanity, and the appearance she displayed rendered her case anxious; but the morphia checked her restlessness and induced a marked benefit.

The treatment of inducing premature labour was the best that could have been adopted; it caused a revolutionary change in her whole system, and possibly drained the brain of much superfluous blood. The blood drawn did not show signs of inflammation, nor did the lozenges.

Was this a case of convulsions excited by pregnancy? The patient was a sensitive woman, had had previous fits, had much domestic reverse, a sick husband, insufficient food, and had taken laudanum and opium for the fits. The pains were particularly severe, and not utero-gestation. Nevertheless, her cure was to be sought in the elimination of the superfluous blood. The blood drawn did not show signs of inflammation, nor did the lozenges. The patient had much domestic reverse, a sick husband, insufficient food; these, I think, were the exciting causes, and not utero-gestation. Nevertheless, her cure was to be sought in the elimination of the superfluous blood.

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