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A CASE FROM MY NOTE-BOOK.

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JULY 25th, 1862.—Mrs. —, 26; two children, oldest 4 years. Last menstruation January last part. Quickening about 14 weeks ago. Says she is 7 months pregnant. Had cough sometime before, and vomiting or retching has accompanied this almost from the very beginning of pregnancy. For the last two months, respiration has been very laborious, and accompanied by grunting. So laborious was it, and so difficult was expectoration—sometimes threatening suffocation—the pulse was so rapid, and so various in frequency and strength, together with the impossibility of bearing food or drink on the stomach—and such was the exhaustion, that it seemed hardly possible for life to be much longer sustained. Auscultation discovered disease of both lungs. There was so much confusion in the sounds—coarse crepitus—whistling—bronchial—mucous—no egophony—dulness on percussion, &c. &c., that the diagnosis was not easy. Expectoration, very small in quantity; mucus sometimes tinged with blood. Anasarca of feet and ankles. This state of things had existed full three months. The most striking of the rational signs was constant aching of the chest and epigastrium. This was owing in part to the rapid and labored expansion of the chest to permit air enough to enter the lungs to support life. Most bitterly was it complained of by one of the most patient sufferers I have met with in a long life.

There were symptoms of labor. The womb was not very large, but tense—more so than I remember to have seen before. Pressure made no difference in its outline. Examination per vaginam discovered the os uteri soft, dilated, and generally dilatable. The membranes were felt to be distended by a large quantity of liquor amnii. Vagina soft—dilatable, well lubricated. Labor was present, but the patient had felt no *uterine pain*.

What was to be done? Dr. —, by whom I had been called

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for consultation, agreed with me that the only chance of recovery was in producing uterine action, and this could be effected by rupturing the membranes. This was done, and a very large quantity of waters followed. There was some relief. Active contractions soon came on, and in about two hours the child was born, a female, weighing probably from five to six pounds.

The afterbirth soon followed. Some coagula were removed from the vagina. The womb contracted perfectly, being felt as a small, round, smooth ball, just above the anterior portion of the brim. This is described because the womb presented a condition which I at least have not met with before. It was not produced by any unusual descent of the womb into the pelvis, for this was learned by examination, and not the least uterine uneasiness was complained of, upon such pressure as generally produces pain. The womb had contracted so perfectly that there was no portion of it in such a state as to *contract* upon pressure and produce pain. There was no *flowing*. Much relief followed delivery. Mrs. — could now lie somewhat down. For weeks before, this was scarcely possible. As the cough still annoyed her, she got about one-eighth of a grain of sulphate of morphine in solution, which was followed by some mitigation of this leading trouble.

July 26th. I found Mrs. — lying with a single pillow, breathing with comparative ease, with well-marked intervals, with very little movement of the chest, and without any *grunt*,—and, during my visit, without a cough. Skin soft;—pulse about 120, soft, and uniform—countenance perfectly calm, and natural. She was lying on the *left side*, which she had scarcely been able to do for the two months of her disease. Had passed urine freely, and without uneasiness. Her expression of relief was without qualification. For the first time she had taken food with relish, and had borne it perfectly. “What food?” I asked. “Gruel—toast and tea,” was the answer.

Upon examining the abdomen, the womb was found well contracted, and no pain was produced by pressure upon it, or in any other part of the abdomen. Directions were given to the nurse to preserve the next urine, which Dr. B., the attending physician, had before agreed to examine chemically, to ascertain if it contained albumen.

27th. I was called early to see Mrs. —, and learned she had passed a very uncomfortable night; had been very *nervous*;—hot—thirsty—no sleep. The infant died in the night, and this being told her, increased her discomfort. No cough nor vomiting in the night; occasional difficulty of breathing. Such was the report. I found her more calm, and complaining of heat and thirst. Skin dry—hot generally, but the hands, arms, and head, most so. Abdomen flat, soft—not tender. A coagulum had passed from the vagina. Pulse rapid and quick, between 120 and 130. Urine abundant, and of natural color. Lochia natural. Breasts as before delivery. Urine,

tested with nitric acid, showed slight traces of albumen. **R.** Pulv. potas. nit., $\mathfrak{z}$ i.; aquæ, $\mathfrak{z}$ vi. **M.** Half an ounce, every five hours. At night, if sleepless, **R.** Extract opii. liquid, gtt. xx. To be repeated if necessary.

28th. Sleep good—refreshing. In all respects much better than yesterday. Auscultation discovered much diminution of pulmonary trouble, and respiration very little disturbed. No milk—lochia natural. Continue treatment of yesterday. If no dejection, fluid extract of senna to-morrow morning.

It may be asked why a cathartic had not been given before. Many years ago, it was customary to give physic the day following delivery. In a case of grave disease following labor, the late Dr. John C. Warren was once called in consultation the second day after delivery. It was asked if a cathartic might not be useful. Dr. Warren said, no; adding, that he had long abandoned this practice, and for this reason, that as a puerperal patient had recently suffered so much pain, so much local and general disturbance, he could not but think that purging would only increase trouble, and might even produce grave disease, and that the best treatment under such circumstances was perfect rest, and especially of the abdominal viscera. I have followed this suggestion ever since. On the third or fourth day, a laxative may be given. A favorite one is castor oil in lemon juice, say from one to two drachms of each, fasting in the morning; a mixture some years ago recommended by the late Dr. Armstrong of London, and which very rarely fails to answer the purpose and with perfect ease to the patient. As Mrs. — always vomits castor oil, senna was directed instead.

A question arose in this case, whether turning should be attempted after rupturing the membranes. Upon full view of the case—the length of time of the disease, and its obvious effects, and especially the uncertainty of consequences from the necessary violence of the operation—it was agreed to leave the case as it was, to the occurrence of natural labor, and to such artificial aid as circumstances might demand. There was this to support such a course. The presentation was perfectly natural—the occiput being to the left acetabulum, the forehead to the right sacro-iliac synchondrosis. It was quite low enough to be easily reached by the forceps, if indicated, and the *os uteri* was so dilatable as to be swept with perfect ease over the head, to, and above the symphysis pubis. Contractions soon declared themselves, and the head responded to the effort. The embarrassment of respiration was increased, and as loud complaint was made of the suffering, as the patient could utter. Efforts increased, and voluntary force soon came into exercise, and in about two hours from the rupture of the membranes, as was said above, delivery was accomplished.

August 2d.—Mrs. — is rapidly convalescent; feels quite well. Respiration somewhat labored, and pulse more rapid than natural. Auscultation found pulmonary troubles much less. Has milk.