

TRANSACTIONS OF SOCIETIES.

ART. XI.—*Summary of the Transactions of the College of Physicians of Philadelphia.*

1858, Sept. 1. *Intermittent Lochia*.—Dr. CORSE read the following account of a case of this affection:—

I attended Mrs. J—— in her confinement, which presented no unusual symptom; the delivery was effected in what is usually considered to be a favourable manner. After delivery, the secretion of milk was established on the third day, with a slight chill and a smart fever, familiar in the lying-in chamber under the name of milk fever. Upon its subsidence, the breasts filled with milk, and lactation was comfortably established.

Coincident with the gush of milk, the lochia underwent the usual diminution in quantity and change in quality from deep red to pale; and in the course of four or five days the sanguineous character had almost disappeared, leaving the usual straw-coloured or yellow discharge. On the eighth or ninth day, at 9½ o'clock A. M., the patient was seized with great pain in the lumbar region; this, in the course of half an hour or a little more, extended down the sacrum to the coccyx, and then a gush of blood or bloody discharge took place, which continued to flow as long as the pain lasted, which was nearly an hour; it then ceased with a subsidence of the pain.

I was immediately sent for, but did not reach her until after the pain had left and the flow ceased. The pulse was good, tongue clean, and all appearance of a comfortable and safe state presented.

The next day, at the same hour, the same symptoms came on, and ran the same course. I was again sent for, but only got to the patient in time to learn the history of a paroxysm in no respect different from the preceding; and seeing no indication for medicine, I gave none.

The third day I was again sent for, and was too late again; but, on my arrival, heard a repetition of the story, describing a paroxysm which ran precisely the same course. I made a very particular inquiry into all the attending circumstances—sleep, food, discharges of bowels, bladder, etc. All was perfectly satisfactory.

Next morning I called just after the time when the paroxysm should

come, and found her suffering great pain; the pulse not disturbed; tongue clean; surface normal in temperature; facial aspect exhibiting pain, but colour unchanged; nothing of the pallid cheeks and purple lips common in ague; hands and feet of usual temperature; in short, nothing but her words to indicate disease, except the sanguineous discharge from the vagina. A per vaginam examination did not reveal any change whatever in the uterus; it was not tender to the touch, swollen, or hot. The os was patulous to the extent that is usual from the eighth to the twelfth or fourteenth day after delivery. There were no inflammatory symptoms in the uterus or adjacent parts; the vagina was soft, moist, and cool; no mechanical obstacle to the exit of the lochia was observable; the character as well as the quantity of the discharge was totally changed during the paroxysm. The case, to me, being new, left me to speculate as to its nature.

I began my investigation by inquiring into inherited peculiarities, idiosyncrasy, and previous diseases. I thus learned that about a year ago she had spent some weeks, during the summer and fall, a short distance below Salem, New Jersey, and there had had the chills; she had been quite cured, however, and had not had them since. This brought to mind two cases of dysentery, formerly under my treatment, in which the dysenteric symptoms returned at regularly recurring periods. The first was a quotidian, which ran on nearly a week before I awakened to a knowledge of its nature; the other was a tertian; both of which were treated with antiperiodics, and both yielded to the treatment. I therefore, after closely inquiring into the state of the general organism, considered it expedient, in the absence of any special contra-indication, to apply the antiperiodic plan of treatment to this case.

It is well known that the puerperal state is one that contra-indicates very active treatment of any kind, and especially of stimulation or excitation. Inflammation of the uterus, puerperal mania, or meningitis, might be brought on or occur coincidentally, therefore I adopted a moderate course to begin with. Eight grains of quiniæ sulphas, with one grain, each, of opium and ipecacuanha, were made into four pills, and one given every hour, beginning at 5 o'clock A. M.; by this plan all of them were to be taken by 8 o'clock A. M., one hour and a half before the paroxysm.

My next visit being made after the period for the usual diurnal attack, I found the patient comfortable and cheerful, and learned that the discharge was diminished in quantity and the attendant suffering greatly ameliorated. Not a single unpleasant symptom had been caused by the quinia; I therefore increased the quantity to twelve grains, which, with one grain, each, of opium, and ipecac., I had made into four powders, and gave one every hour, beginning, as before, at 5 A. M. On my next visit I learned that the patient had missed both pain and discharge. I then ordered twelve grains of quiniæ sulphas, to be divided into twelve pills, one to be taken every hour, beginning at 5 A. M., until four should be taken each

day. This terminated the treatment without any unpleasant symptom as the result, the patient having ever since continued well.

Oct. 6. Large Dose of Opium taken by a Child, without Fatal Consequences.—Dr. HAYS related to the College the particulars of a case in which a child, not quite six years old, was given a powder containing seven and a half grains of opium with the same quantity of prepared chalk (the former having been, by mistake, substituted for rhubarb, which had been ordered). Dr. H. did not see the patient until fourteen hours after the powder had been administered. He was told that the child, after taking the medicine, had seemed much excited; this was followed by restlessness and drowsiness, which continued at the time of Dr. H.'s visit. No vomiting had taken place. The narcotism was at no time very profound; it gradually wore off, and at the end of three days had entirely disappeared.

Drs. CONDIE, GRISCOM, and PAUL mentioned several cases in which large doses of laudanum had been taken by children without serious mischief.

Nov. 2. Vesico-vaginal Fistula.—Dr. R. K. SMITH read the following report of a case of vesico-vaginal fistula successfully treated, by D. HAYES AGNEW, M. D., of Philadelphia:—

Frances Hargraves was admitted into the Philadelphia Hospital, Blockley, suffering from a vesico-vaginal fistula. The following account of the accident was obtained from the patient: In January, 1858, she gave birth to a child. Her labour was exceedingly difficult and prolonged, to aid which ergot was freely administered by her medical attendant. After delivery, for several days, she found herself unable to pass urine; which continuing to accumulate, and not being relieved by instrumental interference, she suddenly felt a large gush of water escaping from the vagina, since which time her urine has continued to flow by this route. Calling the attention of her physician to this condition of things, he suggested the necessity of an operation for her relief, which was accordingly performed in May, 1858. This failing, a second one was tried two or three weeks subsequently, with a similar result. The operation adopted was, I presume, that of Dr. Sims, with the button of Bozeman, as she described the employment of silver wires and a lead plate. Since the accident, she informs me, she has never menstruated; but alleges that, when the period comes round, a very copious flow of urine takes place, and continues for two or three days. About the 1st of July I was invited to see her by Dr. Robert K. Smith, the present chief resident physician of the Philadelphia Hospital, and, in company with himself and Dr. Elwood Wilson, made an examination. An extensive transverse rent was discovered, extending from one side of the vagina to the other, certainly one inch and a half in extent. Through this protruded a large amount of thickened and inflamed mucous membrane of the bladder, and along its edge the marks of