

pulpy mass, which could with difficulty be removed from its position. The dura mater around was nearly one-quarter of an inch in thickness, and semi-cartilaginous, and adhered so closely to the bone, as to render its detachment impossible. A considerable portion of the orbital plates of the frontal bone, more particularly on the left side, and also parts of the ethmoid and sphenoid bones, were destroyed. The optic nerves appeared healthy; the pituitary body was much softened.—*Prov. Med. and Surg. Journ.*, Nov. 17th, 1847.

## MIDWIFERY.

54. *On the Primary cause of Puerperal Fever.* By DR. SEANZONI, of Prague.—Dr. S. commences by stating that the wound produced on the internal surface of the uterus by the detachment of the placenta during parturition, is universally regarded as the peculiar cause of puerperal fever. He considers this view too exclusive, and in opposition to it mentions two or three cases where the symptoms of puerperal fever had shown themselves before labour had commenced, and continued after it to a fatal termination, and there was no hemorrhage, nor putrefaction of the placenta to indicate that that organ had been detached before the proper period of labour. Dr. S. then believes that "the seed of the disease is sown before the commencement of labour;" accordingly he seeks for the germ of the disease in the blood, and, as the peculiar condition of the blood of a puerperal is formed from that of a pregnant female, he conceives that the special predisposing causes of puerperal fever exist in the composition of the blood. In proof of this, the author mentions that in those cases which came under his own observation, where that composition of the blood, which is peculiar to pregnant women, was totally prevented from taking place, or was modified by the presence of some other dyscrasia, the patients were never attacked with puerperal fever, although exposed, in an eminent degree, to that combination of circumstances which is supposed to induce it; and, on the other hand, when, during pregnancy, females are attacked with any disease depending on hyperinosis of the blood, such patients are very liable to suffer from puerperal inflammations, accompanied by copious fibrinous exudations. The author refers to the writings of Helm, Kiwisch, Rokitsky, and Engel, showing that the blood of puerperal females is in a state of hyperinosis, i. e. containing an excess of fibrine. The author saw that strong healthy women, in whom this state of hyperinosis of the blood natural to pregnancy had attained its full development, suffered, during a severe epidemic, under that form of puerperal disease which gave indications of an excess of fibrine in the blood, viz. endometritis or peritonitis, accompanied with copious fibrinous exudation, such as is met with in pleuritis and pneumonia.

Physiologists are as yet unable to explain how this augmentation of fibrine is produced. Fibrinous deposits are frequently found in or upon the placentas of mature children, but very rarely has the same alteration been found in the case of premature fetuses. These deposits are mostly confined to the two last months of pregnancy, and their existence may, according to our author, be accounted for by the active interchange of material which, toward the end of pregnancy, takes place between the maternal and the fetal blood; the former abounds in fibrine, and if the consumption of this element on the part of the child be diminished, whilst the supply afforded by the mother remain the same, fibrinous deposits must take place, and these probably on the inner surface of the uterus: this is a fact our author has been unable to ascertain, as the inspection of the bodies of women dying during pregnancy are exceedingly rare. The fibrinous deposits in the placenta, however, according to Dr. S., prove that the fetus does not consume all the fibrine supplied to it, and they lend probability to the idea, that in consequence of the continually increasing supply of fibrine in the circulation of the mother, and the comparatively small consumption of that element on the part of the child, an abnormal accumulation of fibrine must be the result, constituting hyperinosis in the mother.

This fibrinous diathesis, in pregnant females, may pass into secondary dropsy or purulent deposit; secondary dropsy follows from the anemia gradually devel-

oped in consequence of the blood being generally impoverished by copious fibrinous exudation; the dropsical effusion frequently possesses a sero-purulent character.

Purulent deposits may take place in pregnant females, in consequence either of the primary formation of pus in the blood, or of its absorption from an ulcerating surface. According to Mulder, the nitroxyde of protein—or pyin, as some have termed it—contained in the buffy coat of the blood, and which is also more abundant in hyperinotic than in normal blood, has a great tendency to be transformed into pus; which confirms what we might *a priori* have expected, that pus may be formed in the blood, and that it need not necessarily be derived from some ulcerating surface of the body. This is also confirmed by those cases related by the author, in which all the symptoms characteristic of the formation of pus appeared some time before parturition, and were speedily followed thereafter by a fatal termination: it is further corroborated by the fact, that the effects of pyæmia are so very frequently observed during puerperal epidemics, and so very rarely in sporadic endometritis or peritonitis; and also by the fact, that the constitution of the atmosphere, about the patient, exercises such a very powerful influence in originating the disease. To the objection that an impure atmosphere exerts its baneful influence as well upon the raw uterine surface as upon the blood circulating through the lungs, and that its local action upon either the one or the other of these organs may, with equal truth be regarded as the primary cause of the disease, the author replies with the fact—which is not unfrequently observed in lying-in wards—that among, say ten or twelve women in the same ward, one in whom labour has been perfectly normal and easy, may speedily show all the indications of puerperal fever, with pyæmia, and rapidly die; whilst another, in whom a wound really has been inflicted on the uterus by the forcible detachment of an adherent placenta, recovers, without a bad symptom, in a few days:—thus arguing, that the two females being, as far as regards the atmosphere, *in pari statu*, if the noxious influence residing in the air act only on the raw surface of the uterus, the latter patient should have been attacked with the disease, and not the former; but this not being the case, he regards it as a proof that the noxious properties of the atmosphere act with equal, if not greater power, through the lungs than through the uterus. This cannot be doubted, from what has been lately seen of the immenso activity of various vapours administered by inhalation. The author regards pus in the veins as an extremely rare appearance, but as very common in the lymphatics; it is found in them either as a consequence of absorption from a distant part, or of inflammation of their proper tissue (lymphangitis). Among lymphatics of the uterus filled with pus, Dr. S. has found others filled with fibrinous exudation. The latter he regards as a proof that the pus contained in the former does not owe its origin to absorption from a distant ulcerated surface; but that the former also wore, at a previous period, filled with fibrinous exudation, which only became purulent secondarily, under the influence of the suppurative process going on in the blood.

The conclusions which Dr. Scanlon arrives at are,—1st. That a ravaess of the internal surface of the uterus does not constitute the sole and only predisposing cause of puerperal fever, but that this consists in a peculiar constitution of the blood. 2dly. That this peculiar condition of the blood is indicated by an increase in the quantity of fibrine. 3dly. When this increase becomes excessive in a high degree, it constitutes the primary cause of the disease; or it is, in short, in itself the “essence of genuine puerperal fever.” 4thly. The genuine disease is characterized by the fibrinous type; no other type is genuine, but can only be developed secondarily out of the fibrinous. 5thly. Hypinosis of the blood gives immunity against that form of puerperal disease accompanied by fibrinous exudation; it gives but little protection against the suppurative, and none against the typhoid form. 6thly. The hyperinotic form of the disease frequently, during epidemics, passes into the purulent or into the typhoid form. 7thly. The two last forms may be developed either primarily in the blood, or secondarily by the absorption of pus. 8thly. This absorption can take place from suppuration on the surface in the tissue, or appendages of the uterus, or from the placenta. 9thly. The cases which run the most rapid course are those which are the result of a primary disease of the blood; the less acute are those the result of absorption.—*Monthly Journ.*

*Med. Sci.*, Nov. 1847, from *Prager Vierteljahrsschrift für die pract. Heilkunde*, 1846, Bd. xii. S. 1.

55. *Puerperal Convulsions connected with Inflammation of the Kidney.*—Prof. Simpson, in a paper read to the Obstetric Society of Edinburgh, June 15th, pointed out the connection of puerperal convulsions with derangement of the kidney as a very striking fact in Obstetric Pathology. He had seen *post-mortem* appearances of nephritis in some fatal cases of convulsions.

CASE I.—In this case, the patient, a delicate female, was exhausted by the pains of labour, and complaining of severe headacho when the convulsions supervened. Dr. Niven promptly and easily delivered the child, which was dead, by turning. The convulsions gradually subsided, but re-appeared several times. In the intervals she was profoundly comatose; and, in this state, she died about forty hours after the first attack.

*Post-mortem Appearances.*—When the lateral ventricle of the right side was opened, fluid blood escaped. The corpus striatum and outer part of the optic thalamus were broken up, and mixed with a large quantity of coagulated blood, forming a clot of large size. The fluid blood was found in the opposite lateral ventricle, also in the third and fourth ventricles. The right kidney was converted into numerous cysts, of about the size of a walnut, containing unhealthy pus, which passed along the ureter and filled the bladder. The left kidney exhibited an advanced stage of Bright's disease.

CASE II.—Dr. S. lately saw with Dr. Carmichael. The lady had so perfectly recovered after a labour which was quite natural, as to have been out at church, &c. Seven weeks, however, after delivery, after some sudden anomalous affections of sight and hearing for thirty or forty hours previously, she was seized with the most severe convulsions. Despite free evacuations, &c. &c., they continued to recur from time to time, and proved fatal in three hours; the patient during that time never being perfectly sensible. The pelvis of each kidney was filled with a whitish purulent-like matter, and its mucous lining membrane coated with large patches of adherent coagulable lymph, or false membrane. The ventricles of the brain were distended with serous fluid. The urine, when tested, presented no sign of albumen.

CASE III.—In a third case, one fit of convulsions came on a month before delivery, and recurred again in a severe and fatal form fourteen days after confinement. During the intervening six weeks she was free from any symptoms, and the labour was natural. The last attack came on suddenly in the evening, about nine o'clock; the convulsions were again and again repeated, and she died comatose in eight hours.

Dr. MacLagan, Dr. Handyside, and Dr. Simpson had examined the urine during this last attack, but found in it no traces of albumen. On inspecting the body, some whitish turbid fluid was found in the renal pelvis, and could be pressed out abundantly from the renal papillæ. It looked like pus. On microscopic examination, it seemed to contain merely a very large quantity of epithelial cells, and no pus globules. Was this inflammatory? There was no effused fibrin or coagulable lymph.—*Monthly Journ. Med. Sci.*, Sept. 1847.

56. *Puerperal Neuritis in the Lower Extremities.*—Dr. Simpson directed the attention of the society to this as another not unfrequent, but neglected form of puerperal disease. He had seen several cases of it, and had found it mistaken for phlebitis and other forms of phlegmasia dolens. It was characterized often by numbness and tingling of the affected limb, and pain, fixed or remittent, passing along the crural or sciatic nerve, down to the knee, calf, or even the foot—increased by pressure along the course of the nerve, and by stretching of the limb, sometimes relieved by strong pressure on the highest portion of the nerves. Sometimes there was no co-existent œdema, or if it were present the pain was in a degree greatly disproportionate to the œdema. It was often very protracted in its course. After local leeching, an elevated position of the limb, the application of belladonna, aconite, &c., greatly relieved the patients.

Various members alluded to cases of this disease which they had seen.—*Ibid.*