

ART. II.—*Medical Cases and Observations.* By DANIEL GRIFFIN, M.D., M.R.I.A., &c., Physician to the County of Limerick Infirmary, &c., &c.

SINGULAR CASE OF HYSTERIA IN A BOY.

I DO not know if the case I am about to describe deserves the name I have given it, but it is of that class in which a state of hyperæsthesia, or what would, I believe, more properly be called an unusual mobility of the nervous system, produces anomalous symptoms. A man called on me at eight or nine o'clock in the evening, requesting me to see a boy named James Shaughnessy, who was suffering from severe oppression and palpitation, with great debility. He left it optional with me to go either then or in the morning, but, from the manner in which he described the symptoms, I apprehended pericarditis, and told him valuable time might be lost if the visit was deferred. He then asked me to see him at once. I found a handsome, pale-looking boy, about thirteen years of age, lying on a bed, and breathing with such extreme rapidity that I had never seen anything like it before in any illness. His respiration was from 140 to 160 in a minute. On applying a stethoscope to his chest, there was a loud bellows-sound, so exactly resembling that which attends pericarditis, that I do not think the most practised ear could detect any difference between them. I at first wondered at its extent, for it was heard over the whole front of the chest, and expected to find it more intense and pronounced in the region of the heart, but to my surprise I found the heart beating soft and natural at 88, as was also the pulse. Its sounds were very distinct and clear, though difficult to be heard, from the loudness of the soufflet in the lungs. On further examination, there was not the least evidence of structural disease in either heart or lungs. The most singular portion of the phenomena, however, was, that whenever he fell asleep, the rapid breathing instantly ceased, and his respiration became quite normal, but it recurred again whenever he awoke, and went on with as much rapidity as ever. His skin was quite cool, his tongue yellow, and rather loaded, and his bowels confined. On inquiry I learned that he had received a severe shock, three or four weeks previously, by the death of his mother, to whom he was much attached, and who had died suddenly in her confinement; that, being a weakly child, she had always paid him great attention, procuring him those delicacies and comforts which only a mother's thoughtful care can supply; that after her death he had fallen into the hands of his grandmother, and was neglected; and that his present illness had lasted three or four days. Another prac-

itioner had seen him a day or two before my visit. He ordered a mustard plaster to be applied to his chest, and prescribed an antispasmodic mixture. He overlooked, however, a most important point in his case, the state of the digestive organs, so these remedies produced no benefit. A brisk cathartic of calomel and black draught produced copious discharges of a dark colour, attended by extreme fœtor, from the bowels. This was followed by full doses of quina, three times a day, and nourishing food, and by attention to the digestive organs he was restored to perfect health in about a week, and has had no relapse since.

#### FLOODING AFTER DELIVERY.

There is one class of cases of this kind on which I am anxious to make some observations, because I do not believe that the profession generally, at least the junior members of it, are at all aware to what an enormous extent they may be prevented. I mean those which arise from an over-hasty extraction of the placenta. The attempt to interfere too much with the processes of nature, and among them the over-anxious desire to get the placenta away speedily after the birth of the child, has been deprecated by many excellent writers, most of whom agree that unless hemorrhage occurs, or violent and irregular spasm, endangering the life of the woman, the mere retention of the placenta is not a sufficient cause for interference, unless an hour has passed. For many years I have made it a point to follow this excellent rule, and not to interfere with the placenta until it is thrown off naturally, unless this event is delayed beyond the time specified, or there is profuse flooding from its partial separation. It will usually come away within this time ; and I leave the matter entirely to nature, avoiding for a time any, even the most moderate, traction of the cord, and merely making pretty firm pressure over the uterus itself, not with a pad and bandage, but with the hand alone, which latter is infinitely preferable. The advantage I have derived from this practice is more than I could have believed possible. It is not that cases of flooding are rare, and fatalities from it still rarer, but both have been altogether excluded in every case in which I have been present at the labour, or in time for its conclusion. I wish to insist upon this fact, because, from casualties which I have heard of from time to time in the practice of others, as well as from the dangerous tendency sometimes of my own cases before I adopted this course, I am sure its importance is not at all sufficiently appreciated. That the result I speak of is not fortuitous, or a mere piece of good luck, is

shown by its constancy during many years, and by the fact that I have had my full share of cases of flooding from placenta prævia and other causes during the whole of this interval, but from this cause absolutely none. Another proof lies in the fact that in so far as I have on any occasion been tempted to deviate from this course, in so far exactly has the tendency to dangerous hemorrhage reappeared. I have had another advantage in the practice; so far from losing time, I am perfectly satisfied I have gained or saved a great deal of it on several occasions, where less attention to the circumstances I speak of would have kept me in attendance on my patient many hours longer. I do not mean to say that several members of the profession do not understand the advantages of this plan, and practice it, but, from the circumstance that many natural cases of labour will get well under great varieties of management, I am convinced that the generality will hardly bring themselves to believe that its importance is not exaggerated; and I think it probable the prevalence of this error leads not unfrequently to the accidents I speak of. The temptation, indeed, to complete the case is great. The woman has gone through her labour well, and without delay or accident. The infant also is well. The patient's friends, who understand very well that the labour is not completed on the mere birth of the child, are asking the medical attendant if "the after-birth has come?" or "if the woman is yet safe?" He is anxious to get out of the house, to other patients. He tells them, "not yet;" and while he sits apparently idly there, he seems to be, as it were, neglecting a duty. If he is impatient or inexperienced, this inactivity does not continue long. He pulls away at the cord; makes strong friction over the uterus; gets the woman to cough, or gives her a pinch of snuff to make her sneeze. After an interval, he pulls again more strongly, and either snaps the cord or brings away the placenta suddenly, before the uterus has had time to contract. In the one case he has got himself into the unpleasant dilemma of having to follow the placenta, and extract it with his hand; in the other, of having his hasty efforts followed by a troublesome and alarming hemorrhage, which may detain him two or three hours or more; in both, he finds in the end, but only at the cost of much anxiety and trouble, that in this, as in many other instances, the old adage is true, "the more haste, the worse speed."

But the matter may be much worse than this. It sometimes happens, that, being about to leave the house, the practitioner goes to see if his patient is all right before his departure. Having left her comfortably arranged a short

time previously, he finds her now with pallid face, short breathing, feeble and fluttering pulse, and tumid abdomen, yet there is no external hemorrhage. The uterus has swelled up, is filled with large clots, and filling still; he makes pressure upon it, and gives her a stimulant. There is a sudden dash of hemorrhage, with enormous clots; in a minute or two, he feels the uterus, like a round, hard globe, in the cavity of the pelvis; the woman breathes more freely, and her pulse is less rapid, and firmer. The same thing is repeated three or four times, with a considerable additional loss each time. At length he has made her more comfortable, and thinks he has overcome the tendency finally. If, however, he disregards these ominous signs of an uncontractile uterus, and goes away, the chances are, that within an hour or more, an alarming hemorrhage sets in. Pressing messages are sent for him; he is not found, perhaps, and when he arrives at last, he finds his patient dying or dead. The case looked very well at first. The patient had a rapid labour; the placenta was got away rapidly; everything seemed to promise well, but it was a case in which too much was done. The first error was unperceived, and, unconsciously to him, she fell a victim in part to what has been well called "meddlesome midwifery," and in part to his subsequent desertion of her, at a time and in circumstances in which his presence, so far from being unnecessary, was of the last importance.

That these are not imaginary dangers will be fully felt by those who, from experience, are aware what a strong and almost uncontrollable tendency to hemorrhage there is in some females, and what an apparently inadequate cause will sometimes set it in operation. The duty of the practitioner to his patient in such circumstances is well set forth in a paper by the late Mr. Labatt, which has been published by his son, Mr. Hamilton Labatt, in the *Dublin Quarterly Journal* for May, 1858. He gives one instance there of a lady whose life was often in peril from this tendency, in which, with a praiseworthy devotion not likely to be often imitated, he remained by his patient's bedside, making pressure upon the uterus, in the manner I speak of, with the hand alone, for upwards of five hours, the result showing, in a safe and rapid recovery, the complete efficacy of this patient and persevering management. In this excellent and practical paper Mr. Labatt impresses very strongly and earnestly upon the junior practitioner the necessity of closely watching his hemorrhagic patient, even for some hours after all alarming symptoms have subsided, "having known," as he says, "several cases of sudden and unexpected sinking and

death long after all danger was supposed to have ceased." Of these he details the circumstances of a certain number of interesting ones which came within his own cognizance. He also combats the prevalent error, "that if, after the expulsion of the placenta, the uterus be felt well contracted, small, round, and firm over the pubes, there is no reason to apprehend hemorrhage;" and states that "though this may be true to a certain extent, yet, if due care be not taken to maintain this state of salutary contraction by the means already advised, the uterus may relax, and hemorrhage ensue." On both these points my own experience, though more limited, enables me very strongly to confirm all this eminent accoucheur has said, and to add the opinion which I have already endeavoured to enforce, that too early interference with the placenta is in many instances the cause of those after evils.

I wish to insist on the necessity of the practice I speak of for another reason besides those I have stated. I observe that in a late bold attempt to overturn one of nature's most ordinary and well-established laws, and to substitute for it one of nature's exceptions, it is laid down as a precept that the placenta must be extracted immediately after the birth of the child. I allude to the late attempt by Mr. Figg, in a clever paper published in the *Medical Times and Gazette*, to substitute the practice of turning in every instance for the ordinary mode of delivery by head presentation. While I offer the testimony of my experience as a strong protest against this precept, I must say, in passing, of the proposal in which it originated, that what astonishes me most in the discussions regarding it is the extreme toleration with which it has been received by the profession. That a practitioner should say that the operation of turning might be adopted with advantage more extensively than it is, and that many more cases were well adapted to it than those in which it was used, would be but natural; but that a man should seriously propose so entirely to revolutionize nature's ordinary proceedings as to substitute turning for head presentation in every instance, and that such a proposal should not be generally and immediately denounced as extravagant and dangerous, is to me very surprising indeed. In other departments of physical science it has been found invariably that whenever it is attempted to use the powers of nature for any purpose, in so far as this attempt is made in conformity with her ordinary rules or against them, in so far exactly is the attempt successful or unsuccessful; so that there cannot be a better test of the feasibility of any proposed proceeding than to consider it in reference to these rules, and observe if it run counter to them,

or agree with them. The same is the case in medical science also, with this important and serious addition, that the end aimed at being the preservation of human life, the failure in attaining this end necessarily involves the loss of it. In the case I speak of, the mode of delivery in natural labour, nature has pronounced so positively and decidedly as to her ordinary intention, that there cannot be a doubt on the subject. The same test exactly applies, and it needs neither a trial of the new mode on the part of the profession, nor the important admissions made by Mr. Figg himself as to the frequent occurrence of still births, or the occasional occurrence of a fractured arm, to pronounce that such a method is wrong, and ought not to be adopted. There can be no question that Mr. Figg is an expert manipulator, though an indifferent logician, and a somewhat unscrupulous, yet, certainly, a candid moralist; nevertheless, the practice does not seem, even in his hands, to be very successful; and it is fearful to contemplate what the consequences might be if it were adopted generally by the profession on his advice, and practised as it must needs often be, by persons of much less dexterity, and of very little experience. I trust that these remarks will not be considered out of place, as I feel that no one whose opinions coincide with those I have expressed ought to withhold them on so important a subject, under all the circumstances. The whole weight of my experience, too, is against that which has been deduced as a kind of corollary from the practice, viz., the immediate extraction of the placenta. Indeed, the physiology of the subject alone, quite independently of experience, would lead to the same conclusion. If we consider the enormous size to which the uterus has been expanded before delivery, the extreme extension and consequent tenuity of its muscular fibres, and the violent contractions to which they are subjected, both during and after the expulsion of the child, it is evident that these efforts must greatly exhaust its nervous force, and that it is impossible they can continue so energetic as all at once to obliterate its cavity if the whole of its contents be too rapidly removed. The interior of the uterus after delivery has been compared to the condition of a stump after amputation. Some discussion has arisen as to whether the analogy is perfect or not, for there are considerable resemblances, and some important differences. In one point, however, it is correct, viz., the danger of hemorrhage in both, from open bleeding vessels, which require to be stanchcd, in the one case by tying or other means; in the other, by a process somewhat of a like kind,—the power which the contracting muscular fibres of the uterus exert upon them. This

power will differ in different persons, but it may be said that, in so far as it is defective, whether by exhaustion from long-continued violent efforts, or natural want of strength, in so far exactly is the danger of after hemorrhage increased. In these circumstances, considering the thing merely theoretically, it would evidently be a great advantage if the uterine muscular fibres, already much exhausted, had something to rest upon half-way, to give time for the recovery of that power which is still necessary, not now, however, for the expulsion of the child, but for the safety of the woman. Of all the contrivances that could possibly be conceived for this purpose, the existence of the placenta, filling the uterus, as it were, like a plug, and applying itself closely to its inner surface, is one of the most admirable. Of the many important functions which it is destined to perform, this is certainly not one of the least; and if nature in her wise designs be not crossed or interfered with, but be aided and assisted, such a course will not only lead with ease to the result aimed at, but will save the practitioner a world of anxiety and much valuable time. These observations might be illustrated by cases in which the partial neglect of the precautions I speak of led to alarming hemorrhage, but I trust it is unnecessary to devote space to them. It would be, of course, to no purpose inserting cases of an opposite kind, illustrating the safety of the practice inculcated, as their evidence would be entirely of a negative character.

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ART. III.—*Observations on the Intermittent and Remittent Fevers of the West Indies.* By HUGH CROSKERY, L. R. C. S. I., Honorary Member of the Surgical Society of Ireland; Licentiate of the College of Physicians and Surgeons of Jamaica, &c. &c; late Assistant Surgeon, R.N.

MR. R. T., planter, aged 37, of slender make, and rheumatic diathesis, was attacked with intermittent fever on Saturday, the 13th of August, 1859, and, until Monday the 15th, when I saw him, the fever had continued with very little intermission. He stated that he had suffered much on the 12th from headache, nausea, vomiting, and a sense of extreme tension at the præcordium. To relieve the latter, a mustard cataplasm had been applied, and with much benefit. On the morning of the 15th I found him with a moist skin, and a soft but rapid pulse. He did not seem much inclined to talk. The nurse,