

whenever any inclination to do so is felt; he, moreover, prescribes a simple aperient (unless the bowels have been spontaneously moved) just before removing the deep sutures, which he does not allow to remain, on an average, longer than one week.

A Case of Femoral Aneurism Cured by Digital Pressure is reported by Mr. W. MORRANT BAKER, as a contribution to the statistics of this mode of treatment, but presents no features of sufficient peculiarity to require special remark.

We turn therefore to *Notes of Three Cases of Air in the Cavity of the Pleura as the Result of Injury*; by HENRY TAENTHAM BUTLIN. These cases are all of much interest; in the first and second, the patients recovered, and the diagnosis therefore lacked post-mortem confirmation; but the symptoms and histories rendered it almost certain that rupture of the lung had occurred in both without injury of the thoracic parietes. In the third, the symptoms of pneumothorax were found after death to be due to the passage of the stomach, enormously distended with gas, through a laceration in the diaphragm, or, in other words, to the existence of a large diaphragmatic hernia. In commenting upon his first two cases, Mr. Butlin refers to a similar observation published by Sée, and mentions that he has himself made an autopsy in a case of pulmonary laceration without fracture—a case which we presume to be that recorded at page 45 of the Appendix to this volume of Reports. In the *Transactions of the Philadelphia Pathological Society* for 1871 (vol. iv. p. 133), the present writer tabulated sixteen cases of rupture of the lung without injury of the thoracic wall; adding to these, cases since recorded by R. Nelson, Da Costa, W. Adams, and Hilton, and the four mentioned by Mr. Butlin, we have a total of twenty-four examples of this rare form of injury occurring in civil life—seven having terminated favourably and seventeen in death. In military practice, the affection appears to be less fatal—twenty-five cases referred to by Dr. Otis as having occurred during our late war (*Medical and Surgical History of the Rebellion*, First Surgical Volume, page 477) furnishing no less than eleven recoveries.

The *Hospital Statistics*, which terminate the volume, are supplied by the Medical Registrar, Dr. W. AINSLIE HOLLIS, and the Surgical Registrars, Messrs. HENRY T. BUTLIN and EDWARD MILNER. They contain as usual a great deal of valuable material in a form convenient for study. On pages II and 82, we find references to three fatal cases of "lithonephrectomy."

J. A., JR.

ART. XXIII.—*Transactions of the Obstetrical Society of London*. Vol. XVII. For the year 1875. Text, pp. 400. London: Longmans, Green & Co., 1876.

This volume is an unusually large one, as it contains a list of the Fellows, filling 51 pages, and a catalogue of the library, occupying 140. The ordinary Fellows number 637.

Case of Hydatiform Mole. By JOHN WILLIAMS, M.D.—This occurred in a woman of 30, and is chiefly remarkable in the fact that the ovum was expelled almost entire, the bag being ruptured, but preserving the shape of the uterus, and showing the manner of attachment of the vesicles within. "The bag was evidently formed by the decidua, and was about a quarter of an inch in thickness. At one part it was thick and fleshy, though on section it presented many

cysts. The thickened portion was doubtless the imperfectly formed placenta."
 . . . The vesicles "were arranged like beads on a string, which was attached to the inner surface of the decidua."

Complication in the Delivery of an Ascitic Fœtus. By J. ASHURTON THORNTON.—Case occurred under care of the Royal Maternity Charity. Mother 38—teeth confinement—feeble and emaciated from poverty and want; had been no motion of fœtus for two weeks. Moderate traction with forceps tore through the neck in delivering the head; the arms were then brought down, but traction failed to bring nway the body during twenty minutes' effort. Two labour pains, reported as trifling, in the absence of the physician, delivered the fœtus. Woman died in 93 hours, presumably from pyæmia. Cause of difficulty believed to be the collection of ascitic fluid in the lower part of the abdomen during traction, widening and enlarging the resisting protuberance so as to prevent its passage. The ready removal under nature's efforts is accounted for by the uterine pressure forcing the fluid through the obstructing point and thus elongating and narrowing the abdominal protuberance, so as to favour the delivery of the shrunken fœtus.

On the Prevention of Mammary Abscesses by the Application of the Principle of Rest. By W. BATHURST WOODMAN, M.D.—By reasoning from the effects of over-distension of the mammae in the lower animals, when deprived of their young, physicians have been led gradually to discard the use of friction, and give the glands as much absolute rest as possible. Dr. Woodman puts the patient in bed, stops nursing, applies pressure, and resorts to the internal remedies which diminish the secretion of milk. In the discussion following his paper, the application of a belladonna plaster, abstinence from all fluids, except a little melted ice, the use of tincture of aconite in minute doses every hour, and of iodide of potassium, very low diet, and pressure with the handkerchief bandage, were recommended as valuable preventives of the formation of abscess.

Treatment of Chlorosis and Anæmia with the Phosphide of Zinc.—Dr. J. ASHURTON THORNTON claims very marked and rapid improvement in some cases by the use of phosphide of zinc, which he gives in half-grain doses associated with some acid preparation of iron three times a day; and especially in subjects where neuralgia is a prominent symptom. Caution is to be observed in the use of this remedy, which is sometimes poisonous in the first dose.

Treatment of Rigid Perineum, and the Avoidance of its Rupture. By H. ENNEST THORNTON, F.R.C.S.—The plan recommended is the forcible distension of the vulvar opening, by hooking it backward towards the coccyx with two or three fingers, until the tissues are sufficiently distended to admit of the use of the forceps, or a natural birth, without risk of rupture. This was for many years a common method with the late Dr. William Harris of this city, who claimed that in cases of feeble uterine action it frequently induced much more forcible efforts at expulsion when tried during a pain.

On the Relation of Puerperal Fever to the Infective Diseases and Pyæmia.—This paper, by Mr. T. STENGER WELLS, F.R.C.S., occupying eleven pages in the Transactions, was introduced mainly for the purpose of provoking discussion upon six points, viz.:—

"1. Is there any form of continued fever, communicated by contagion or infection, and occurring in connection with childbirth, which is distinctly caused by a special morbid poison, and as definite in its progress and the local lesions associated with it, as typhus or typhoid, scarlet fever, measles, or scarola?"

"2. May all forms of puerperal fever be referred to attacks of some infective continued fever, as scarlet fever or measles, occurring in connection with child-

birth, on the one hand; or, on the other, to some form of surgical fever, or to erysipelas, caused by or associated with changes in the uterus and neighbouring parts following the process of childbirth?

"3. If all cases of contagious and infectious diseases which occur under other conditions than that of childbirth are set aside, does there remain any such disease as puerperal fever?"

"4. Assuming that a form of continued fever communicable by inoculation, contagion, or infection, does frequently occur in connection with childbirth, how can its spread in private and in hospital practice be most certainly prevented or checked?"

"5. What relation have bacteria and allied organic forms to the pyæmic process in the puerperal state?"

"6. What is the value of antiseptics in the prevention and treatment of puerperal fever?"

To judge of the interest excited in the Society by the introduction of this important and complex subject, we have only to state that the discussion of Mr. Wells's paper extended through four meetings, occupying a large proportion of the time of each; that the attendance averaged nearly a hundred; that the report fills 150 pages of the "Transactions," in addition to the introductory article, or 161 in all; and that the following named parties took an active part in the discussion:—

Drs. Leishman, Newman, Braxton Hicks, Jonathan Hutchinson, Richardson, Barnes, Squire, Branton, Jarrow Huntley, Brown, Clifton Swayne, (trially Hewitt, Arthur Farre, Savage, Wynn Williams, Playfair, Tilt, Constantine Holman, Fordyce Barker (of New York), Charles West, Greene, Routh, Wallace, Griffiths, Mr. Callender, and Mr. Spencer Wells in reply—26.

In reading carefully this long discussion, we are most struck with two things; the varied and often directly opposing opinions held by learned and close observers, and the little that we have yet learned to make our knowledge of the formidable disease in question a positive one, either as to its true nature, or the best means of prevention and cure. Men of large experience as obstetricians vary exceedingly as to their practical knowledge of puerperal fever, years in some instances having passed without the occurrence of a single case in an extensive practice; and in others scarcely a year without one or more cases. An examination of the discussion shows how differently symptoms of disease are valued, and what differences of impression are derived from an examination of corresponding circumstances leading to or existing in disease, even by the most celebrated medical observers.

There is scarcely a step in all the six points given by Mr. Wells in which entirely opposite views were not advanced; but still, from the force of argument, and the preponderance of numbers, we are able to form a judgment without much difficulty as to the prevalent views held upon many points of interest.

1. It appears to be the general opinion that there is a very intimate relationship between erysipelas, especially of the phlegmonous type, and puerperal peritonitis; and that the former is capable of producing the latter by infection, and vice versa, as shown repeatedly by incontestable evidence.

2. With regard to the connection between puerperal fever, on the one hand, and scarlet fever, measles, diphtheria, typhus, and smallpox on the other, there is a much greater diversity of opinion in the Society, and the profession generally. Scarlet fever does attack puerperal women without any of the symptoms peculiar to childbed fever being present. A puerperal woman may be exposed to the disease and escape, whilst her child may be seized with it shortly after birth and die. There are also cases in which puerperal fever would appear to originate in scarlet fever; and there are forms of the former occurring in isola-

ted country districts without exposure to scarlet fever, where there is a rash accompanied with some soreness of the throat. Sewer gas would also appear capable in some cases of producing diphtheria, typhus, or puerperal fever, according to the susceptible state of the party inhaling it; but it is a point difficult to separate from a coincidental condition, without a long array of facts to establish it.

3. The preponderance of opinion would appear to be in favour of the belief that puerperal fever is inoculable, infectious, and contagious; that students from the dissecting room, dressers from surgical wards, physicians treating abscesses, especially erysipelatous ones, and nurses attending puerperal peritonitis subjects, may infect parturient women.

4. A common cause of puerperal fever is believed to be the absorption of poisonous matter from the vagina, uterus, or lacerations of the perineum; arising in decomposition of retained clots, blood, or lochial discharge; in proof of which we have the benefit often experienced from washing out the uterus and vagina with tincture of iodine and water, dilute Condy's fluid, solution of permanganate of potash, and other antiseptic preparations.

5. Whether puerperal fever is a multiform disease or has a true oneness of character like typhus, measles, or scarlet fever, is a question which appears to be of questionable solution with our present knowledge. With some it is a defined disease, a form of continued fever, having well marked characteristics, whilst with others it is a septicæmia, a pyæmia, a phlebitis, etc. Dr. Fordyce Barker held firmly to the opinion that childbed fever is a distinct essential disease, in which view he held opposite ground from many of the fellows.

6. The question of the influence of *bacteria* and *vibrios* in generating or aggravating the disease was but slightly touched, our present state of knowledge not being considered sufficient to base a positive opinion upon. The prevalent judgment was that these animalcules are only a secondary result of disease, and not a primary cause.

As preventive means are much more to be relied upon than curative in childbed fever, it is well in both hospital and private practice to adopt every known precaution for reducing the number of cases as nearly as may be to those known as *autogenous*. Besides the hygienic measures necessary for securing the health of the woman, obstetricians should avoid attending cases of labour while having under care puerperal fever, erysipelas, abscesses, or any of the class of diseases known as *zymotic*. Nurses should also avoid going to parturient women when they have been recently visiting upon any case of the kind mentioned. The clothes of students and dressers should be changed, after taking a Turkish bath, and their hands cleaned by an antiseptic wash. A few weeks of interval, and the same cleansing process, should be adopted by physicians and nurses after leaving finally a case of puerperal fever, before attending the next one of labour. Autopsies should not be made by obstetricians. Three physicians of this city once examined a case of erysipelas after death, and were all called in the following night to cases of labour: the three women all took childbed fever and died. Purulent discharges, whether from an abscess, a cancerous disease, or a syphilitic ozæna, may set up a mysterious influence which shall lead to puerperal fever in some parturient women, although there is in cancer and syphilis no similarity with puerperal peritonitis. They appear to act simply as pyogenic diseases, conveying infection through the influence of septic poisoning. We have known syphilitic caries of the bones of an accoucher's nose to be the fruitful source of septic infection in a large number of parturient women under his care. All forms of dead matter seem to be capable of lighting up the fire of puerperal fever, whether from the dissecting room, the

surgical ward, or private practice; and even the effluvia when inhaled would appear capable of the same power.

We are not of those who would denominate childbed fever by a pleural title, or call it pyæmia, septicæmia, or purulent phlebitis, according to the peculiar phenomena of the case, as shown in the origin of attack, progress of the disease, or by examination after death. We hold with Dr. Barker that there is such a disease as *puerperal fever*, marked in its origin and character as a distinct and essential malady; having no greater variety in its types than is to be found in erysipelas, which closely resembles it when it prevails in the form which has been denominated *malignant internal erysipelas*; and determined in its special type by the manner of introduction, grade of poisoning, and physical state of the subject. When we regard the physical condition of a woman after parturition, the amount of blood lost, the character of the utero-placental laceration, the frequent abrasions or tears of tissues, and the great tendency that exists in the female uterus to become inflamed under very slight surgical provocation, the wonder is that inflammatory post-partum fever originating in mischief set up in the tissues of this organ is so comparatively rare.

Intra-uterine Calcareous Tumour Impeding Labor. By Dr. A. WYNN WILLIAMS.—Patient 45, primipara; bony mass appeared to be of pelvic origin when first detected, covered with mucous membrane, and firmly attached at the left sacro-iliac symphysis, and stretching across the pelvis, so as to force the os uteri to the opposite side of the cavity. The child's head was perforated, and an attempt made to deliver by craniotomy, in the ordinary way, but failed. Cephalotripsy was then resorted to, but in the mean time, labour had so advanced, and changed the relationship of parts, that the bony tumour was discovered to be intra-uterine, and to present before the head. The mass was seized and partly broken by the cephalotribe, the head was then brought down, and the fœtus delivered, after which, the removal of the placenta being interfered with, the operator introduced his hand into the uterus, and removed the larger remnant of the calcareous mass, which was found pocketed in the side of the lower segment of the uterus. This tumour would appear, from its having undergone calcification, to have been an old fibroid; to have been enucleated in the act of craniotomy, and to have slipped back into its pocket so as to allow the head to descend a second time, after a portion was broken off by the cephalotribe.

Case of Extreme Hypertrophy of Placenta, with Fatty Degeneration, in a Dropsical Subject. By Dr. JOHN BARNES.—Primipara, in beginning of eighth month of gestation. Lady generally dropsical; right hand and left foot presentations; feet brought down; placenta removed, and subsequently two separated portions, making the mass three times the average size. Fœtus gasped once or twice, and died. Urine of the patient highly albuminous; her face, body, and extremities showing an advanced stage of dropsy; was doing well at the time of report. Placental hypertrophy considered dropsical, and the separation of the two fragments, the result of uterine contraction upon the large mass, as there was no concealed hemorrhage, and the placental tissue was very friable.

Autopsy of a Woman upon whom the Cesarean Operation was Performed Successfully in 1866. By Dr. WM. NEWMAN.—In the report of Dr. Radford, we find this case to be that of Ellen O., aged 27; in labour 4 days; the "cause of difficulty" being given as "*Extensive epithelioma of the cervix, and lower part of the body of the uterus.*" . . . The recent statement made to the Society shows that six years after this operation, she was delivered again by Dr. Newman, with the long forceps; that early in 1873, she claimed to be in very good health, and looked strong and well; and that in August, 1874, the old cicatrix gave way, an abscess formed, leading down into the pelvis, and discharging

through the cicatrix, and the woman died, after having some stercoraceous vomiting, and symptoms of peritonitis. . . A post-mortem examination revealed the following. Slight evidences of circumscribed peritonitis existing near the wound; no adhesion whatever of either uterus or ovaries to any portion of abdominal contents; ovaries appeared perfectly healthy; no evidences of cancer apparent. Dr. Newman stated that in 1871 there were distinct traces of scar tissue, the cervix being deeply indented and changed in structure.

General Dropsy in the Fœtus. Case reported by Dr. PROTHROCK SMITH; another by Mr. LAWSON TAIT.—Dr. Smith's was born of a delicate woman of 35, who in 13 years had two healthy living children and seven miscarriages. In the last two miscarriages (in 1874 and 1875), mother had albuminuria, with slight anasarca of extremities and face for a few weeks prior to labour. No suspicion of syphilis. Fœtus at 26th week; whole body extremely anasarcaous; no cardiac disease; abdominal organs in no condition of change to account for the dropsy. Dr. Smith attributed this to "hyperæmia of the mother, who was predisposed to hepatic derangements; hence, the bilious disorders, jaundice, albuminuria, loss of blood, and serous discharge from the uterus, which had so repeatedly attended utero-gestation," . . . and which "ushered in a train of abnormal changes injurious to the healthy relationship between the fœtus and the mother."

In Mr. Tait's case, the mother was 36, and had borne 6 children previously; liquor amnii was in large excess; fœtus attempted to breathe, but apparently failed to fill its lungs; was examined by dissection in four hours after birth. Body excessively œdematous; age computed at 7 months; abdomen enormously distended with fluid, which under the bent-test became a solid cast; no appearance of inflammation in peritoneum, pleura, pericardium, or tunica vaginalis testis, although all were dropsical. Cause attributed to premature closure of the foramen ovale of the heart, there remaining only a minute crescentic valvular opening, one-twelfth of an inch in its longest diameter.

Dr. James Sawyer, who conducted the examination of the heart, remarks: "I have especially examined the condition of the foramen ovale in a large number of children's hearts, and I have very frequently found the closure of the opening no more complete than in this case, even in children who have completed their first dentition, and in whom no signs of admixture of the blood of the right and left sides of the heart could be discovered." The placenta was large and œdematous, but not otherwise abnormal; the case is a very rare one.

Note on a Diseased Placenta. By LAWSON TAIT, F.R.C.S.—Mother 26; 5th pregnancy, two ended in miscarriage, and one was premature. Fœtus in fifth labour fully matured and well-grown, presumably dead, but not stated. Placenta small, and two-thirds atrophied, no fatty degeneration. The disease believed to exist primarily in the mother, and not in the placenta. Mr. Tait doubts the existence of fatty degeneration in the placenta, and says the appearances taken for it are never seen in the fresh placenta, and are the result of commencing molecular change due to decomposition.

Segmentary Deposit of Pigment in the Mammary Areolæ. Exhibited by Dr. GOONSON.—Girl 18; 7 months pregnant, under treatment for chorea. A portion of skin on either breast to inner side of nipple unchanged in colour; balance unusually dark. Chorea commenced prior to pregnancy. Irregularity of deposit, believed by Dr. Barnes to be due to the irregularity of action in the nervous system, connected with the choreic condition.

Case of Cæsarean Section for Deformed Pelvis. By Dr. JAMES W. OSWALD.—Woman 29; deformed by rickets; 4 feet high; conjugate diameter of superstrait, 1½ inches; operation performed on first day of labour; foetal

head impacted, delivered it by forceps; uterine wound closed by carbolized catgut sutures; little hemorrhage. Woman died in 62 hours. External wound healthy; cat-gut sutures all untied; about a half-pint of sero-sanguineous fluid in peritoneal cavity; no traces of peritonitis; abdominal organs generally healthy; clot in right ventricle of heart extending about half an inch into pulmonary artery, and continuous with clot in right auricle; lungs congested, masses of consolidation at apex of left, which was contracted to about a third of its normal size. Uterus showed no evidence of disease.

Dr. Routh, who performed the operation, attributed her death to septicæmia and heart-clot, the former originating in the failure of the ligatures, and consequent escape of uterine discharge into the abdominal cavity. He expressed the opinion that, with silk, or silver sutures, the patient might have been saved.

Dr. Meadows reported that in a case where he had used carbolized catgut sutures, the same giving way of the sutures, and consequently fatal result occurred. There is a decided difference of opinions as to the value of sutures in the uterus; but there is no question that in stony or inertia, the result of prolonged uterine action, the silver suture is all-important to the saving of life. Because women recover where no sutures have been used, is no argument against their being employed in many cases, especially where the uterine wound bleeds freely, the woman is exhausted, or the incision is not greatly reduced in length, and closely shut up by muscular contraction. By the use of six of these sutures, Dr. H. C. D'Aquin of New Orleans, in 1867 (see *N. O. Med. and Surg. Journ.*, July 1868), saved the life of a woman who had been in labour ten days, in whom the uterine wound bled freely, and the uterus failed to contract, so much so that its right side fell in. With a putrid fœtus in the uterus, a labour of ten days, pulse of 143, and respiration of 26, there was no hope without a close mechanical approximation of the uterine incision. Four years after the operation, there had been no inconvenience experienced from the sutures. The result in sutured cases in the United States, even after long labour has exhausted the woman, lends the reviewer to advocate the use of the silver wire cut closely, and bent down flat upon the uterine wall. A post-mortem examination, made long after such an operation, revealed no appearances of peritonitis. The wires were covered in with newly organized tissue, the result of inflammatory action around each suture; but other than this, there had been no peritoneal change. Linen sutures were used with success in one case after a labour of 62½ hours (*N. Y. Med. Record*, 1868). The usual gaping appearance of the uterine wound, and the presence of uterine discharges in the abdomen, found in post-mortem examinations after Cæsarean operations, satisfy us of the importance of using uterine sutures.

R. P. H.

ART. XXIV.—*Seventh Annual Report of the State Board of Health of Massachusetts.* January, 1876. 8vo. pp. xxii., 551. Boston, 1876.

THE general Report of the Board refers with pardonable pride to some great sanitary reforms brought about through its labours. Through the success of its abattoir system, an entire suburban town has been transformed from a disgusting and unwholesome nuisance into a healthful and attractive place of residence. And an enormous pork-packing business of extreme importance to the commerce of the city has been so admirably regulated that there is no