the external parts. It was two hours after I got there before I was able to bring the child away. There were pains, but they had no effect; the state of the labia prevented its exit. It was dead, and a small child: such as we should expect in a premature birth. The woman seemed to be quite unconscious of what had taken place, except being a little restless, and she was got to take a little tea. In attempting to bring away the placenta, which I invariably do immediately after the delivery of the child, I found it did not move, and I was obliged to use some little force; still it did not yield, and I felt the funis giving way. As I could not tell whether the uterus had contracted or not, in consequence of the very great enlargement of the abdomen, I could not ascertain the position of it so as to assist the expulsive power by pressure. I was then again obliged to introduce my hand into the cavity of the pelvis, when I found a membranous bag which I could not make out, and in endeavouring to ascertain from whence it arose, I broke it, and down tumbled another child, which, after two or three pains was also still-born. The placenta then came away without much trouble, and the labour was completed without anything occurring worth notice, except that convulsions rather accelerate labour than retard it.

After it was all over the patient looked up with a vacant stare, and took some gruel, but she was not sensible, did not speak, and took no notice of what had happened. Before I left her she was pretty conscious, and I got her to take a good dose of the aperient mixture (oz. iij.) This was about twelve o'clock, midnight. The following morning I found that she had had no return of the fits during the night, and had been quiet, but the bowels had not been opened and she had not passed any water. The lochial discharge was but scanty. It was now near forty-eight hours since she had made water; I therefore made an attempt to pass the catheter, but it so disturbed her and she made such a noise that I was obliged to give it up. In the latter part of the day there was a motion from a second dose of the mixture, and she passed a large quantity of water, and from that time she began to improve, but it was two or three days before she was quite herself and could be made to understand that she had been confined. On the tenth day I took my leave of a very troublesome patient, but of a very interesting case.

Dr. Blundell, in his lectures, relates a similar case to this, when he says he freely bled to the amount of forty or fifty ounces at least, and the patient died of puerperal fever a few days after.

I have perhaps been rather too minute and prolix in detailing these cases, but we must bear in mind that I am relating facts and drawing attention to practical points, which are at all times much more important and interesting to the general practitioner, than theoretical discussions or speculative observations, therefore we cannot be too lucid and explicit, and when we travel out of the usual course of practice, I think we are expected to state our reasons for so doing, and to be more particular and minute in the description of the

cases we have seen and treated. To walk in an untrodden path, or to deviate from a line of practice that has been sanctioned by ages and universally adopted by practitioners in this peculiar branch of our profession, and to withstand the anxious entreaties of relations, the whispers of friends, as well as the significant insinuations of the nurses and the ignorant by-standers, requires of the accoucheur, in order to encounter this, great presence of mind, much firmness, untiring patience, and great moral courage. All this is very trying, but if we wish to act conscientiously and to do justice to our patients, we must put up with it. I trust the day is far distant when any of my readers may be so perplexed by being called to witness one of those troublesome and painful cases. If any one should be so unfortunate, although the plan of treatment adopted by me in this frightful disorder is in direct opposition to that recommended by all teachers and professors of midwifery, I hope that the cases I have brought forward, are sufficiently varied, (in the first the fit or convulsion was during the labour, the second after, and the third in the last month of pregnancy,) the treatment so uniform, and the result so satisfactory, that the members of this Association may be induced to adopt it. If they should, I shall deem it as a particular favour if they will inform me of the result through the *Journal*.

P.S. It is well known how difficult it is to administer medicines to patients in convulsions or fits. As soon as they are able to swallow, I have often been successful in this way:—I place myself on the right side of the patient, and then get a large tablespoon (an iron one is best,) between the teeth, and with the left hand pour the physic into the bowl of the spoon, while it is between the teeth. In this way it generally goes down; they cannot well spit it out. Nutriment may be given in the same way. Neither of the women had ever been subject to epileptic attacks. It will be observed that I have not noticed the state of the pulse in either of the cases. As we might naturally expect with so much bodily excitement, the action of the heart was affected, and the circulation greatly increased, but there was not that fulness and throbbing to indicate the use of the lancet. In the last case it was quick (100), but it was more feeble than strong, and this quickness and feeble state of the pulse continued after the fits had left her and during convalescence.

Bath, February 12, 1850.

CASE OF PUERPERAL CONVULSIONS WITH PUERPERAL MANIA,

TERMINATING SUCCESSFULLY.

By H. WILLIAMS, Esq., Surgeon, Thrapston.

I WAS called about five o'clock A.M., to Sarah Fellows, of Islip, from 31 to 32 years of age, in her first confinement. The os uteri was just dilated enough to admit the finger; a head presentation, and natural.

The os uteri was as yet very firm and unyielding. I next called at eleven o'clock A.M., but found very little change. By ten o'clock at night, and five next morning, matters were making progress, but very gradually. So she went on until two o'clock, P.M., of next day. The pains now began to tell, but I should have observed that the membranes had given way from my first seeing her. I saw her at four, five, and six o'clock, P.M., when I remained till the termination of the labour. The soft parts were very rigid, and yielded very slowly; the pains strong, with the head pressing upon the perineum. They continued strong, and to all expectation promised shortly to effect their purpose; but at eleven o'clock she was seized with an epileptic fit, of a fearful character; foaming at the mouth, with stertorous breathing; great restlessness; eyes alternately shutting and opening; pulse 160, at first full; the convulsions succeeding each other with awful rapidity, and increasing in force. I abstracted some blood from the arm, but with no relief. Conceiving the head of the foetus sufficiently advanced for the use of the forceps, I immediately sent for them, being only a mile from home. Mr. Leete's assistant very kindly, at my request, brought them to me. At the time he arrived the patient's life seemed fast ebbing; pulse thready and hardly to be felt. I considered the only chance left was to empty the uterus, which I effected by the forceps, and directly afterwards removed the placenta. During all this process I had some difficulty to encounter, from her restless state; no sooner, however, was the placenta removed, than she recovered some degree of consciousness, and the pulse returned; in fact, in less than half an hour she was restored from a moribund state to that of comparative safety, and by care and attention seemed likely to do well.

On the 25th of the month she was improving.

On the 26th the pulse was high; head not quite clear; bowels and bladder well relieved.

On the 27th milk secretion satisfactory; catamenia all night.

On the 28th and 29th the report was in every way satisfactory; had much and calm sleep on the latter night. Was roused from her sleep between eleven and twelve o'clock by the firing of a gun near the house. She awoke in violent hysterics, which terminated in puerperal mania of nine or ten days' duration, but no other untoward symptom interfered with her complete recovery.

I offer the above case of puerperal convulsions to my brethren, as an encouragement to them not to despair under the worst aspect of things; for no case could be apparently more hopeless at one stage of it than the one I have just detailed.

Thrapston, February 1850.

OBSERVATIONS

ON A CASE OF APOPLEXY,

IN WHICH

DEATH APPARENTLY COMMENCED AT THE HEART.

By EDMUND BOULT, Esq., F.R.C.S.,

SURGEON TO THE BATH EYE INFIRMARY.

ON the 2nd of August last I was suddenly called to see Mrs. H., a person in a respectable sphere of life, aged 38, of a spare habit of body, and pale anæmic appearance, suckling her fifth child, then about five months old.

It appeared that Mrs. H. had been seized, while conversing with a friend, with pain in her head, which caused her to cry out, and she immediately fell to the ground insensible. I found her unconscious, with loss of voluntary motion, vomiting frequently, face pale, extremities cold, pulse fluttering, respiration very feeble and hardly perceptible; in fact, in a state closely resembling syncope. There was no dilatation nor contraction of the pupils, nor were there any epileptic symptoms observable. On inquiry I found she had previously complained of slight headache, and had felt some exhaustion when suckling her child, particularly by night, but, generally speaking, her health had been good.

I directed the application of stimulus to the scrobiculus cordis, and warmth to the feet. At this time I was joined by Dr. Bowie and Mr. Skeate, the usual medical attendant of the family, to whom I am indebted for the subsequent history of the case. She was removed to bed, and, after a time, we observed slight dilatation of the pupils take place, with some facial paralysis and restlessness of the muscles of the extremities; these symptoms were, however, very transient, and soon passed off. After four hours, consciousness gradually returned, and she was able to swallow a little brandy-and-water. Subsequently there was sufficient re-action to justify the application of a very few leeches to the temples, and counter-irritation to the nape of the neck.

August 3rd.—She slept well through the night. Pulse 84, and feeble; tongue coated and clammy; pupils natural. The head was cool, but she complained of severe pain across the forehead, increased by noise or light.

4th.—Symptoms much the same as yesterday; had a good night; pulse 80; light disagreeable. To have two grains of calomel thrice a day.

5th.—Continues in the same quiet state.

6th.—Had a good night. Says she feels better; has still slight pain of the head, and intolerance of light. To continue the calomel.

7th.—Head better, pulse 76; skin cool, with gentle moisture; slight tenderness of the gums. Calomel to be taken twice a day only.

8th.—Still improving; feels stronger; can bear the light better; some appetite; pulse 76; tongue clean. Has been perfectly coherent since the first return of