versely over his loins; he was perfectly conscious, and answered questions intelligibly. On further examination, I found slight distension of the hypogastrium, which was more manifest in the right iliac region. The right ilium was very moveable, and crepitus could be distinctly felt extending backwards towards the sacrum. External warmth, and internal stimuli, were immediately had recourse to, and after the lapse of a short time symptoms of reaction appeared. We remained some time, and found him so much rallied, that after padding the pelvis well, and giving necessary directions, we ventured to leave him. In two hours a message reached me that the patient felt somewhat better, and animal warmth had been tolerably restored.

At six a.m. I visited him again, and found my opinion of fracture of the pelvis confirmed; he had passed no urine since the accident, but complained of a constant inclination to make water, though the hypogastric region was not fuller, and from percussion nothing could be detected in the cavity of the peritoneum. The pulse had now risen, and possessed considerable tone, but the right side of the abdomen was hot, and the integuments presented a livid red appearance. Some leeches were twice ordered to this part, and I introduced the catheter, but no urine could be obtained; slight hæmorrhage from the penis followed the withdrawal of the catheter. In a few hours I saw him again, and the catheter was re-introduced with the same unsuccessful result. No more distension of the abdomen had taken place, but both hips had acquired more rotundity than in the natural state; and though I could not detect any fluid, it was evident that extravasation of urine was extensively going on. I now requested a consultation, and in the evening had the valuable assistance of Mr. T. P. Teale, of Leeds. Mr. T. again introduced the catheter, and was equally unfortunate; the instrument was allowed subsequently to remain in the bladder, after being properly secured. Several deep incisions were made in the distended parts, and a slight exudation of urine followed. Early in the morning Mr. Teale and myself saw the case again together, but no material change had occurred, except that the cloths surrounding the incisions in the glutei muscles, &c., were quite saturated with urine, and a good deal had escaped, yet nothing could be obtained with the catheter. At noon symptoms of collapse again rapidly set in, which continued until five o'clock, when he sunk without having complained of much pain.

Autopsy.—The scrotum distended, with lividity there and in the right iliac region; the upper part of both thighs much distended with fluid. The cæcum and right ascending colon excessively tympanitic, and full of black patches from effused blood. The symphysis pubis completely separated to the extent of at least one inch and a half in the upper portion. On dissecting back the bladder, it was found that the right fractured end of the pubis, which projected inwardly, had entered (below the reflection of the peritoneum) that *viscus*, producing a perforation of its tunics to the extent of two inches or more; another laceration existed, less in extent, but more posteriorly towards the right side. Several loose fragments of bone were quite detached in the pelvis; two or three were in the cavity of the bladder, *which was much contracted*. The right ilium was fractured through its whole length, and the division

of bone appeared to extend through the sacrum. A complete separation of the fractured portion of the ilium had taken place. The pubis was also fractured obliquely through the *right foramen ovale*, and from this part had several rough projections pointing inwardly; these most probably were the cause of the inferior rent.

Remarks.—The *post-mortem* appearances surprised me that life could be sustained for 45 hours under so formidable an accident. The urine had evidently extravasated by the cellular tissue only to those parts posterior and inferior to the cavity of the abdomen, and had found its exit by the outlets of the pelvis, though the perineum never presented any particular distension. The urethra appeared to have received no injury.

CASE OF PUERPERAL CONVULSIONS OCCURRING AT THE EIGHTH MONTH OF UTERINE GESTATION, SUCCESSFULLY TREATED BY THE INDUCTION OF PREMATURE LABOUR.

By C. R. BREE, Esq., M.R.C.S., Stowmarket.

M. G., aged 25, of a full plethoric habit of body, became, during the seventh month of pregnancy with her first child, generally œdematous. She complained of no particular pain. Her pulse being strong and bounding, and a general sense of fullness appearing to increase, my assistant, Mr. Snape, who was engaged to attend her in her confinement, very properly took from her 16 ounces of blood, and gave her saline diuretic and aperient medicine. Notwithstanding this treatment the œdema gradually increased during the following month.

On the evening of March 17, 1844, she retired to bed in better spirits than usual. About half-past two the following morning she awoke her husband, and told him she felt a singular sensation in her head, and she got out of bed for the purpose of tying a handkerchief round it: she got into bed again, and immediately afterwards, to use the expression of her husband, "she fell into strong convulsions," and Mr. Snape was immediately summoned. When Mr. Snape arrived he found her in the third fit, which, as they frequently occurred afterwards, I will describe.

She was quite insensible, breathing stertorous, eyelids closed, and pupil contracted. After remaining some time in this condition, the breathing became gradually quicker, and a most violent epileptic convulsion speedily followed. The muscles of the face were most hideously distorted, the features, eyes, nose, and mouth drawn on one side; the extremities violently contracted. This state of things lasted for about a minute, when the spasmodic action began to subside. The expression of the face changed from that of distortion to that of collapse, the skin became of a pallid blue colour, frothy matter exuded from the mouth, and the appearance of the patient was that of a person in articulo mortis. In a minute more, however, she returned to the same comatose insensible state which preceded the paroxysm. There was not the slightest sensibility. Her state now resembled that of apoplexy. In about ten or fifteen minutes the convulsions recurred, when the same train of symptoms were passed through.

Mr. Snape, when first called in, bled her to 20 ounces, applied a blister to the nape of the neck, cold lotion to the shaved head, and placed six grains of calomel on the tongue. The symptoms not being relieved, he sent for me in two hours, when I advised a second bleeding, the application of sinapisms to the feet, and the exhibition of a drastic enema. Temporary benefit was derived from this treatment, as evinced by the longer intervals between the fits, and a slight return of apparent consciousness about eight o'clock. Upon examination per vaginam I found slight mucous discharge, but no attempt at dilatation of the os uteri. The slight amendment observed after the second bleeding was only temporary, and the symptoms returning with their original violence, I gradually dilated the os uteri with the point of my finger, and ruptured the membranes.

Labour pains came on soon afterwards, and about five o'clock we delivered her with forceps of a dead child. During the above five hours the fits occurred about every half hour, the same apoplectic symptoms occupying the intervals.

8 p.m. Has been tranquil, and had only one fit since delivery, still quite unconscious, and the breathing stertorous. Ordered two grains of calomel to be placed on the tongue every two hours.

10 p.m. Has had one more fit, in other respects as before. Ordered to have the blister dressed with strong mercurial ointment, and to place a drachm of the same in each axilla.

March 19th, 9 a.m. Has had no fits in the night, slight return of consciousness, sufficient to take gruel when placed in the mouth. Directed the catheter to be used. Omit the calomel.

10 p.m. Continues to improve; bowels not having been moved, ordered an enema.

March 20th. She is able this morning to recognize faces around her, but unable to collect her ideas; knows nothing of the past; she has still considerable œdema, has passed urine. Ordered to take acetate of potash ten grains, with half a drachm of spirit of nitric æther, every three hours.

Vespere. Has passed a considerable quantity of urine. Œdema diminishing. Continue the remedies.

March 21st, 7 a.m. Has had a restless night and no sleep; quick irritable pulse; language incoherent; she is delirious, and the nurses have difficulty in keeping her in bed. She is now in the condition of a patient labouring under *asthenic arachnitis*.

Ordered a third of a grain of acetate of morphia directly, and the dose to be repeated in two hours, if necessary.

3 p.m. Has taken both doses of morphia and remained quite quiet until two o'clock, when the delirium returned. No sleep.

Ordered one grain of calomel and a quarter of a grain of acetate of morphia every two hours. The blister to be dressed with mercurial ointment, and the head to be placed on a bladder half filled with freezing mixture.

9 p.m. Much more tranquil, but no sleep, slight mercurial fœtor; bowels open; passes urine freely; œdema nearly gone. Continue the pills, but substitute the compound rhubarb pill for calomel.

March 22nd, 9 a.m. Has slept all night, and is in every respect better; bowels open; pulse less irritable; pyralism freely induced. From this date up to the

present time she continued to improve, and is now convalescent.

REMARKS.

This case presents several points of interest. In the first place, writers in midwifery are opposed to the induction of premature labour in cases of puerperal convulsions occurring before the full period of utero-gestation. Bleed, purge, blister, and leave the uterus to take care of itself, is the mode of treatment generally recommended in these cases, and in most instances the convulsions will give way, and the woman reach her full time. But in the case I have related the symptoms were much too severe to be trifled with. My impression is, that if I had delayed inducing labour a very few hours, it would have been too late, and the marked relief obtained fully confirms the soundness of the practice. In the second place, it becomes an interesting question—what was the direct cause of the attack? The stertorous breathing; total insensibility, with one slight exception, for 24 hours; the violence of the convulsive movements, and the rapidity with which they succeeded each other—all indicate an important lesion of the nervous centre; and the anasarous condition of the body would naturally lead to the conclusion that serous effusion had taken place in the brain; while the return of consciousness after the second bleeding, and the rapid improvement which took place after labour was induced, point out *congestion* as the probable cause. Thirdly:—The occurrence of active and forcibly expulsive efforts in the uterus while the patient is in a state of apoplectic insensibility is interesting in a physiological point of view. The patient did not express pain by moaning—when the uterus contracted she moved her body about in the bed, and became still when the uterine efforts ceased. But the expulsive efforts were sufficient to carry the head of the child on to the perineum. The patient is perfectly in oblivion of everything which occurred for two days, and has quite forgotten what transpired the day before she was attacked.

The state of irritability which evinced itself on the 21st no doubt depended upon the want of sleep as a restorer of expended nervous influence, but it is interesting to remark the similarity of phenomena arising from different causes. The worst cases I have ever seen, and which have generally proved fatal, have been in the *arachnitis* of *asthenic fever*. I have seen the same symptoms induced by strong mental emotions. *They always indicate great danger*, and must be met promptly. Calomel and large doses of morphia are our sheet anchor.

Stowmarket, April 1, 1844.

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WEDNESDAY, MAY 1, 1844.

We inserted last week a letter from Mr. George King, of Bath, relative to the removal of a Union Medical Officer, under an order of the Poor-Law Commissioners, and regret that we are unable,