very irritable. All was proceeding well and without any difficulty, when she was seized with a severe convulsion almost at the close of labour. She was immediately and freely bled, but had several more convulsions before labour was completed. She had some flooding during the passage of the placenta, and appeared, from her blanched countenance and reduced pulse, to have lost as much blood as she could well bear. The whole of her hair was cut off, cold wet cloths were applied to the head, and heat to the feet, and as the convulsions still continued, eight leeches were applied to the forehead, followed by an opiate. Pulse 116, neither strong nor full. Calomel and powdered jalap, six grains of each, were given afterwards. She remained quiet for some hours after the opiate, but towards morning she had several more convulsions, during which she had bitten the tongue so severely, in spite of all endeavours to prevent it, that its swollen state became a hindrance both to deglutition and articulation. Turpentine enemata were given, eight more leeches applied to the forehead, and sinapisms to the feet and epigastrium, but she sank during the afternoon of that day, I thought, as much from the effects of the swollen tongue on the breathing and deglutition, as from effusion on the brain. It is somewhat remarkable that the mother of this young woman also died from puerperal convulsions.

The four preceding cases, all occurring in the Union House, out of a total of 59, or 1 in 15, I was induced to send a letter of enquiry to the Provincial Medical and Surgical Journal, to ascertain if such results had occurred to the medical officers of Union Houses. An answer was returned by Mr. Rose, of Swaffham, who had had a somewhat similar amount in his Union House, viz., 1 in 16. We both seem to attribute this high proportion to the state of mind of the parties lying-in in these houses, and to the want of exercise and change of diet which the rules require; and I think it is also probable that a knowledge of such a case having previously occurred, is also likely to assist in producing terror, excitement, and irritation. Whatever errors the medical public discover in the treatment of the foregoing cases, I shall be glad to have commented on, as my only wish is to promulgate what is good and useful in practice, having no favourite theory to support.

They were severally treated according to their respective indications, after as full a consideration of the condition of each patient, and the promptitude required in the application of remedies in so awful a disease would allow, and, excepting the last case, had all a fortunate result, and so far justified the means pursued. I think they also go far to prove that the exhibition of repeated ten-grain doses of calomel is not necessary in this disease, and that with regard to bleeding, immediate and continued attention should be paid to the effects of so powerful, and if misapplied, so dangerous a remedy.

In excuse for this long trespass on your valuable space, I have only to add, that my observations are meant for those who have not seen much of the disease; those who have, may probably have gained more by their previous experience than I have done.

I am, Sir, yours respectfully,

ROBERT STORRS.

Doncaster, June 1, 1844.

A CASE OF PUERPERAL CONVULSIONS OCCURRING IN CONNEXION WITH CERTAIN PREMONITORY SIGNS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Will you do me the favour to insert the following case of puerperal convulsions amongst the interesting ones that have recently appeared in your valuable Journal.

I am, Sir,

Your most obedient servant,

N. B. FISHER.

Bungay, May 27, 1844.

Mrs. F., aged 26, of a delicate, strumous constitution, was delivered on the 23rd of April, at nine a.m., after a short, easy labour, of a full-grown child. She had suffered much from oedema and pain in the head; and had miscarried three times before; and this was the first time she had completed the term of uterogestation. Her left lower limb had been very much swelled, and the dropsical effusion extended all up the trunk to the shoulder and left side of the neck. The head had been painful, attended with giddiness. At five, p.m., of the same day I was hurried to the house and found my patient with frightful contortions of the body from puerperal convulsions. She was foaming at the mouth, her face horribly distorted and pallid, extremities cold, and the pulse scarcely perceptible. The convulsions were soon calmed by cutting off the hair, and dashing cold water over the head and face, but after short intervals of coma they recurred, though with diminished force. My friend, Mr. Currie, joined with me in consultation, and after waiting half an hour re-action was sufficiently established to justify the abstraction of sixteen ounces of blood, which, with large turpentine enemata, mustard poultices to the feet, a blister to the nape of the neck, and cold affusion to the head, permanently removed the convulsions, and after she had lain comatose for two hours, she perfectly recovered her reason. In a few hours peritonitis came on, and as soon as it had abated, bronchitis supervened, both of which, however, were effectually cured by repeated blisters, and calomel and opium. From the time of delivery I kept up a copious diuresis with tincture of digitalis, nitrate of potass, and spirit of nitric æther, which speedily carried off the dropsical effusion. She quickly regained her health. I had no opportunity of examining the urine.

REMARKS.

The point of interest in this case is the presence of premonitory cerebral symptoms and oedema prior to delivery. It will be seen that the patient had complained of headach and vertigo, feeling sometimes as if she must fall headlong before her accouchement; and the oedema of the whole of the left side, including the lower extremity, had rendered her almost incapable of walking. The head demanded relief by general or topical bleeding and purgatives, but as the patient neglected to apply, nothing was done. Even the oedema, which, no doubt, was mainly caused by the pressure of the gravid uterus, might have been

increased by a serous diathesis, and perhaps, admitted of alleviation by diuretics, &c. Should further observation establish the co-existence of cerebral congestion and œdema with puerperal convulsions, they would appear to stand in the relation of cause and effect, and point to the important practical inference, that puerperal convulsions, so formidable in their nature, and so frightful to witness, are capable of *prevention* by the timely use of means, at once obviously indicated and efficient in application. It is also worthy of remark that the convulsions came on *eight hours after* delivery, an unusual occurrence, but the same thing happened to me in a patient ten years ago. Then the convulsions came on five hours *after* parturition. The patient speedily recovered after three large blood-lettings, &c.

My attention has been called to this particular view of the disease by an able report on the progress of midwifery and diseases of children, by Dr. West, in the last number of the British and Foreign Medical Review. The pathology of the disease there suggested is most interesting, and I cannot do better than conclude my communication with an extract from that report. I would recommend the numerous intelligent readers of the Provincial Medical and Surgical Journal to test the theory by rigid experience, and report faithfully thereon, and indeed, the foregoing case has been intended to be introductory to the quotation from that report, which, if true, must be of vital import. I will just observe, by way of parenthesis, as the subject of treatment has been rather warmly discussed in the recent numbers of this journal, that Dr. North Arnold seems to have been entertaining himself with his reflex theory of the disease and his *gentle* means, while his patient, I fear, has died for want of the lancet. For to use the words of Mr. Drutt, as truthful as they are graphic—"We may throw aside all fine-spun stories about sympathy; let us look merely at the turgid countenance and comatose aspect, and feel the hard labouring pulse, and there will be no doubt of the propriety of bleeding"—no more, I will add, than in ordinary apoplexy, a disease the most universally acknowledged to be under the control of bloodletting. The two patients under the disease I have referred to had both been delivered, and both had lost the usual quantity of blood from the uterus before being attacked; and yet both were bled freely, and doubtless most beneficially. One, too, was in a state approaching to asthenic plethora. As few exceptions, I will venture to say, will be found to the correctness of this practice, as in apoplexy, and I make no apology to Dr. Arnold for thus honestly expressing my opinion of his treatment, as *his* criticism of Mr. Drutt's case was with the avowed object of eliciting the sentiments of other practitioners.

Dr. Johns, assistant physician, at the Dublin Lying-in Hospital, calls attention* to the fact that puerperal convulsions never occur in labour without premonitory symptoms having existed during pregnancy. The most frequent symptoms are swelling, not limited to the lower extremities, but involving the hands, arms, and face.

If besides, there be headache, sense of weight or giddiness in the head, ringing of the ears, or temporary loss of vision, or severe pain of the stomach, with

flushings of the face, the risk of convulsions is considerable. This risk amounts to almost absolute certainty if the woman be pregnant for the first time, or have suffered similarly in former pregnancies, if she be full and plethoric, and if the presentation of the child should be a natural one. He gives full statistical details to show the liability of *primipara* to convulsions, and also to prove the more frequent occurrence of convulsions in cases where the presentation is natural. Dr. Lever* notices the frequent connexion of an albuminous state of the urine with puerperal convulsions, and suggests that congestion of the kidney from pressure of the gravid uterus on the renal veins is its probable cause. He grounds his opinion on the circumstance, that in nine out of ten cases of puerperal convulsions in which the urine was examined, it was found to contain albumen; a condition which is shown not to be generally incidental to parturient women by the fact, that the urine of fifty women in labour was examined without a trace of albumen being discovered, except in one or two who had shown premonitory symptoms of convulsions. To this albuminous state of the urine he is disposed to refer the œdema of the face and extremities, which has been noticed by various writers as premonitory of puerperal convulsions, and indicating the employment of most active antiphlogistic measures. A similar opinion has been expressed by Dr. Simpson,† who states, that for the past two years he has been accustomed to teach his class "that patients attacked with puerperal convulsions had almost invariably albuminous urine, and some accompanying or rather preceding dropsical complication, and hence, probably, renal disease;" and in one instance he had the opportunity of confirming his supposition by a post-mortem examination. Somewhat connected with these inquiries is the paper of M. Lasserre,‡ on Metastatic Serous Congestions in women recently delivered. He notices the œdema of the extremities which often exists in pregnant women, owing in part to, what he terms, a serous diathesis; but still more to the mechanical obstacle to the return of blood from the lower parts, caused by the pressure of the gravid uterus. After delivery this obstacle is removed, and the œdema disappears, often very rapidly. When the œdema has been very considerable, and its subsequent removal rapid, the sudden introduction of a large quantity of serum into the circulation gives rise to a true serous plethora, which is characterized by a full and hard pulse, and considerable constitutional disturbance. In most cases the absorption of serum does not go on very rapidly until after the secretion of milk has been established; and the latter function seems to counteract any tendency to constitutional disturbance which the former process may have given rise to, or arrests it before it becomes serious. He relates instances to illustrate this; in one of which cerebral symptoms subsided, so soon as a copious secretion of milk was established, while at the same time the urine became albuminous, and greatly increased in quantity."

* Guy's Hospital Reports, Oct., 1843.

† London and Edinburgh Monthly Journal, Nov. 1843, p. 1015, note.

‡ Gazette Médicale, Nov. 25 and Dec. 2, 1843.