anomalous symptoms of a cachectic nature, which you find it impossible to give a name to, unless you examine the urine chemically; when you discover either albumen, sugar, or oxalate of lime excreted; and this at once explains the case.

A patient consults you, much reduced in strength, depressed in spirits, and emaciated, his appetite being good, and digestive organs healthy, as far as you can discover, there being no evident cause for such a state. Take the specific gravity and quantity of the urine; if it is high, without deposit, and the quantity not great, add nitric acid to it in a watch-glass, and you will most likely discover a large quantity of urea, sufficient at once to account for the symptoms; or if the quantity of urine be large, you may discover sugar.

During the course of febrile and inflammatory diseases, urate of ammonia is generally deposited; but if the symptoms increase, instead of diminish, under this deposit, examine it, and perhaps you may find the deposit to consist of phosphates and purpurine, and the urine alkaline. This will at once warn you to be watchful of your patient, and cautious in your prognosis.

Suppose you have a surgical operation to perform on a patient apparently out of health, but with no decided disease. If, on examining the urine, you find albumen, oxalate of lime, or the ammoniophosphates of magnesia, in abundance, you may feel assured the person is in an unfit state to bear any operation, and by waiting and attending to his general health, you will feel more confidence in the successful event of such an operation.

Although Sir B. C. Brodie, Dr. Prout, and other late writers on diseases of the kidneys, have laid great stress on the cachectic state of the system, accompanied by alkaline urine, it was reserved for the splendid discoveries of Bright and Bird, to elucidate the real value of these pathological changes.

The little that I already know of this subject has convinced me that, when properly studied by medical practitioners, they will find in it as true a diagnosis to the diseases of the abdominal and extra abdominal viscera, as percussion and auscultation are to the diseases of the chest.

E. J. SHEARMAN.

Rotherham, May 19, 1845.

The various deposits of a great number of specimens of urine were successfully exhibited to the members.

NOTES AND ILLUSTRATIONS OF THE DISQUISITION ON PUERPERAL FEVER. I.

By EDWARD BLACKMORE, M.D.

(Continued from page 324.)

Dr. John Clarke mentions four kinds of inflammatory affections in child-bed; (a) inflammation of the peritonæum, (parietal and intestinal); (b) of the uterus and ovary; (c) the latter attendant on an inflammatory, (*i. e.*, more sthenic or synochal,) affection of the system; (d) a typhoid fever with an affection of the abdomen; *which is epidemic*.

It seems that Dr. Clarke regarded the last as the genuine puerperal fever: and vast mischief arose from the doctrine, that all cases of an epidemic—puerperal—abdominal affection were essentially a fever, and that fever of a low character, which required the early use of tonics and cordials. And this is a striking instance of the evil of forming general conclusions from the partial experience of a few years, or of one observer. The third class of cases would truly comprise some instances of puerperal fever, particularly those of Drs. Gordon, Armstrong, and Gooch, and Mr. Hey; and in this order Dr. Clarke bled with success. The fourth order Dr. Clarke knew to prevail in hospitals. So that here also, we see the discrepancies among enlightened observers are founded on a confusion of names, and on the erroneous association of ideas which the names suggest, and on the error of defining the disease from its symptoms in one class of patients.

Professor Burns, of Glasgow, accords nearly with Dr. J. Hamilton, in his description of puerperal fever, which he also appears to have taken from hospital cases, or from a particular epidemic; and which, while it truly portrays the disease as it usually shows itself among the poor population of a large town, does not absolutely apply to all cases, even those which are epidemic, in other situations. His enumeration of the symptoms are—"shivering, not constant; the head much affected; the mind dejected and restless; the belly speedily becomes tender and tumid, and the breathing oppressed; the countenance is peculiar; eyes dull; lips white; features ghastly, with an anxious expression; vomiting, generally at first bilious, then dark coloured; no high fever; tongue brown; aphthæ in the mouth; pulse rapid, and not so tight as in ordinary peritoneal inflammation; bowels lax; after a few days dark fætid frothy stools; urine with a brown sediment; the lochia have an unhealthy smell and colour, and may gradually cease, but do not always; the milk stops; low delirium and death on the *fifth* day. Few recover who have the belly much swollen. The same fluid is found as in (ordinary puerperal,) abdominal, and intestinal peritonitis—*i. e.*, serum, with coagulable lymph; the membranous inflammation may be slight; the uterus not more affected than the intestines; the thoracic viscera inflamed in some cases; gangrene unusual."

Dr. R. Lee's arrangement of puerperal inflammatory affections according to the parts affected, and his unrivalled account of the morbid appearances, have been lately referred to by an excellent practical writer in this Journal, Mr. Crowfoot. Dr. Lee makes four orders of these affections:—(1), Uterine peritonitis. (2), The uterine appendages diseased, a common attendant on uterine peritonitis: the constitutional symptoms in both these orders do not differ. (3),

Inflammation and softening of the *fibrous and mucous* textures of the uterus.—“The countenance very anxious; lochia irregular, or, if not suppressed, very foetid; the nervous system disordered, so as to supersede the symptoms of the uterine disease.” (4), Inflammation of the veins and absorbents of the uterus; “the lochia suppressed, rigors, vomiting, general uneasiness, hurried breathing; all the signs of great and peculiar constitutional disturbance; a saffron colour of the body; remote organs disorganised.” Of forty-five dissections, there was in thirty-two, inflammation in the *peritoneum* of the uterus, and its appendages, (in the first two orders combined;) in ten, that of the fibrous tissue of the uterus; in twenty-four, the veins inflamed; and in four, the absorbents were filled with pus;” (*i.e.*, thirty-eight instances of the last two orders of morbid affections.)

The general symptoms in these latter orders, it may be observed, are nearly similar, and I suspect that their anatomical characters are usually associated; at least, that the mucous coat of the uterus is diseased whenever its veins and absorbents are inflamed. Practically regarded then, and pathologically, these various affections constitute only *two varieties or subspecies* of puerperal fever; and, although in all these dissections the uterus was seen to be diseased in one or other of its textures, it is not to be inferred that puerperal fever is always a *uterine* inflammation, as Dr. Osborne erroneously concluded. Dr. Gooch represents the beginning of the disease to be insidious; pain in the abdomen, a constant symptom; the fever precedes the local inflammation; effusions mark the second stage; collapse and delirium the third. Dr. Gooch named it a peritoneal fever. The different type of the cases met with at the end of the last century, he refers to the different nature of the primary fever with which the peritoneal inflammation was connected.

It is to be lamented that we have such scanty particulars of the state of the patients from the delivery to the rise of the first serious complaint. A more complete history of this brooding state of the disease might throw light on the relations of the constitutional and local affections, and serve to settle some of the controversy on the nature of the disease. The only symptom of a general disorder noticed by most writers, before abdominal pain, is shivering. Dr. Ryan seems also to have been struck with the acceleration of the pulse. The true sequence of the symptoms does not appear to be always inferrible from the order in which writers have enumerated them.

Mr. Hey's account of the symptoms is, “rigor, like that of an ague fit; pain in the belly in paroxysms; the pulse early rapid, and weak; disorder in the head; fever low; lochia irregular, sometimes natural; no milk secreted; vomiting; constipation, but diarrhoea or dysentery at the end; the uterus to be felt hard and painful; afterwards the whole belly tender and tumid; sinking; hiccup; delirium; death.” It does not appear to me, as I believe it did to Mr. Hey, that a rapid pulse, a swimming in the head, confusion of thought, and a brown dry tongue, are a criterion of the second stage—that of effusion and collapse. I have found these symptoms in the early inflammatory stage before effusion.

In my first paper I have said that the disease presents two forms, the synochal and the typhoid, or the

inflammatory and the putrid,—the less and the more asthenic varieties. The various appearance which I have observed in different subjects of the same epidemic, confirms the view which offers the fairest solution of the discordant opinions on the nature and treatment of the disease, maintained by Dr. J. Clarke and Dr. J. Hamilton, on the one part, and Doctors Gordon, Armstrong, and Gooch, and Mr. Hey, on the other. It does not appear to me just to assume that the latter class of observers were mistaken in their view of the cases which came under their observation, and confounded simple visceral peritonitis with puerperal fever. It is true that a disease is not proved to be not a *pure* inflammation by its prevailing epidemically; we have remarkable examples on record of epidemic pleurisy, and of various other diseases that could not be placed among Febres and Exanthemata, and which were not infectious. I have myself seen, in certain spring seasons, acute hydrocephalus so prevalent as to be fairly styled an epidemic.

The cases described by Mr. Hey and Dr. J. Hamilton accord in too many essentials for them to be accounted, justly, cases of different species of diseases. They do not differ more than do hospital and private cases of the same epidemic, nor than distinct and confluent small pox.

The puerperal disease, towards the close of the last century, wore chiefly the more asthenic and malignant type, and this form has in late years reappeared with terrible severity in London, Edinburgh, Paris, and Vienna.

The less asthenic variety, that which more resembles common inflammation, whether phlegmonous or erythematic, from ordinary causes, chiefly prevailed at Aberdeen in 1804, at Leeds from 1809 to 1814, and in London from 1817 to 1820.

I have myself had opportunities of observing that the type of continued fever, scarlet fever, and measles, has varied in exact correspondence with the variation of the form of puerperal fever in 1817 and 1825, and the following years.

The form, the variety of the disease, has been different; *but its essence is the same*; it is essentially a fever with a local inflammation, in all cases comparatively malignant, and originating in a specific poison? The most comprehensive survey of the facts refutes the doctrine that the disease, even in its more sthenic form, as at Leeds, in Mr. Hey's practice, is “always highly inflammatory, (*i.e.* a phlegmonous inflammation, which demands large blood-letting and purging,) and putrid only in its progress from the uncontrolled severity of the previous inflammation; and that it is a specific disease, (*i.e.* different from common inflammation,) only as being more acute in its degree, and more rapid in its progress, than common peritonitis.” The disease is indeed highly inflammatory, that is, the local affection is always a large element of the malady, and this affection is inflammatory; but the inflammation is not phlegmonous, nor is it the erythematic of a more sthenic character, such as is met with in strong subjects from ordinary exciting causes. I, therefore, do not consider the appellations inflammatory and malignant as correctly designating the varieties of the disease; believing that the more malignant cases are, nearly all of them, attended with a high degree of erythematic inflammation, and that the cases in which

slight local inflammation is seen after death, are exceptions to the rule; and believing, also, that the inflammation of the abdominal viscera is more than can be referred to a peculiarity of the patient's constitution. The wide diffusion of erythematic inflammation from this cause is well shown in my cases xiv. and xxi.

The peculiar character and termination of the inflammation in puerperal fever are to be referred, as is its peculiarity in the plague, to an animal poison in the system. The patient's constitution will, it is true, modify the manifestation of the disease in every puerperal epidemic; but this influence of the natural constitution will not form the essential nature of the case.

There is no essential difference in the character of sporadic and epidemic cases, practically regarded. A distinguished practitioner has asserted, from his partial experience, that the former cases do not bear active anti-inflammatory remedies so well as the latter: generally, I believe, the opposite is the fact, and epidemic cases are the more asthenic*; but both the synochal and the typhoid varieties occur sporadically and epidemically. An oversight or ignorance of this fact has led to serious consequences. Mr. Hey, for example, supposed that every epidemic puerperal fever must be absolutely a low putrid disease; he met with a prevalent puerperal affection, which he treated on this view, and all his first cases perished. He then treated others successfully by bleeding, and inferred, by a false generalization from partial data, that puerperal fever is always in its origin highly inflammatory; and that the disease which his teachers had represented to be of a low character, for which bleeding was inadmissible, was such as he saw in Leeds. The notion of the difference of sporadic and epidemic cases, and of the more sthenic nature of the latter, has probably arisen from the fact of typhoid cases of the disease existing in lying-in-hospitals, when the disease was not met with in private practice; and also probably, from sporadic cases of local inflammation, such as my case ix., having been confounded with puerperal fever. The epidemic at Plymouth was certainly of an asthenic character; and I infer from the facts then seen, that whenever the fever exists without the walls of a hospital, it is sure to extend itself; and this extension, tending to accumulate the animal poison, would give to all the cases a more unhealthy character.

Mr. Hey's work must be well known to the readers of this Journal, but a compendium of some of his cases may be interesting, as materials for comparison with the Plymouth cases and those of Mr. Fisher and Mr. Storrs, reported in the Journal last year.

CASE I.—Forty two hours after a good labour, the first child; a rigor, perspirations; pulse 120; slight pain in the hypogastrium; then relief by medicines; in a few days, severe pain; belly tumid; dysentery; lochia suppressed, then they reappeared; pain increased on any attempt to restrain diarrhoea. Death on the tenth day.

CASE III.—A purging before the labour, second child; forty-three hours after delivery, severe uterine pains; fever; pain of back and head, succeeded by rigor; ten hours from the attack, uterine region tender, very rapid feeble pulse, vomiting, no milk; twenty-four hours

from the attack, pain severe, belly tumid; in twelve hours, relief; then return of pain, and diffuse tenderness of belly, pulse 160; after forty-six hours of disease, amendment after many purging stools; at fifty-eight hours, relief; five hours after this, most acute pain, rigors, vomiting, fever, belly tumid, tongue furred, pulse 160; lochia scanty from the first; in six hours, slight relief. 4th day of disease, copious purging from medicine; vomiting; in the next nine hours, dyspnoea, restlessness, noise in ears. 5th day, laborious breathing; death.

CASE V.—In perfect health at time of labour; awoke from sleep twenty-two hours after by pain in the uterus, chilliness, and heat; four hours from the attack, hypogastrium tender and tumid, pulse 120; costiveness, vomiting; in four hours more, pulse 130; in two hours more, belly more tumid, pulse more rapid, but pain less, bowels well purged. Decoction of bark and citrate of ammonia given. In five hours more she was dying; death seventeen hours from the attack.

CASE VII.—Pain in abdomen for weeks before delivery; first child; a severe labour; pulse 100 after it; in twelve hours, uterus tender, pulse 80, tongue white; in the next ten hours, pain increased, pulse 108, a copious stool, with relief, then increase of pain; thirty-six hours after delivery, dysentery, vomiting, lochia renewed, pulse 130; sixtieth hour, pulse 112, relief after purging, then worse, with a cough and salivary spitting, which had subsisted for some time. At end of 3rd day, vomiting, erysipelas on the labia, foetid discharge from vagina. 4th day, cough and abdominal pain worse, vomiting, erysipelas spread. 5th day, some amendment; then worse for forty-eight hours, when she died.

CASE VIII.—Seven days after a good delivery, rigor, heat, pain in the belly and head, pulse 150; tongue white; breasts flaccid; lochia renewed the day before; in fifteen hours slight relief, vomiting, pulse 126; in twenty-two hours, pulse 134, good stools by medicine. 2nd day, milk in the breasts. 3rd day, solid stools and relief. 4th day, pain in the uterus, pulse 105; 5th, belly distended, tongue brown, pulse 112; relief after a copious stool. 6th, a slight ague-like fit, rapid pulse, pain in head; better after medicine, which brought off a hard stool. 8th, mouth apthous. Afterwards a slow recovery. None of these cases were bled.

CASE IX.—Much flooding in the labour: 4th day, shivers, heat, vomiting, pain of belly, uterus enlarged and tender, a vast quantity of stools, pulse 130, hard. 5th, relief. 6th, tendency to coma, pain in head, fever, pulse 132, strong. 7th, relief, the head worse from mental disquiet, pulse 140. 8th, sleepless, tongue palsied, delirium. 9th, still sleepless. 11th, same state, pulse 120, belly tumid, then it subsided on purging; involuntary micturition, sinking. 12th day, better, palsy of tongue gone, mind calm, pulse 106; bark and cordial medicine given; death in two days. She was bled three times very moderately.

CASE XII.—A lingering labour; second child; flooding, which required cordials; forty hours after delivery, ten stools from a purge; sixty hours, violent rigor, and pain in the belly, which quickly became tumid and tender; in five hours more, pain and throbbing of the head, pulse 140, lochia profuse; on bleed-

* Except when a sporadic case has originated from inoculation of the poison of gangrenous erysipelas.

ing to syncope, pulse fell to 120; in eight hours, an increase of pain, pulse 140; after a small bleeding, a blister, antimony and purgatives, the symptoms then yielded.

CASE XVI.—A rigor forty-eight hours after delivery, heat and pain as usual; in two hours more, pulse 138, hypogastrium tumid and tender; pain severe, in paroxysms; tongue white and dry; third day of disease, relief; and a good recovery after a bleeding to thirty ounces, and active purgatives on the first day, and leeches on the second.

CASE XX.—A natural labour, the first child; five days after delivery, pain in the uterus like labour pains, pulse 86; in four hours, pain very acute, pulse 134; in the next six hours, fluid stools, tenderness not abated, pulse 120; vomiting from medicine; in twenty-two hours from the attack pulse 106, belly painful. 2nd day, exhausted by purging; belly tender; relief for three days, then a second relapse; pulse 130, but pain and heat not in proportion; then recovery.

Mr. Hey's cases in 1814.—A fifth child. Forty-eight hours from delivery, throbbing pain in the head and uterus, pulse 120. 3rd day, less pain after purging. 4th, more headache, belly tender and tumid, pulse 140, costiveness. 5th, worse after relief, pulse more rapid, free stools. 6th, pulse 150. The next three days better; the two following days, belly tumid, much prostration. 12th day of disease, pain in head, a low typhoid state: afterwards recovery! Mr. Hey bled, when the disease had continued forty-eight hours; the belly very tumid, and the pulse 160!

CASE —.—A sixth child, placenta forcibly extracted, and flooding, which required brandy; forty hours after delivery, on attempting to nurse the child, seized with acute pain in the hypogastrium and left groin, pulse 140; in forty-eight hours a sunken countenance; pulse 150; pain in head, giddiness, ringing in ears, (from flooding,) pain severe in the belly, which had been bound since the delivery; lochia continuing; breasts flaccid; vomiting; relief after bleeding to twenty-four ounces; blood serous and florid. 3rd day, pulse 120, uterus tender, good stools, in a few hours starting from sleep with alarm. 4th day, wine given, amendment. 5th day, abdomen tumid, throbbing in head recurred. 6th, pulse 140, belly natural after purging. 7th day, great relief; recovery.

CASE XXIX.—A third child; a protracted labour; after which the after-pains had subsided; eighteen hours after delivery pain in the head, and shortly afterwards, while putting the child to the breast, a sudden pain in the belly, with rigor and fever, which continued for the next twelve hours. Bleeding and purgatives used with little effect. Seen by Mr. Hey twenty-one hours from the first headache, fifteen from the first rigor and pain in the belly; now acute pain; a throbbing headache; white tongue; uterus enlarged and very tender; and a cough; lochia suppressed; pulse 132. In seven hours, tenderness more diffused, and belly tumid; headache continuing; pulse 140; well purged. In five hours more, little amendment; hectic flush on the cheek; purging going on. During the next nine hours severe purging from medicine; pain less, but in paroxysms; lochia returned; head relieved of pain, but giddy; pulse 120. In the next ten hours, forty-six from the attack, relief; many mucous stools; pulse 110. During the next sixteen hours, many

stools; pain of head and belly increased; uterus felt at the navel. Seventy hours from attack, relief; vomiting from medicine. In the next seventeen hours, on 4th day, better; pulse 112; good sleep; some light pudding allowed, and followed in three hours by more pain in head and belly; pulse 126; yet good stools. 5th day, copious stools and great relief; pulse less by 12. In the next seven hours, good purging, and more relief; uterus still enlarged. 6th day, better; but after getting out of bed in the evening, a violent rigor, with heat and sweating; headache and throbbing, which continued through the night. 7th day; pulse 140; much purged; tongue furred; head much pained. 8th day, relief; pulse fell to 110 after purging. 9th. Blood and pus in the stools; free of pain. 10th. Uterus much smaller; similar stools; in a few hours rigor, with heat and sweating, and severe throbbing pain in the head; pulse 150; foetid stools. 11th day, better; pulse 125; more healthy stools. 12th day, pulse 105; some lochia; a speedy convalescence. This very interesting case may foster hope under discouraging circumstances; the steady active anti-inflammatory treatment was very laudable. She was bled to fifty-three ounces in the first twenty-two hours of the disease; the substance of the uterus, as well as its peritoneum, was inflamed; suppuration arose in the sub-mucous cellular tissue of the bowels, from the strong purgatives; the irritable action of the vessels of the head was from sympathy with the state of the bowels.

These cases show well the synochal or more phlegmonous character assumed by puerperal fever, at a time when, probably, diseases in general were less asthenic and malignant than they have been since 1825: and they may serve to correct the very despondent tone of the distinguished writers on the subject, in the former numbers of the *Provincial Medical Journal*.

(To be continued.)

CASE OF DISEASE OF THE BRAIN: LESION OF THE LEFT ANTERIOR LOBE OF THE CEREBRUM; HÆMORRHAGIC EFFUSION BETWEEN THE MEMBRANES.

By ROBERT HUTCHINSON POWELL, M.B., Lond., Surgeon, &c., Tunbridge Wells.

The accompanying case, as it involves questions of some interest, physiological as well as pathological, may not prove unacceptable to those who would attempt to throw light upon many still extremely obscure points, connected with the functions of the brain, both in health and in disease.

An unmarried lady, aged 70, of robust constitution, who had previously enjoyed good health, with the exception of occasional attacks of slight cerebral plethora with obstructed liver; was suddenly seized, in August last, with a total loss of the faculty of articulation, attended with a rigid state of the muscles of mastication, the tongue, though not deviating to either side, being sluggish in its movements, accompanied by inability to perform the primary stages of digestion, those of prehension, mastication, &c. There was also present a partial loss of motion in the right upper, and, to a less extent, in the corresponding