with regard to the urine were conflicting; one account representing it to be copious, very pale and inodorous, and slightly albuminous; while the patient's mother-in-law now asserts that it was always scanty, and that she had frequently known her pass a whole day without voiding any. During the time she was in the hospital, the secretion, both as to quantity and quality, agreed with the former of these representations. She attributed the origin of her complaint to a violent cold caught by gleaning in a wet field; when she began to suffer from a dull aching in the loins, disabling her from lifting anything weighty, and accompanied by a sharp lancinating pain, which she described as shooting all over her, and, for a minute, taking away the use of her legs. These shocks recurred as often as four or five times during the day, and unless she was near any support, she generally fell. Her arms were sometimes affected, but not often. Her principal uneasiness was confined to the loins, and not at all to the spine itself. About two years after her marriage she became very large, and from the suppression of the catamenia during seven months, thought that she was pregnant, but the swelling gradually subsided. Since then she had only menstruated two or three times, and five years had elapsed since the last appearance of that discharge. Her husband stated that she was quite like other women in regard to sexual desires. Her countenance was pale and sallow; she complained greatly on being touched, and screamed aloud if the fingers were passed rapidly over the abdomen; but firm pressure caused her no uneasiness. For some time she had been subject to twitchings of the muscles of the face, and frequent winking of the eyes, with intolerance of light; but her head had never been much affected. She had also, at different times, attacks of what might be called congestive pneumonia, but, on two or three occasions, they partook apparently of a more active character, attended with membranous inflammation, so that venesection was had recourse to, when the blood presented the usual buffy aspect, and once or twice to a great degree.

At the time of her admission into the hospital, her skin was dry, and rather hot; her tongue clean; bowels rather costive; pulse averaging 84, small and easily compressible; appetite good; auscultation good throughout. The singular screwing up of the features and winking of the eyelids, seemed to proceed from some affection of the base of the brain; while the impaired motor powers, and excessive sensibility of the integuments of the abdomen, appeared to have their origin in a morbid condition of the spinal membranes; but as she had neither pain nor heat in the head, nor tenderness at any part of the spine, and as at an earlier period she had been subjected to local depletion, and counter-irritation, it was considered that no active disease was in progress, and that the treatment should be directed to repairing the consequences of former inflammatory action. With this impression she was directed to use the bath, and her bowels were regulated by aloetic aperients; and after a time, she was allowed to drink the Bath waters.

Up to the 21st of August there was little change in her state, but as she then complained much of gastrodynia, she was ordered to take, twice a day, five grains of trisnitrate of bismuth, with a cordial alkaline draught. This treatment was continued until the 26th, when a

profuse salivation supervened, precisely resembling, in the appearance of the mouth and *sætor*, that occasioned by mercury. She was now kept in bed, had her bowels attended to, used gargles, and had nourishing slops, with eggs, &c.; to which was added, on the 4th of September, four ounces of sherry daily. On the 12th and 13th her mouth began to mend, and her general state to become more comfortable; but on the 14th, her evacuations having passed involuntarily, it was necessary to change her linen and bed-clothes. As usual when moved, she complained bitterly of this process, but did not apparently suffer from it until the evening. Mr. George was called to her at nine o'clock, when her extremities were cold, her pulse fluttering, and her breath had that stertorous character which is met with in scarlatinous patients, whose throats are badly affected. Sinapisms, hot bottles to the extremities, and internal stimulants failed in exciting any reaction, and she died at ten the next morning.

Examination thirty hours after death.—The brain and the membranes investing its upper surface were perfectly healthy; but the pia mater at the base, shewed much vascularity, and the vessels became more numerous where that membrane was continued over the medulla oblongata; in the right lateral ventricle were about ten drachms of serum, and twenty in the left; the pia mater was much injected throughout the whole length of the spinal cord, the vascularity being most intense at the commencement of the cauda equina; the theca vertebralis contained six drachms of fluid. There was no effusion into the cavity of the chest; the lungs exhibited some venous engorgement, but were not otherwise unhealthy; the heart flabby, and, like the other viscera, small. Notwithstanding the general emaciation of the limbs, there was a thick layer of fat upon the muscles of the abdomen, as well as in the omentum and mesentery; the stomach and intestines were healthy; the left kidney was small and pale, but not granular. On the right side *no vestige of a kidney could be traced.*

The uterus was divided into two portions, connected by a narrow neck; the lower part, in the centre of which was the orifice, was of about the size of a cobnut; the upper part, an inch and a half in length, was of the thickness of the little finger of a small hand.

A POSTSCRIPT TO THE REMARKS ON PUERPERAL FEVER.

By EDWARD BLACKMORE, M.D., Bath.

In the *Dublin Medical Journal* for May, Dr. A. H. McClintock has given a very interesting account of puerperal fever, which lately prevailed in the Lying-in Hospital of that city. I may be allowed to remind the members of the Provincial Association of some of the more remarkable phenomena of that fever.

In the first case, in ward 4, death occurred on the ninth day of the disease; during this period no other cases occurred. In the next three days, eleven patients were attacked in various other wards, and seven of them died. In ward 10, only one patient, the second case, was attacked; in ward 11, only one of seven was attacked; in ward 1, of five patients, two were attacked and died; in ward 2, of seven

patients, five were attacked and three died; in ward 3, containing four patients, all were attacked and two died. The confined spread of the disease in wards 4, 10, and 11, is most singular, and appears inexplicable from any known circumstance peculiar to these wards. There appears to have been no ward, containing patients delivered after the outburst of the fever, that was exempt from the disease.

Of fourteen children born of the puerperal-fever patients, five died; one of them of erysipelas, four of spasmodic diseases. Erysipelas was existing in the hospitals of the city at this time. As to the phenomena of the disease, vomiting and tympanites (abdominal distension) were the worst symptoms; in all the cases the uterus was the chief seat of disease; the patients (unlike cases of typhus) were sensible to the last.

The treatment consisted of bleeding,—a small loss of blood induced fainting—in one case only was the blood inflammatory; blistering; the warm bath; mercury; turpentine internally, and by fomentations.

One patient was saved under desperate circumstances, by treatment admirably adapted to the various states of the malady:—A case, on the third day after delivery, of rigor, pain, and tenderness of the belly; a stimulating diaphoretic given; a bran poultice; bleeding to eight ounces, to fainting; the blood cupped; mercury, alternated with small doses of turpentine, to free the bowels, or to reduce the distension; leeches, and turpentine fomentations. On the fifth day of the illness extreme debility; pulse 136; belly tender and tumid; stomach irritable; respiration heaving; loathing of food; profuse respiration; a blister on the belly; mercurial frictions; small doses of turpentine; wine, arrow-root, and chicken-broth.

By these means amendment followed in a few days, but recovery was very slow and gradual.

I have learned from an authentic source, in addition to the information given in the *Dublin Journal*, that typhus was not existing in the immediate neighbourhood of the hospital, during or before the puerperal malady, though it was occurring in the Dublin Fever Hospital. Cases of puerperal fever were seen throughout the city at the time of its prevalence in the Lying-in Hospital. The hospital inmates could not have had any communication with cases of erysipelas.

In two or three wards the puerperal patients escaped the disease; these women had been seven or eight days delivered at the time of the outbreak of the fever.

In two or three of the cases, the gastric and intestinal mucous membranes were examined, and found to present merely a white appearance. Tympanites occurred in nearly every case; a few patients had diarrhoea, the major part had constipation. In nearly every case the lochia were either diminished in quantity or depraved in quality; being generally pale and foetid. In one or two cases, however, when the attack of the fever came on, soon after delivery, the lochia did not at first present a change in appearance, but in not many hours they became unhealthy.

These interesting facts appear to show that personal communication with any sources of infection is not essential to the spread of disease, and that an atmospheric morbid influence is adequate to occasion it; therefore, when cases have occurred to a practitioner who has recently been attending patients in erysipelas or

typhus, it is not just to conclude that he must have been the medium of the infection. The Dublin cases illustrate also the important fact, *that the chance of escaping the disease increases with the interval from the delivery to the first exposure to the morbid influence.*

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 22, 1845.

The necessity of shortly giving attention to the questions relative to the relief of distressed members of the medical profession and their families, will appear evident to many members of the Association. Various plans have now for some time been in operation, or under consideration, for affording a measure of that assistance which it is desirable should be effectually provided. The local Benevolent Societies, established in several counties and large towns, the Benevolent Fund of the Association, and the new General Medical Annuity Fund of Mr. Daniell, have each and all their several claims; and as they differ somewhat in principle, as well as in the precise object sought to be obtained, it becomes important to analyze these claims, to estimate how far the institutions referred to are efficient for the purposes for which they have been established, to determine whether, in any degree, and to what extent, they may interfere with or assist each other, and to inquire whether the wants of that portion of the profession for whose benefit all such institutions are intended, will be best served by keeping them all in a state of active operation, or by merging them, if such be practicable, in one more general and comprehensive institution.

We are unable now to devote the requisite space to the consideration of these questions, but this brief notice is here introduced,—first, with the view of bringing the subject more prominently forward; secondly, of eliciting a more general expression of opinion; and, thirdly, of recommending to those who take an interest in the question, to weigh well the propositions which have been advanced, before deciding upon withdrawing their support from funds to which they have heretofore given their assistance. The remarks in a letter which will be found in another column, (under the signature W. A. G.,) bear closely on this last point, and those who have had experience of the benefits, limited though they be, derived from the Benevolent Fund of the Association, however desirable it may be to institute more efficient and extensive means of relief, will most cordially concur in them.