Some abnormal labour cases
with
Comments and References.

by Robert Thomson Ferguson M.B. Edin. (1886)

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789 East Eisenhower Parkway
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Group IV Continued — Page

B From abnormality in the child.

Group V. Cases of Sepsis.

Group VI General Cases.

Group I cases of Hæmorrhage

A Unavoidable

I Placenta Prævia Lateralis

Clinical History

Mrs J. Æt: 32 : 4 para. 31st December 1887.

She was a little dark woman, slightly built and apparently bloodless, though healthy. Previous children living and healthy.

In October, after quickening, she had very severe hæmorrhage coinciding with her next menstrual period. On examination, the placenta was found to cover the internal Os. With Rest, Ergot and Opium, and Vaginal plugging, the bleeding ceased; and she was able to be up and about, after a time.

At the end of November, the bleeding came back; and again coincident with the menstrual period. Under the same treatment, but with more prolonged rest, the bleeding was stopped. She was however very weak and bloodless; and almost entirely confined to bed until the 31st December when labour set in.

She was seen at 3 AM., when the pains

were slight, and continued so for 2 hours
During this time the bleeding was not
great, but as the pains increased in
strength the blood came in greater quantity.
The Os was now well dilated; pulling on
the anterior lip increased the pains, but
also increased the flow of blood. In
examining with the stethoscope, it was
found the child was dead; and as the
mother appeared unlikely to live through
the loss of much more blood she was
Chloroformed, with a view to delivery.
Introducing the right hand into the Vagina
and two fingers into the Os, the blood
came in very much greater quantity.
Intending to turn, the right side was
tried, but finding difficulty in passing
the fingers through, the left side was
explored. Here there had evidently
been some separation of the placenta.
the fingers were passed through the
opening, more of it separated, and the
further edge reached. The membranes
were ruptured; & my fingers coming
into contact with the head, which

was small, it struck me to try and bring down the head rather than pass my hand on for the feet. Getting hold of the head with my whole hand, and pulling, it came between the placenta and Uterus, acting as a most efficient plug. My left hand on the abdomen, was used to compress the Uterus from above, thus steadying, and helping its contraction. With some slipping and difficulty, the head was brought through the Cervix into the Vagina. She was given more Chloroform, and the head rotated, thus bringing the shoulders between the placenta and cervical wall. The body being small, was soon pulled down, taking the place of the shoulders as a plug, and very soon delivery was completed. There was profuse bleeding again in separating the rest of the placenta.

The Uterus was douched out with hot water with Condy's fluid; and she was given a full dose of Ergot.

with Liquor: Opii Sedativus and Brandy

There was no sepsis; and though she was extremely bloodless and weak, she made a slow but uninterrupted recovery

Comments and References.

Dr. J.M. Duncan in his paper on "Hemorrhage during pregnancy in Cases of placenta praevia" "Mechanism of Natural & Morbid parturition" p 305 et seq. Says "This accident is so common; but many cases of placenta praevia of all kinds do not present it, for frequently they go on to the full time or near it, without any hemorrhage during the pregnancy, and frequently the occurrence of hemorrhage before the full time is the immediate precursor of miscarriage or a consequence of its commencement." And again;- "Hoemorrhages may occur once or oftener in the latter months of pregnancy; they are comparatively more frequent as pregnancy is more advanced; they

"frequently appear to have a monthly periodicity."

In this case, the 5th Month was reached before bleeding took place, and it was then coincident with the menstrual period; and its recurrence at the 6th Month synchronised with her usual period of illness. The occurrence of labour was also about the end of a menstrual period.

Further in his paper Matthews Duncan enumerates four ways in which this hemorrhage may occur viz;—

i. "By rupture of a Utero-placental vessel at or above the internal Os. Uteri.

ii "By rupture of a marginal Utero-placental sinus within the area of premature spontaneous detachment, when the placenta is inserted, not centrally or covering the internal Os, but with a margin at or near the internal Os.

iii By partial separation of the placenta from accidental causes, such as a jerk or fall.

iv By partial separation of the placenta, the Consequence of Uterine pains producing"

"a small amount of dilatation of the internal Os. Such cases may be described otherwise as instances of miscarriage commencing, but arrested at a very early stage"

In the history of this case, the first hemorrhage was preceded by a fall, and there was slight separation of the placenta on the left side. The next hemorrhage was no doubt due to Uterine pains causing slight separation of the placenta, but arrested at an early stage.

In the Treatment of hemorrhage in such cases during pregnancy, the usual methods viz;- Rest, Cold, and Sedatives are to be used Plugging the Vagina, is to be avoided as likely to produce Uterine action, thus increasing the bleeding and bringing on labour; unless the necessity for induction of labour is contemplated and decided on

The question of the induction of premature labour is difficult to decide. Murphy in the "Medical Press and Circular 1885"

advocates it, "when the hoemorrhage is severe, continuous, or frequently recurring"

Dr. Thomas "Transactions of the New York Medical Association Vol IV" says;- "After a long experience, I unhesitatingly range myself among the strong advocates for the prophylactic treatment of placenta praevia by premature delivery"

The "American System of Gynaecology and Obstetrics" Vol II" page 577 says;- "Statistics prove, that both the foetal & maternal mortality are greater if labour occurs at term, than if it be premature, and hence a strong argument in favour of induction of premature labour is given"

Murphy claims in some years following of this practice "to have saved all the mothers and 43% of the children"

The ordinary death rate, as given by Barnes is 9% for Mothers and 64% for children; and the range of per centage maternal

mortality is from 7% to 16%, while that for the children rarely falls under 50% and rises as high as 75%.

In this case, the child was dead and labour had set in, and there was thus no question of this kind. Had this not been the case however, it seems to me that if the Uterus had not been emptied, and the bleeding thus put an end to, the woman could not have survived; certainly she could not have lived through another such period of haemorrhage. And in another similar case, in my care in 1892, where bleeding took place at intervals during three months, and latterly almost constantly, it is certain, that the sacrifice of the child at the 8th month was the only possible method of saving the mother, almost moribund from loss of blood.

In the treatment by induction of premature labour Murphy's method is, "to dilate the Os, separate the placenta all round,

give Ergot freely, and in presence of healthy pains rupture the membranes and allow nature to finish the labour, or turn by simple or combined method and deliver"

It is at this period that it may be possible to pull down the head as practised in this case, instead of delivering by turning; the head being small and more immediately within reach than the feet

The nearer full term is approached the more the methods then available are appropriate viz;- Turning, the Tampon, Rupture of the Membranes, and Partial detachment of the placenta.

Denman, a century ago, taught podalic Version in the treatment, saying that, "no regard is to be paid to the part of the child which may present for it must be delivered by the feet." He also taught, "that it was of little consequence whether we perforated the placenta, or

or separated it till we came to the edge"

Rigby, (1776) who invented the useful distinction involved in the use of the terms "Unavoidable" and "Accidental" hemorrhage in labour cases; "said. it could not possibly be suppressed by any other method whatever, than the timely removal of the contents of the womb"

Wigand revived the use of the Tampon, and advised leaving the further progress of labour to nature; the plug being expelled in front of the child.

Rupture of the membranes, was first advised by Puzos in 1759, and is known as his method. If vigorous contractions follow, and retraction of the Os takes place, the result is good; but failing the Contractions being effective in bringing down the presenting part, the bleeding is not lessened, and is apt to be increased

Detachment of the placenta was introduced by Redford in 1819, and by Kinder Wood in 1821, as a conditional and exceptional operation. (Lancet 1847) It was revived by Simpson in 1845, (Simpson's Works) but it is practically now without supporters.

Braxton Hicks in 1860, advocated the bimanual method of turning, as specially appropriate to such cases. (Lancet July 1860) In a later paper he urged the importance of not delivering the child rapidly after performing version. (Trans: London Obst.c. Soc: 1863)

Partial detachment of the placenta, has been advocated by Barnes, Cohen, & Davis. The methods of the two latter are similar, and consist in separation in the direction of least resistance of enough of the placenta to allow rupture of the membranes, and pulling down into the Os that part separated, and turning, thus making a plug of the legs.

Barnes' method consists in the separation of the placenta by sweeping two fingers as high as they can reach round the "Cervical Zone" of the Uterus. He holds that "physiological arrest of flooding is neither permanent nor ~~secure~~, until the whole of that portion of the placenta which had adhered within the lower zone of the Uterus is detached; that being the portion which is liable to be separated during the opening of the lower segment of the Uterus to the extent necessary to give passage to the child." And that, "if the Uterine Contractions now come strong enough to drive down the head" (Presenting part) "there will be no more hæmorrhage"; the Case being either left to nature to finish or the labour completed by the forceps.

Group I Cases of Hoemorrhage

B Accidental

1. From partial placental retention

Clinical history

Mrs A. Ct: 32: 3 para; April 1889.

This woman had not been seen before. She appeared healthy, and said that her former labours had been healthy. She had however complained of pain in her right side during her last pregnancy; and the after birth had to be taken away. She had also complained in a similar way this pregnancy. The area of pain, was strictly localised in the right side of the Uterus, & was small. Labour was easy & speedy; and after tying the Cord the placenta came away in from 15 to 20 minutes. While attending to the child, she suddenly called out, "she could not see", "she was dying"; and on looking round she was deadly pale, anxious looking, sweating profusely; and a perfect torrent of blood was sweeping over the front of the ~~bed~~ bed with

a dripping noise on to the floor. In the imminence of death she was given, as the first thing at hand, about half a tumblerful of almost raw whiskey; and this revived her slightly
The Uterus was as big as before the birth; and while the nurse Kneaded it with her hands, a towel was dipped out of cold water and handed her to apply over it, the blood continuing to come meanwhile. Passing my right hand up to the fundus, the Uterus was felt full of clotted and fluid blood, and this was taken away. She still called out 'she was dying"; and 30 drops of Ether were injected into the buttock. Passing my hand into the Uterus again, there was found a small piece of placenta adhering to its right side. This was peeled off and brought away with what blood, fluid + clotted, could be taken. The Uterus now contracted some and the bleeding lessened
The Uterus was now douched out with a hot solution of Corrosive Sublimate,

and the bleeding ceased
She was given some ounces of Brandy in water, with a teaspoonful each of Liquor Ergotæ and Liquor Opii Sedativi; and a pad and bender applied
In the morning, when seen, she was found to have slept well, and had a steady though weak pulse. She improved very quickly and made a very speedy recovery.

" From Inertia Uteri.
Clinical history.
Mrs O. Ætt 36: 6 para: Feby: 9th 1896.
This woman was very much exhausted and bloodless, with Venous congestion and piles. On going at 10:30 P.M., found there was complete inertia of Uterus. At 11:30 the Os being dilated, and no signs of labour pains, she was chloroformed, Axis traction forceps applied, + delivery effected without difficulty. The cord, which measured 35 inches, was twice round the neck of the Child, and after

slipping it over the head, it was allowed to pulsate till the child cried. The placenta came away itself in a rounded mass with a great quantity of waters and blood.
The Uterus continued dilated and inert; and the blood kept flowing in large quantity, until she became pallid and death-like, and complained of sickness, faintness, and loss of sight. She was given six ounces of whiskey and water, while pressure and friction were applied over the Uterus. This had no effect on the Uterus; and the whiskey & water sickened her and she vomited. Injection of Ether about 30 minims revived her somewhat; and the right hand was introduced into the Uterus, while pressure over the abdomen was made with the left. This succeeded in causing some contraction and arrest of the bleeding; but the Uterus again relaxed and it came on again. She was very faint, and sweating profusely, and more Ether was injected; while she was given a cupful of Liebig's Extract in Water. She revived again,

and the bleeding ceased; but it came back again as contraction gave place to relaxation. At the end of an hour she sickened and vomited again; and it appeared as if she was to die.
Hot water about 100°F with Corrosive Sublimate was now injected high up in the Uterine Cavity; and this succeeded in inducing firmer and more continuous contraction and the bleeding ceased.
She was given a full dose of Liquor Ergotae with Liquor Opii Sedativi. She was however so weak and dying like, that she could not be left for five hours, during which time the bleeding happily did not recur
She was seen again at 10 P.M., when she had slept some, and her pulse was 100.
She made a very slow recovery; but with good food and tonics was fairly well in two months.
This patient had also severe post-partum bleeding in May 1893; but it was not so alarming in character, though apparently deriving from the same conditions

Comments and References.

These two cases offer a remarkable contrast to one another The first, in a healthy and vigorous woman, was due not to any want of contractile vigour on the part of the Uterus, or want of physical power systemically; but simply, from the presence of the retained part of the placenta acting as a foreign body; and there while inducing contraction hindering its perfect performance It was an example of Sthenic or active hæmorrhage

The second, was in a patient, exhausted while a young woman by repeated labours and nursings, and work generally. Her whole muscular system was weak & flabby, her heart weak, her arteries soft and underfilled, her venous system, especially the pelvic and abdominal part of it, overfilled; and her blood thin and watery An almost perfect example of an asthenic or passive hæmorrhage.

In the first, the appalling suddenness

of the onset, and acute jeopardy of life were the greater; while remedies quickly applied were followed directly by active response

In the second, the frequent recurring bleeding, and the constant nausea and sickness, with the absolute flaccidity and irresponsiveness of the Uterus, made the danger more prolonged, and necessitated longer treatment

In the first, the recovery was perfect in much the usual lying-in period; but in the second, while there was no sepsis, the recovery was slow because of the necessity of treating the anaemia and its results. The first was a purely accidental bleeding; the second was entirely the expression of a long standing diseased condition of body

In the treatment of such post-partum hoemorrhages, the primary aim, as Professor Leishman in his "System

of Midwifery" says, "is to secure contraction of the Uterus, and secondarily to stimulate the patient". In the presence of suspicion or knowledge of a part of placenta being retained, this must be taken away before contraction can take place

Stimulants of course must be used, and at once, and usually the readiest is Brandy or Whiskey and water. And it is matter of astonishment how much can be taken in such conditions

Not uncommonly either of them produces nausea & vomiting, and this, so far as it may favour contraction in a flaccid Uterus, is of value

But the subcutaneous injection of 20 to 30 drops of Ether, as first introduced and used in this way by Dr. Macan, is a most valuable form of stimulant. Especially is this so, in a case such as this second, in which the stomach could not bear anything for any length of time. And where there is a succession of bleedings

during a period of hours, as in this case, it is most valuable in rallying the apparently exhausted powers.

Failing contractions, the Uterine douche of water about 110° F as recommended by Dr Lombe Atthill is very likely to be successful. This is particularly applicable to atonic conditions, such as existed in this latter case. And as the hand has probably been in the Uterus, it is only part of the treatment necessary in douching the organ out with an antiseptic, such as per-chloride of Mercury.

The addition of perchloride of Iron solution to the water, as recommended by Dr Barnes, may be practised, with careful introduction & perfect free-way of exit. Its danger of production of sepsis by absorption through Fallopian tubes, or by clotting and decomposition of blood is its great drawback.

In a case like the second, the method of compression of the Uterus in anteflexion, recommended by Zweifel might be useful. In his method, two fingers are passed into the posterior Cul de Sac and press the Cervix forwards, while the other hand upon the abdomen is made to press upon the fundus posteriorly, bringing it also forward, and pressure made against the Symphisis pubis.

And it is just in such a case, where compression of the abdominal Aorta to the left of the Umbilicus would be likely to be useful; while warm salt solution of 1% strength at the same time could be injected into the bowel, in order, on the one hand, to save the blood in the systemic vessels, and to help to make up the loss on the other

Applied Cold is useful; but continued is depressant, and is always likely to be followed by relaxation after contraction.

Ergot is given of course. It is most useful as subcutaneous injection of Ergotin, in the presence of bleeding. Later, as the liquid ecstract with Opium it helps to keep up Contraction, while the Opium acts as a Sedative to the heart and nervous system.

Group 1. Cases with Nervous symptoms

1 Aphasic hemiplegia in a primipara

Clinical history

Mrs. O. Æt. 30; Primipara.

She was married in Oct^r. 1890, became pregnant in Dec^r. She consulted me in Feby. 1891. about some pain on the external genitals due to an abrasion found at the posterior commissure. She appeared a very healthy woman and made no other complaint.

She came to me in July complaining of occasional giddiness in stooping. This did not appear more than might be the result of pregnancy, and she was advised to rest for some time every afternoon

On Sept^r. 1^st there was a hurried call to see her at night. She had been washing during the day; had complained of her head feeling heavy, and of giddiness in stooping. In lifting down a tub she had struck her left temple near the eyebrow, and had immediately

fallen down unconscious, and had been carried into bed.

She was conscious when seen; was found to have complete paralysis of the right arm and leg; mouth drawn to the left side; and the left eyeball pushed forward, suffused with blood, and very painful. The tongue was protruded to the right side, articulation was very imperfect.

From this till the 3rd Oct., she remained confined to bed, except that, during the two last weeks, she was lifted out for an hour twice a day, and had the paralysed leg and arm rubbed with Oil, & the battery applied

Her speech gradually improved, and was almost perfect in four weeks, though she constantly forgot words.

On 3rd Oct. at midnight, her nurse sent for me. Labour had just begun, the Os admitting the forefinger. She was suffering great pain over the lower abdomen, and to the left side, apparently out of all proportion to the progress made.

The Os was found to be rigid and unyielding on the right side, and soft & dilatable on the left. The pains were very intense; but progress was very slow. On occasional examination, the right sided rigidity of the Os was found to continue & was pressed on as heavily as possible. The membranes were ruptured at 4 A.M.; and at 4.30, the Os being about the size of a crown piece, she was chloroformed and delivered by forceps. The child was a healthy male. The placenta came away at once, and the uterus contracted perfectly.

Up to the birth of the child and for five days after, the leg and arm remained completely paralysed. On the 6th day after, she moved the leg slightly, and on the 7th day after, she moved the arm slightly also. The continuous current was applied daily, and friction with Oil morning and night. On the 15th day after, she could move the toes; and had managed with help to stand, & move across the floor. The arm was capable

of flexion and extension; but the fingers remained motionless. She continued to improve gradually, and in the Course of December she could go about with the leg dragging, and Carry her child. She nursed the child, and could do most of her household work.

On 10th June 1893, she was delivered of a healthy female child, the labour being natural and easy. The former one-sided Uterine contractions were not present. By this time, she had only slight dragging of her right leg and foot, and was able to nurse her child and attend her house.

Medical history

Her arteries were somewhat rigid, the heart's action weak, and her digestion always hyperacid. Her urine, examined after the hemiplegic seizure, was found to be albuminous. She remained here till November 1894, and all this time it was never quite free of albumen, though sometimes there was very little. There was not any dropsy throughout.

As a child, she had strumous glands in the neck, scraped out and treated in an infirmary for 9 months
As a girl, she had a slight attack of small pox
Before marriage, she had an acute and prolonged attack of rheumatic fever.
Her mother, who was with her, had a badly ulcerated leg of 30 years standing.
Her sister, also seen, was a bad stammerer
Her father died young, and there was no information available as to cause of death.

She was here on a visit in August this year and examined. She was in good health, but still had some dragging of the right leg and foot, with slight imperfection of articulation, and marked amnesia. She continued quite unable to knit, sew or perform any fine adaptations with the fingers of the right hand. Her urine was normal, except for a very slight ring of albumen with Nitric acid.

Comments and References.

Her medical history, together with the persistent slightly albuminous urine, and the rigidity of her arteries, make it extremely probable that she was the subject of chronic kidney disease, with the general arterio-capillary fibrosis associated therewith. The attack of rheumatic fever left her heart further impaired, and an embolus from one of the valves had been carried to the left cerebral hemisphere. The blow on the temple probably followed the apoplectic seizure, and caused the bleeding into the eyeball and its bulging forward. No doubt the strain of the heart and arterial system, together with the plethora of blood incidental to gestation, acted as exciting causes in a woman who had to do her own household work.

In the "American System of Gynecology & Obstetrics" Vol II p626 et seq: "Insanity & Diseases of the Nervous System in the Childbearing woman"; there is mentioned a lengthy article by

Churchill "on paralysis occurring during gestation and childbed." There is included in this paper 19 hemiplegias; "some of these were evidently hysterical and recovered. But in the cases in which the hemiplegia was evidently due to cerebral haemorrhage or embolus, the course was the same as in these cases under all circumstances; they did not completely recover and some of them died." And further; "Apoplexy has been reported in pregnant women, but I do not know that pregnancy has any special influence to produce it. The supposition does appear reasonable however, that the plethora of pregnancy, hence the increased blood pressure, may act directly here to precipitate the attack, when the blood vessels have been previously weakened by atheromatous disease, or the kidneys and heart have been conjointly involved in that general state of arterio-capillary fibrosis which favours the accident."

Group ij Cases with Nervous symptoms

ij. Convulsions in a primipara during labour and after for 16 hours

Clinical history

M.R. Æt. 26: primipara: 27th March 1894. Sent for by midwife at midday. Found patient in general tonic convulsions. Gave her some chloroform and convulsion gradually subsided. Examined and found Os partially dilated + soft. Examination produced another convulsion. Chloroformed her deeply, + dilated the Os. Applied forceps and this brought on another fit. Gave her more, + attempted traction; this brought on another seizure but helped the head downwards. Gave her more chloroform and got the head on the perineum, and just as the head was born another convulsion came + split the perineum. The child was soon delivered and the perineum sutured. She was given 20 grains each of Bromide of Potash + Chloral Hydrate, and having to leave her the nurse was told to give her half this quantity every hour.

When seen again at 3 O'clock, the attacks had come every half hour in the interval, and she could not swallow regularly. She was given some more chloroform, and left apparently sleeping. Seen again at 5 O'clock in a fit, & given more chloroform, & the attacks reported to be coming less often. She was seen again at 8 & 11 in fits, & chloroformed, with freedom from attack till 3 AM after the 11 O'clock one. At 3 AM she had a very bad one, and they continued coming and going till 5 O'clock, she getting some chloroform as the fits came.
The bowel was then cleared out, and 60 grains of Chloral Hydrate given in Enema. She had no more fits, and on seeing her at 10 O'clock, she was sleeping soundly, & could not be roused. The conjunctivæ were sensitive to touch; but she took no notice of anything said. She continued to improve, and was able to be up in a fortnight.

The first Urine examined solidified on heating.

There was no dropsy or oedema; and up to her confinement, she had not complained She admitted having frequency of micturition She was very thin and pale, and had been in service working up to a few days before The Urine kept highly albuminous for a fortnight and then gradually lessened. She was put on 15 drops 3 times a day of Tincture of perchloride of Iron, and by the 17th May when she went away there was only a small ring of albumen with Nitric Acid

This woman belonged to a family possessed of peculiar morbid Conditions The father was a nervous, irritable unhealthy subject; the mother totally blind from Soft Cataract. A younger sister, healthy looking, was weakminded. The youngest, a girl of 11 years appeared slightly imbecile, and almost blind from a cataractous condition of both eyes. This girl, during a prolonged attack of Enteric fever in 1893, had very bad attacks of Convulsions with Opesthotonus on three occasions. In each attack chloroform was administered

Comments and References.

In the treatment of this Case there was no question of depletion. She was so thin and pale, and the necessity for rapid delivery was so apparently urgent that the treatment adopted seemed almost alone available.

In a plethoric patient, with a full and strong pulse however, the abstraction of from 10 to 15 ounces of blood would probably be beneficial

Treatment by hypodermic injection of Morphia is advocated by some and is often successful. It has been used thus in heroic doses by Dr Clark of Oswego, reported in "American Journal of Obstetrics 1880
Both it and rectal injection of Chloral Hydrate are useful, the latter especially as adjuvant to other treatment in the presence of active sezures. They are mentioned as preferable to chloroform in post partum sezures by the "American System of Gynecology + Obstetrics Vol 1" p 83."

In connection with the etiology of Eclampsia in this case, Barnes' summary of his views seems very appropriate. He says, "Several conditions concur to cause the associated disorders; these are 1) The hydraemic state of gestation leading to imperfect nutrition of the Nervous Centres; increasing, 2) The normal nervous tension and irritability; and, 3) The normal Vascular tension. and 4) Blood-poisoning from imperfect elimination of waste stuff by the Kidneys and other emunctories."

No doubt there was in this case, an inherited condition of high Nervous tension irritability, & this was a strong predisposing cause. For, women may have albuminuria during pregnancy, their Urine even solidifying on boiling, and have most extensive dropsy & yet have no convulsions. Here, probably, a less irritable nervous system, & more systemic robustness, serve to preserve from nervous symptoms

Group ii Cases with Nervous symptoms

iii Recurrent abortion

Clinical history

Mrs G. F. Æt: 31: Married at 20. June 1885.
First child born November 1886, alive & healthy
Second child, male, born in 1888 lived 6 months
Contracted bronchites, & died with convulsions;
cause of death said to be "water in the head"
Abortion at 3 months in 1889, taken away under chloroform
She had a lot of bad teeth taken out under
chloroform after this, & she was very
bloodless and her hair fell out. There
does not appear to have been any specific symptoms.
In 1890 she aborted at 2 months; and again
in April 1891, when she first came under
my care, she aborted at 3 months.
In Dec.r 1892 she again aborted at 3 months;
and in Nov.r 1894 when very anæmic she
again aborted at 3 months. She was
ordered capsules of Iron, & took them very
regularly for some time, improving greatly
in strength of body & blood condition
She was ordered separation a thoro; & this was
carried out till far on in 1895.

She became pregnant again in January 1896; and at 3 months was ordered to lie in bed. This she did for some weeks, and then began to get up + go about again On 14th July, when about 6 months pregnant, she had some discharge per vaginam of a sanious character, and the Os was partially dilated. There were no pains however and the membranes were intact. This discharge continued coming for 4 days, and ended in labour pains coming on, the child being born on the night of the 18th July. It was about 14 inches long, weighed 3½ lbs, the testicles undescended. It lived 12 days during which it had several slight convulsions. It seemed to grow, + took food fairly well; but on the 12th day it died suddenly in a convulsive seizure.

Comments and References.

In this case, there were no signs of constitutional disease in the mother, nor in any of the aborted foetuses. Nor was there any appearance of inflammatory

condition of the womb, displacement of the organ, nor laceration of its cervix. There was undoubted anaemia, persisting in spite of treatment, and apparently kept up by an irritable condition of nervous system. This seemed to act in two ways; firstly by interfering with the digestion and assimilation of food, and secondly by inducing an irritable condition of mind constantly leading to over fatigue and sleeplessness.

Cases of repeated abortion due to an acquired habit are comparatively rare. Lecohman in his "System of Midwifery 3rd Edition p 420-1 says; "There are instances, and by no means rare, in which we can only account for the repeated abortion, by supposing that the Uterus has acquired an inveterate habit. In such, it is very generally observed that the tendency to separation of the Ovum is greatest at a certain period of pregnancy. It would seem as if, in those cases, there was some perverted condition of the Uterus as regards

the irritability of its fibre, which prevented dilatation of the viscus beyond a certain point."

The tendency to abortion at a certain period was very marked, they were all thrown off at the 3rd month. It was only in the last abortion that this period was passed; and this may be ascribed to the three conditions laid down viz; the separation a thro; the constant daily resting especially at the period of former abortion; and the tonic regimen.

In the paper by "Burton Cook Hirst M.D. in the American System of Gynecology & Obstetrics" Vol i p 203 he says; "If it is possible to exclude syphilis as a cause of the recurring death of the foetus, another cause must be sought. It will be necessary to learn the Condition of the Uterus, whether there be inflammation of its lining membrane or body, or whether the whole organ is displaced or its cervix lacerated. Should the appearance of the patient suggest either anaemia or plethora the blood must be examined. The lungs should be examined for phthisis,

"and the Urine for sugar or albumen and casts. The history of the patient may point to the existence of malaria or of chronic lead or tobacco-poisoning. Physical signs may denote a cancer, or there may be unmistakable jaundice. If all these signs fail, then the diagnosis must rest upon a habit or hereditary predisposition of the mother."

Group III Cases of Specific infection

A. Affecting the Uterine contents, the mother apparently free.

1 Repeated Miscarriage

Clinical history

Mrs. T. Ætat: 40: 6 para: 19th July 1892

This woman was very stout, but healthy. She engaged me to attend her at end of June. On seeing her at midnight, she said labour had commenced about 3 O'clock in the afternoon. The pains were infrequent and weak, and the Os was found to be only slightly dilated. During next 2 hours, Os dilated to about size of a florin. The breech and presenting head had an unnatural feel, and the stethoscope was applied to the abdomen. There was no sound of the foetal heart, and she replied, on being asked, that she had felt vigorous movement during the day. She was so stout it was difficult to be certain as to the absence of the heart sounds, but it seemed to me the child was dead; and on repeated listenings there was

no positive evidence of life.
On examining per vaginam again however, my finger passed through the scalp, without any force whatever being used. When told, the child was dead, she still insisted that she had felt movement that day. In the course of another hour, the Os being dilated, she was put under Chloroform. The head being so easily perforated, it was deemed prudent not to attempt delivery without turning. In the Course of passing my hand into the uterus to get hold of a foot, she was so large, my whole arm could barely stretch far enough. Pulling on the first foot accessible, the other leg got extended & would not come. This one had to be got hold of and the leg bent before turning could be completed. The body passed the soft parts easily; the arms passing up under the chin had to be pulled down. The head was delivered with very great difficulty. Passing my left forefinger into the mouth and pulling, while with the right hand making traction by the

feet, my finger came right through the softened, putrid tissues of the floor of the mouth. Passing my finger further onward, the point was rested on the edge of the orbit and malar bone and this gave purchase enough, with the traction on the legs and body to complete delivery.

The child was putrid, the skin peeling off the body, the flesh soft and saponaceous with an odour of wet rotting wood.

The placenta was adherent all over and had to be peeled off the uterine wall.

The Uterus and Vagina were douched out with Warm Solution of Condy's fluid. She made an uninterrupted recovery the temperature only rising slightly on the two succeeding days.

The placenta was taken away and examined and was found to have undergone extensive fatty degeneration

This woman was attended in Jany: 1894, with an abortion at 3 Months. The placenta was again found fattily degenerated.

In her first labour she informed me that the child was carried to term; but was

delivered dead and putrid with great difficulty

Her second pregnancy ended similarly.

Her third and fourth children, a boy of 5 and a girl of 3 years, were seen in consultation in Feby: 1891. They were both very delicate children, and died at this time, within a few days of one another, of diphtheria.

Her fifth pregnancy, ended in the birth of a healthy looking female child, which was being nursed when the two died of diphtheria

This child was not seen again till she was about 3 years old, when she was brought for treatment of inflammation of the left eye. This proved to be an iritis with Keratitis; and soon the other eye became affected. She was under treatment, with Atropia & Red Oxide of Mercury Ointment with Grey powder, for some time, and they got better. They however relapsed again, and it was only after about 2 years treatment, that they seemed permanently Cured; leaving distinct "ground glass" appearance of both Corneæ

Comments and References.

The diagnosis of Syphilis, in this case, rests upon, the fatty degeneration of the placentæ examined in the two cases seen; and in the iritis + Keratitis of the little girl. This is strengthened, by the history of the two first pregnancies, which appear to have terminated in like manner with the one narrated. On the other hand, the mother does not appear to have suffered from specific symptoms.

In the "American System of Gynæcology + Obstetrics" "Vol i p288" "Syphilis is quoted," as being by far the most frequent cause of habitual death of the fœtus in utero. According to Ruge's estimate 83% of the premature + still births are to be explained by the existence of Syphilis in either parent" "Kirchermeister. Arch. f. Gyn. Bd. xvii p153.

Prof Leishman in his "System of Midwifery" "p417-8" associates it with fatty degeneration of portions of the maternal and fœtal structures of the placenta"

Mr. Jonathan Hutchinson in his book, "Syphilis p 375-6" quotes a case showing the association of interstitial Keratitis with inherited taint. Of five children born only one had survived, a girl, and she at 5 years old came under treatment for inflamed eyes. He says, "I found the left cornea in a characteristically ground glass condition, and in a month later the other eye had become affected also." Here the history was known, and he says further, "I believe that there are not now many sceptics as to the association between interstitial Keratitis and hereditary syphilis."

Group III Cases of Specific infection

A Affecting the Uterine contents, the mother apparently free.

1. Pemphigus Neonatorum.

M.S. Æt 38. 5 para. Decr 9th 1895.

This woman had two living and healthy boys of 11 + 9 years. Last child, a female, died at 3 years of Croup. She aborted at 3 months in Novr: 1894. On being called at 3 A.M; found Os dilated, waters drained away, with a left Ronto-anterior presentation and no rotation. Said, she had always been delivered with instruments. She was chloroformed, and the head brought from brim to outlet of pelvis. The forceps had then to be taken off and reapplied to complete delivery. Both mother and child went on well. On the 10th day, the child had developed a large inflammatory area on each side of the umbilicus, spreading into the flank on the right side, and on the left side round to the spinal column, and extending from the ribs to the pelvis. This area was occupied by large bullæ

with clear contents. Day by day, the inflammation and bullae spread upwards on the back and shoulders, downwards on the hips and thighs; the legs, arms, feet and hands were also invaded, and as they spread the skin peeled off until the entire body had almost been denuded. The face, round the mouth, and the right eye became covered with a herpetic eruption, which rapidly dried + blackened, closing up the eye entirely, + puckering up the lips and cheeks; and, to add to the miserable appearance of the child, she had snuffling breathing, and a clear catarrh from the nostrils. The only parts of the body not attacked were the ears & scalp.

The child, was plump and healthy looking when born, but in a few days became withered looking and emaciated. She was put on grey powder, and mercurial ointment rubbed into the body. Under this treatment she rapidly got better of the rash and gained flesh. By the end of January, she was quite well, the inunction being kept up for 2 months longer

At the present time, she is a fairly nourished child; but has large, overhanging frontal eminences, with a wide open anterior fontanelle, and thin parietal bones with wide sutures.

This was clearly a case of syphilitic Pemphigus; and the father, when questioned, admitted having a sore, eight years before, for which he was under treatment for a long time, and had been warned to treat himself for 2 years. He had never had sore throat or eruption; but, during an attack of influenza 2 years before, he had what appeared to be alopecia areata. These bald patches, had afterwards covered over as he got better with whitish hair, but latterly the hair on them was dark like the rest. This was thought at the time to be the result of weakness, but was probably a syphilitic symptom. This wife had never suffered from sore throat or Eruption of any Kind.

Comments and References.

Mr. Jonathan Hutchinson in his work "Syphilis p 416-7" says; "The pemphigus"

"which affects syphilitic infants as a very peculiar disease, and presents remarkable differences from most other forms of eruption. It often comes soon after birth, it may be within a few days, and at a time when the other eruptions are rarely present. It is usually confined to the hands & feet, & when severe it mostly portends death. The cause of death is obscure, for the child does not waste away gradually, but dies within a few days, usually, I think from convulsions. Diday thought that this kind of pemphigus was due rather to the Cachexia caused by syphilis than to syphilis itself. In this opinion I cannot concur, for I have seen the worst forms of pemphigus of the hands in infants who appeared at birth to be well developed. It sometimes affects several children in succession in the same family, leading to the death of all. What the precise cause of death is, and why a bullous eruption on the hands should denote such a perilous state, are questions to which, as yet we have no reply."

"In January 1882 an infant was sent to me

when nine days old, its hands feet & face being then covered with blebs. The bullæ had clear contents, & those on the face were arranged in panicles like herpes. There was not a single vesicle on the trunk"

This case is remarkable, for the universal character of the eruption, and from the fact, that the child lived through it, which it seemed at the time, and for some ten or fourteen days, very unlikely to do. Whether, it survived because of the vigorous mercurial treatment, would be difficult to say; but doubtless this deserved part of the credit

Group III Cases of Specific infection

B Affecting the mother, the child apparently free.

1. Specific infection in last month of pregnancy with a healthy child.

Clinical history

Mrs M. Aet 24. primipara. 1st Octr: 1895.
This woman engaged me to attend her in her labour, which she expected at end of Septr: She was a little, fair, rather thin & delicate looking woman. She kept well all summer, but sent for me on 14th Augt., complaining of a small ulcer on the left side of the perineum just behind the vagina. It appeared simple, and she was advised to bathe it & dust it with Zinc powder. Doing this for a few days & not healing, she sent for me again. It was now hard round the edges and raised; & the inguinal glands were found indurated. Suspecting a chancre, the husband was questioned. He said, he had a primary sore in Septr. 1893, & was at once put on mercury, seeing no secondary signs. He went on taking mercury regularly up till

his marriage at end of 1894. His wife was told; & they both took Mercury, but not regularly. When asked, he said he had a slight eruption on the prepuce in July 1895. This must have been the source of her infection.

She developed a roseolous eruption on the 5th Septr., & this spread & deepened, covering the back & shoulders by the 21st. She was taking small doses of Grey powder in pill. As it was so near her confinement, it was thought prudent to get her as soon under the complete influence of Mercury as possible. She was therefore given 2 grain pill of grey powder three times daily, & Mercurial Ointment rubbed into the body daily. On the 29th, she took violent purging & vomiting, the eruption had disappeared, & the Mercury was entirely suspended

The purging & vomiting continued; & labour came on on the 31st. She was so weak that the labour progressed very slowly, & she was so nervous that she could not bear pain. When the Os was dilated she was chloroformed and delivered. Her pelvis was narrow.

and the perineal tissues soft + friable;
and there was rupture back to the Sphincter.
This was sutured, + the Uterus + Vagina
douched out with Lysol + Warm water.
Afterwards there was great pain in the
bowel, tenesmus + suppression of Urine.
For about a week the Urine was taken off
by Catheter, + Morphia Suppositories used for
the bowel. Her temperature rose to 102°6 F.
one day, but with Uterine douching with
Solution of Perchloride Mercury twice daily,
it was at the 10th day 99°4 F. At the end
of 3 weeks she was able to be up.
The child, a male, was large + healthy +
did not shew the slightest sign of inherited
disease.

Comments and References.

The mother in this case, was undoubtedly,
free of Specific infection until the 8th month
of her pregnancy. She then was infected,
+ had primary sore from an outbreak of
secondary eruption in her husband.
Following the primary sore she had roseolaceo
eruption + indurated glands.
Fournier in his work "Syphilis + Marriage"

'Translation by Sergard p 35' says, "in practice we meets with many men who, having contracted Syphilis before marriage, have had healthy children perfectly free from disease, their wives remaining uncontaminated" She gives two remarkable examples of this at p 141 "One of my clients, for instance, married in spite of my advice, & scarcely cured of a most menacing phagedenic sore throat. Another, who did not consult me about it, had hardly got over the numerous symptoms of a malignant syphilis when he married; & yet this imprudent pair, contrary to all rational prevision, have had healthy children, & have not infected their wives"

In this case the child, has remained up till the present, entirely free of specific symptoms. Apparently however, late infection in pregnancy is not protective to the offspring, though it might reasonably be expected to have a less baneful effect than sperm or germ infection. In a case narrated by Fournier p ~~165~~ 232 Case IX Note III of his appendix the child died. "21 years old, Infected in last months of first pregnancy, child syphilitic, died in a few days."

Group. IV Cases of Obstructed Labour.

A From faulty presentation of child

i & ij Transverse presentation

Clinical history

Mrs. B. Æt 38. 2 para. 21st Febry. 1892.

This woman had been delivered of a child before in which the breech presented She had been confined to bed a great deal during the last month with painful swelling of the left leg, with latterly slight albuminuria. When seen, the Os was dilated and the waters drained away. The child was found to present by the right shoulder, with the back towards, the head towards the mother's left. She was chloroformed, & with great difficulty the legs were pulled down, the dorsum of the child being kept towards. with the left forefinger in the mouth and by pulling on the body the head was brought down. The child was in a condition of suspended animation, & was brought round after about an hour's artificial respiration

On August 19th 1894 this woman was again confined. She had been seen repeatedly during the preceding month, with hard, brawny swelling of the left thigh and leg, there being great pain along the line of the femoral vein. There was also slight albuminuria. Labour had begun on the night of the 17th. There were very few pains, and she hung till 2 o'clock on the 19th, when the waters broke and drained away. The presentation was exactly as before. right shoulder, dorso-anterior, head in left ilium. She was chloroformed, the feet pulled down, the body rotated slightly and the head brought away by the index finger in the mouth. As before the child was difficult to bring round, but came all right

Comments and References.

According to the elaborate statistics of Dr Churchill, quoted by Prof. Leishman, in his "System of Midwifery p 383" "the superior extremeties enter the pelvis in advance of

"the rest of the foetus once in 230 cases"
In the "American System of Gynecology and Obstetrics Vol 1 p 755" the authority of Pinard is quoted "for about 1 in 125 labours;" and of Klein waechter "for 6 or 7 times in 1000 labours." My own experience more nearly coincides with that quoted by Prof: Leishman. He continues on p 383 of his book "the unfortunate tendency to a recurrence of this presentation in women who have already had a child or children presenting by the superior extremity, would almost seem to indicate that some anatomical peculiority of the parts may be the cause; and it was this which led Wigand to suppose that the form of the Uterine Cavity was the determining cause, & that in these cases in which cross-birth occurred, the transverse diameter of the Uterus was in the first instance augmented, the long diameter of the Cavity being thus relatively diminished." The diagnosis in this case was quite clear. In the first attendance, the waters had drained away and the arm & shoulder were palpable. In the second attendance

the peculiarity of shape, evident when examining the left thigh, together with the knowledge of her former labour made me examine her more closely. Then the elongation of the belly transversely and the hard, resistant, Spheroidal tumour in the left iliac fossa, were easily indicative of the child's position.

The association, with both pregnancies, of hard, brawny swelling of the left leg was remarkable. It was worse in the second attendance, & was more particularly observed. The line of the femoral vein was painful to the touch, the swelling did not "pit" on pressure, and the whole appearance resembled that of "white leg".
This seemed to indicate that the position of the head had entailed pressure on the pelvic veins, thus hindering the return of blood from the leg, & leading to inflammation of the vein with exudation, and probably some thrombosis as in Phlegmasia
Probably also, the albuminuria was the result of venous congestion of the kidney from pressure

Group IV. Cases of Obstructed Labour.

B From abnormality in the child.

1, Flexion of thighs upon abdomen, and extension of legs with feet upon chest.

Clinical history

Mrs W. Æt 33: 3 para: March 19th 1891.

In her first pregnancy she aborted at the 3rd month; in her second she miscarried at 7th month. Her husband was a confirmed epileptic taking fits every day or so, & constantly taking large doses of Bromide of Potash to avert them.

She complained in the last 6 weeks of her pregnancy of the escape of a great quantity of fluid per vaginam. This appeared to be a hydrorrhœa or "false waters", and ceased on lying down. There was no history of suppression of Urine

Labour began at midnight, and she was seen at 4 A.M. The presentation was left occipito-anterior; the Os dilated very slowly, the pains infrequent & weak.

At 6 O' clock the membranes were ruptured, & pains became stronger & more frequent.

At 7 O' clock the progress made not being proportionate to the pains, she was examined to find if there was any impediment, but nothing could be made out.
At 8 O' clock she was put under chloroform, forceps applied, & delivery effected with very great difficulty. During the passage of the legs, a foot drove right down through the perinaeum tearing it to the sphincter. This was immediately sutured with Catgut. The child was a large female, and took fully half an hour to bring out of the condition of suspended animation in which she was born.
The grandmother attracted my attention to the legs. They were in a position of extreme flexion at the hips, & extreme extension at the knees, ~~& flexion of ankles~~, the backs of the feet being on the breasts of the child. On repeatedly pulling the thighs downwards, & attempting to flex the knees and extend the ankles, the legs sprang back into their acquired position. They could not be made to stay in a natural relation. The child appeared to be healthy, & well

but on calling the following morning, the mother told me it had died in a convulsion six hours after birth; and on asking to see the body, they said it had been buried. She also said that the condition of the legs had remained after death.

Comments and References

In the "American System of Gynaecology & Obstetrics" Vol i p279 it says; "an apparent ankylosis after birth occasionally appears, when in breech presentations, the presenting part has remained a long time in the cavity of the pelvis. In these children the lower limbs remain in the position, - of flexion of thighs upon abdomen and extension of legs upon thighs, - that they occupied in utero, but it is impossible for awhile to restore them to a proper position."
And in a footnote to same page; "The fixation of the limbs or trunk in abnormal positions by muscular contraction may occur in utero during pregnancy, as in that interesting case of 'Contracture' in utero of Rubemont-Dessaigne." This paper is also referred to

by Dr J W Ballantyne in his paper on "Rigor Mortis in the foetus" in "Teratologia" "April 1895" as being different from his cases of rigor mortis, in that, "the child was born alive with the extremities rigid" (This paper is not in the Library of the Edenb: Coll: Physicians, and it is now too late to apply Elsewhere for it.)

In the "Transactions of London Obstetrical Society. Vol: XXVI: 1884: p 206 et seq:" Dr J Matthews Duncan has a paper "On Extensions & Retroflexions of the foetus, especially of the trunk, during pregnancy." In this paper he says, "In the natural or normal attitude the trunk, head, limbs, & parts of limbs, are at all times moderately flexed. When there is persistent extension or retroflexion the condition is a morbid one. It is probable, and consistent with all we at present know, that the cause of such extensions is, in almost every case, purely mechanical. Some minor extensions, however, may be the result of malformations not traceable

"to mechanical conditions. We refer especially to cases of talipes, though, even here, high authorities have maintained the mechanical theory." He quotes Duvernoi as saying in his "Anatomie Pathologique i. p 7."
"that club foot is solely due to mechanical causes, to a defective position, to a compression which prevents the deformed limb from developing in its natural direction."
The paper goes on to say however that "most recent writers on the subject, are strongly opposed to the mechanical theory," + quotes from "W. Little Holmes's System of Surgery Vol ij" p 232 2nd Edition"; + W. Adams. in "Club foot + Contraction of fingers p 177"
Continuing from Dr. J.M. Duncan's paper p 208 "Extension of the leg upon the thigh might no doubt occur in any lie of the child, that is whatever part is presenting, but we only know it as occurring in breech presentations. We have a valuable memoir by Lefour on this kind of pelvic presentation which he designates "Présentation du siège décomplétée, mode des fesses."
"The extension may persist during pregnancy"

in which case, when the pelvic extremity of the foetus enters the brim of the pelvis at the commencement of labour, the examining finger will feel the tuberosities ischiorum in the usual way, but the feet of the child will be quite out of reach instead of occupying the space between the thighs."

"There is a diagram given, after Lefour, (Fig 2 p 209) of Extension of legs upon thighs"; and there is an Engraving after Cruveilhier of "Extension of legs upon thighs associated with club hands + club feet" fig 1 p 207.

"Mr. Shattock has described, (Pathological Trans: xxxiii p 240) a mature male foetus, in which the thighs did not admit of extension, but the knee joints admitted of abnormal over-extension, but not of proper flexion. Dissection showed that the restricted movement was due to abnormal shortness of certain ligaments, while others were unusually relaxed where over extension was possible"

In this paper also, there is a diagram of a case of "Extension of arms p 210." quoted from Dr. Melne Murray "Edenb: Med: Journal apl, 82"

"The arms are extended parallel to each other,

& close together upon the back of the child.
There is also quoted p 212. "an interesting
case," of Dr. Halliday Croom's - from "Edenb: Med
Journal Vol XXV p 709"; "of primitive face
presentation, due to tonic contraction of
the muscles at the back of the neck".
At p 215 there is given a diagram after
Ahlfeld of a case of "Extension of the head,
arms, & trunk, due to distension of the bladder"
Of this case he says;- "A case which I observed
this summer showed me the possibility
that the replete bladder by pressure on the
back of the foetus may produce an attitude
of the child which under favourable circumstances
may become a complete forehead presentation".
There had been no emptying of bladder or
rectum for four days. He delivered by forceps
the head being in the outlet of the pelvis.
The arms were extended, being on the back
of the child. He adds "the production of
this abnormal condition, seems explained
as follows:- The primary cause was closure
of the bladder This may have been produced
by pressure of the foetus itself"..... "After
emptying the bladder the foetus maintained

"the abnormal attitude. The space in the curvature of the back made empty by removal of the urine was again filled up, & this could of course only be done by movable parts of the uterine contents, as air liquor amnii, meconium, & the arms. During and after the passage of the child through the pelvic outlet, it continued to maintain its abnormal attitude."

Other extensions are quoted as due to Goitre, & Anencephaly causing Extension of the head, or of head & arms; of tumor of the Cord producing extension of the trunk, legs & arms; and of amniotic bands causing mixed conditions of flexion & Extension of limbs and trunk

In this case, the presentation was that of the head, & therefore it cannot be disposed of as produced by pressure of pelvis during pregnancy or labour.

My first thought was of the possibility of convulsive seizure, the child's father being a chronic epileptic, & the child itself having died in a convulsion.

It is possible, that in the extension of the legs produced by a convulsion, the feet, coming into contact with the uterine wall, may have been by it prevented from flexing again. As the foetus grew, the position of the legs became more & more fixed, more complete extension of the legs and flexion of ankles taking place, and greater, & greater flexion of the thighs, as their size increased. The arms, being smaller, had therefore had room to bend & relax again, from the condition of tonic spasm.

The other cause possible, is associated with the hydrorrhoea which happened during the last month of pregnancy; & which would classify it with Ahlfeld's case of replete bladder. Here we suppose, that a supplementary sac of waters had formed in the upper & right wall of the uterus, which as it grew & enlarged, pressed upon the contiguous parts of the foetus, the flexed thighs & legs, & pressed them into a position of extreme

extension of the legs, ~~flexion of thighs~~ on abdomen. When rupture emptying of this sac of waters took place, the acquired position had become so fixed that it was impossible to relate the parts naturally again.

It is not improbable that the condition was the result of all three causes; that, first of all, there had been a convulsion with impaction of the legs against the uterine wall, ~~causing fixing~~ the malposition, and then the accumulation of waters had further confirmed the unnatural posture. In Dr Halliday Croom's case, "the head retained the position of extension in a diminishing degree for over a month." It seems also, in Dr Milne Murray's case, the extension of the arms was only temporary. It is probable, that had this child lived, the condition would have gradually disappeared also.

Group V. Cases of Sepsis

1. From Scarlet Fever.

Clinical history.

Mrs W. Æt: 26: Primipara: 1st June 1892.
Called at 1 A.M. Found, head right ponto-anterior, waters drained away, no pains, + Os only begun to dilate. The pelvis was small, contracted in the Conjugate diameter, and the Coccygeal elements completely ossified. The patient was very quiet, and apparently very anxious + depressed. The dilatation of the Os + Cervix proceeded very slowly; but at 5 O'clock she was Chloroformed and long forceps applied. Delivery was effected with very great difficulty, the head being much Compressed, and the perineum ruptured.

The child lived, + appeared to go on well the first day, except that it gave a low querulous cry occasionally. On the second day, it refused the milk; + from that to the 4th day on which it died, the face became pinched + shrunken. Apparently there had been some cerebral hoemorrhage

from the compression of the forceps.

The mother did well till the 5th day, when she developed symptoms of Scarlet fever, apparently brought to the house by a desquamating milk-girl. She at once became absolutely prostrate, with no desire to live, or strength to fight against the possibility of death. Abdominal tenderness & pain were very marked; the secretion of milk ceased, & the lochial discharge became very offensive in odour, & sanious in Colour. There was an undoubted, but very evanescent rash, but no throat symptoms; a very peculiar odour from the body, but no albuminuria. The temperatures from the 5th to 10th day registered from 102°F in the morning to 104°F in the evening. On the night of the 10th day after her labour, she died in a hyperpyrexia of 108½°F

The treatment carried out, was morning & evening douching by myself, with twice between these by the attendant nurse with solution of Condy's fluid; hot

poultices over abdomen, + morphia suppositories per rectum. She was given 5 grains of Quinine every 3 hours, a dessertspoonful of brandy every hour, and she took beef tea + chicken broth in good quantity. But treatment seemed to have no effect whatever, she seemed to sink apathetically from the outset.

In much the same conditions, but with a less painful labour, a similar case, treated in the same way, came through. Here, however, there was a skilled nurse provided; + a more perfect and vigorous antiseptic treatment carried out.

Comments + References.

Scarlet fever in the puerperal condition is not common, and is always peculiar. Not uncommonly it is associated with other puerperal infections, and the symptoms become those of a general septic condition. According to Boxall, "in rare instances, the disease may assume a masked form, in which the ordinary signs of Scarlatina are absent, or so.

"slight and evanescent as to escape observation, and that in some such cases, the only manifestation of the illness, may be found in signs usually referred to septic poisoning"

In this case, there was no difficulty as to diagnosis, the source of infection was evident and the rash, though evanescent, unmistakable There was no doubt either as to the development of pelvic inflammation from the scarlatinous infection

Olshausen gives the time of incubation at 24 to 48 hours, + ascribes this short period to the entrance of the virus by the wounds and abrasions consequent on parturition He also says that, "four fifths of all puer-perae attacked, will manifest the symptoms at some time in the first three days of labour."

The prognosis in the puerperium is much graver, than in the usual conditions of attack. The death rate given by Olshausen is 48%; in cases infected immediately after labour 75% Braxton Hicks gives 27 deaths in 37 Cases.

Group V Cases of Sepsis

11. Auto-intoxication

Clinical history

Mrs H. Æt 24: 3 para: 9 1th November 1895.

This woman expected to be confined on 27th Oct.; on going to her she looked as if in labour. She was complaining of pain round the hips and down the thighs. The Os was soft & patulous, admitting my finger easily, but after waiting some time there was no dilatation. The bowel was loaded and it was emptied by Enema. There were still no pains, and after two hours waiting she was left.

There was no word from her for 13 days, when on going at 6 O'clock in the evening she appeared to be in labour, though the pains were short and ineffective. She was very large, & complained still of pain round the hips & down the thighs. The membranes were ruptured at 8 O'clock, and she was given some Ergot in hot tea. This had very little effect on the pains; and at 9 O'clock she was.

chloroformed and ascis traction forceps applied. The head was born rotated to allow the shoulders to pass; but they were so broad & the back & neck so fat that delivery was completed with some difficulty. The child, a male, was found to weigh 12½ lbs. The placenta came away, & the uterus was douched with 1-3000 Corrosive Sublimate solution.
She went on well till about the 9th day when she complained of chilliness and her temperature rose to 99°4 F.
Next day it was 100°4 F., & the uterus was douched out again, nothing bad smelling coming away. She had no pain.
On the morning of the 13th day, they sent saying, in the early morning, she had a severe rigor, her teeth chattering & the bed shaking; and her mother gave her a dose of Castor Oil & packed her with hot bottles. On my seeing her, she was sweating profusely and her temperature was 103°4 F. She was given a 5 grain dose of Quinine, & this was repeated every 6 hours; & the uterus was douched out with perchloride solution.

Her evening temperature was 102° F.
On the 14th day, her temperature stood morning & evening at 103°4 F; & she had the Quinine regularly, & was douched out.
On the morning of the 15th day the temperature was 104° F, & there was difficulty of urination & pain, with tenderness over lower abdomen.
She was given 15 grains of Antipyrine with the Quinine and at 4 in the afternoon the temperature was 105° F.
Her mother had given her a tablespoonful of Epsom Salts, without my knowing, but the bowels had all along been Constipated
After the bowel moved at 8 O'clock her temperature was 104°4 F, & next morning the bowels having moved three times during the night, her temperature was 103°4 F
In the evening it was 103°6 F. She was given 15 grains Antipyrine, and at bedtime 2 grains of Opium. She slept some and the morning temperature was 101°6 F.
It rose again in the evening to 104° F, & she was given again 2 grains of Opium. Next morning her temperature was 101° F, and in the evening 100°6 F, and all medicine

& douching were discontinued. The next morning's temperature was 99°F, & it continued so for two days, being normal on 1st Dec.

Comments & References.

This case appeared anomalous at the time. Though she had repeated rigors, and continued high temperature, reaching an alarming height on the 15th day, she never appeared ill in the depressed way that septic infection usually produces. From her appearance one would have taken her to be quite well. Then she was douched regularly, & the discharges had almost ceased by the time she had the first rigor. So that it did not appear to be from absorption from the parturient canal.

It is probably, to the constipated condition of the bowel, & the consequent absorption from thence of decomposition products, that the rigors & high temperature were due. At any rate, the temperature rapidly fell to normal, after the purgation induced by the Sulphate of Magnesia administered on the night of the 15th day.

Schroeder says apropos of constipation as a cause of fever in the puerperium;- "among the causes, aside from infection and local inflammations, which with special frequency produce fever in the puerperal state, over-distention of the intestine with fecal masses should be given a foremost place" Lehrbuch 8te Aufl. S. 803
On the other hand, too violent movement of the bowel, is sometimes followed by rigor and fever. This is probably due to the depletion causing absorption of decomposition products from the genital tract, thus poisoning the system.

Group V Cases of Sepsis.

III Phlegmasia alba dolens.

Clinical History

Mrs. F. Æt 32: 2 para. Delivered by forceps after a protracted labour 21st Augt: 1895. Perineum was ruptured and three sutures put in. She was douched with Corrosive Sublimate solution (1-3000) & the perineum healed all right

She appeared well nourished & healthy, but soft looking. She had nursed her first child in Scarlet fever of a malignant kind in Winter 1893-4; & his death in Spring 1894 had caused great & prolonged grief.

After the birth, she went on well till the evening of the 8th day when she had a very violent rigor. On my arrival her temperature was 103·4 F.; & there was great pain in the left thigh with much swelling and a knotty feeling along the femoral vein. Turpentine stupes were ordered to the leg & thigh; & she was given a mixture of Carbonate & liquor acetate of Ammonia with Laudanum, while the

Uterus was douched out. The fever lessened, but the pain & swelling increased, and the turpentine stupes were abandoned for hot poultices with the leg raised on pillows These, continued, gave her relief, and in ten days the swelling began to soften and diminish. It was now enveloped in Cotton wool, & bandaged tightly from heel to hip. On the 22nd day the right thigh and leg became swollen, tense & painful, with the line of the lymphatics distinctly red along the white thigh. Hot poultices were applied as with the other, & the leg elevated on pillows. After about 8 days it also began to soften lessen, & cotton wool was applied to the limb and firm bandaging, as on the other. The cotton wool & bandages were taken off, & reapplied daily up till the end of November, when she was able to get up & move about a little; but it was the end of December before she was going about freely.

Comments & References.

This patient was well douched out after

her labour, and her temperature had been normal for days, when just about to give up seeing her, she took the rigor. No doubt the mental depression following the death of her child, had led to a lowered vascular condition, & consequent receptivity on her part to infective processes

It is usual for this condition to manifest itself in the second week; but it is not uncommon for it to pass to the other leg when getting better in the first.

In the "American System of Gynaecology & Obstetrics" Vol ij p 377. on treatment of puerperal infection, it is recommended, "to paint the swollen veins when they can be felt with Tr. Iodi, padding with Cotton wool, bandaging loosely, raising on pillows, while being kept immobile." In protracted Cases it is recommended, "to apply blue Ointment after the Iodine, with great care in smearing the ointment on, and not rubbing to avoid tearing the thrombus" This treatment seems rational, but in most cases it will be necessary to relieve the intense pain

Group VI General Cases.

1. Medico-legal case in which the mother was tried for child-murder. With special reference to the external appearances and cause of death.

Clinical history.

Ann M. Oct 24: Primipara; a domestic servant at an hotel was delivered secretly on the 18th November 1894 of a male child. She was known by her mistress to have been pregnant; but denied that she had given birth to a child. When seen, she was standing on the floor of her bedroom in her chemise, which was marked with blood stains round its lower third, pale and faint looking. She was told to get into bed. On examination, the perineum was found lacerated, and an after-birth, with part of a ruptured umbilical cord attached, taken away. On being asked, she said the child had been passed in the water closet, where she had gone with pain in her bowels. The child was not

found there, though there were blood stains on the floor from the bedroom to the closet. The child was not found for some time afterwards, when, directed by a cry, the cellar below the Kitchen was searched It was lying on the stone floor of the cellar, below a washing machine, where she said she had thrown it. On being brought to the Kitchen upstairs, & examined, it appeared to be a full time child, with about 9 inches of cord attached, & ruptured at the distal end. The child was covered with dirt, & was bleeding from nose & mouth. Artificial respiration was set up, and this increased the flow of blood. It soon ceased freely however, the bleeding lessened, and he was washed & dressed. He was found to weigh 6½ lbs, measured 21 inches, testicles descended, & well developed nails.

The circumstances were so suspicious, that, though the child appeared likely to live, the police were informed. About an hour after leaving, the policeman came for me again. The child had again

bled freely from nose & mouth, was very pale, & breathing in gasps at long intervals It was given a few drops of Whiskey & water, & artificial respiration again applied. Though he revived slightly, the blood continued coming with each respiration, and the chest was found to be full of moist râles. He ceased breathing in about a quarter of an hour. The mother was charged with child murder; & the policeman took away the body of the child.

Extract from report of post mortem examination made on 20th November 1894 by Dr C. E Douglas, Culpar, and myself.

"There was some swelling of the upper & left side of the scalp. Blood was issuing from the nose & mouth, both cavities being full of it. On the front of the neck there were three scratches, one 3/4 inch to the right of the middle line and 1 inch above the collar bone; the others being respectively 1/2 inch above & below the first, and 1/4 inch nearer the middle line. These had bled slightly and the surrounding skin was

"stained with blood"

Head "On reflecting the scalp a contusion was found on the left parietal eminence measuring 1½ × 1¼ inches. From the centre of this contusion, extending upwards to the edge of the bone, there was a fracture measuring 1⅜ inches. On the adjacent Occipital bone, there was also a fracture passing from the contiguous edge of the parietal bone downwards & backwards ½ inch. The brain was found healthy but remarkably bloodless."

Chest "On reflecting the skin, the soft tissues in front of the neck were found to be full of extravasated blood. This extravasation extended, on the right side, from the chin to the collar bone, and as far back as a line drawn from the tip of the ear, to the point of the shoulder; and on the left side it extended 1½ inch to the left of the middle line"

"On removing the breast bone this extravasation was found to extend into the space between the lungs for 1½ inches downwards and 2 inches to the right. It infiltrated all the tissues"

"in the neck, back to the spinal column."

"The heart, lungs, and stomach, with other organs, were found healthy, but very bloodless"

The opinion based on these appearances was; "That the child was born alive at or about the full term, and in a healthy condition"
"That it sustained fractures of the skull such as might have been caused by a fall"
"That death resulted from haemorrhage from the mucous membranes of the nose and mouth."
"That this haemorrhage was due to the great extravasation of blood in the neck, which in turn was caused by forcible compression of the neck."
"That the neck was compressed by manual pressure, the nails of the compressing hand causing the excoriations described."

The theory of the sequence of events arrived at was;- That the child had been born in the closet. That after the birth, the cord being torn, she had taken up the child,

grasping it forcibly by the neck, had carried it downstairs to the cellar, & had laid it on a piece of sacking on the top of the washing machine, below which it was found. This piece of sacking was found on the washing machine, marked with greasy substance such as is found on newly born children. That, she then came upstairs to the closet and thence to the bedroom. The child, beginning to move, had fallen off the washing machine on to the stone floor, & had sustained the fractures which temporarily stunned it. Coming round again, it had begun to cry when it was heard from upstairs. During this time the blood was accumulating in the tissues of the neck from the ruptured small bloodvessels.

That the pressure of this extravasated blood backwards, had caused bleeding from the nearest free surfaces, the mucous membranes of the windpipe and gullet, and thence by the nose & mouth; more especially when breathing was established

She was tried at Crupar in Jany: 1895 but was acquitted. A medical defence was set up, of fracture of the base of the skull and bleeding into the neck tissues from this. This was rebutted in cross examination. The acquittals was based on the previous good character of the girl, & the fact that she had already been 6 weeks in prison.

Comments and References.

The remarkable facts in this case are;-

1. The length of time this child had lain exposed and naked on the stone floor of a cold cellar at the end of November. Taylor in his "Manual of Medical Jurisprudence p 609. says; "A new born child may be easily destroyed by simply exposing it uncovered, or but slightly covered, to a cold atmosphere" He however makes no specific statement as to time.

In this case, the child must have been born about half past three o'clock, for it was after four when the mother was

first seen. It could not have been found before half past four. It had therefore lain a full hour thus exposed.

2. The survival after fracture of the skull in two places in addition to the exposure, while all the time bleeding must have been going on into the neck & chest. After being found at half past four, & being washed & dressed it lived till 7 O' clock, thus making full 3 1/2 hours of life.

3. The cause of death. Internal bleeding by Extravasation, the result of Compression of the tissues of the neck.
Taylor does not mention any cause of death associated with Compression of the neck, but suffocation or Strangulation. In this case, the windpipe and gullet were both quite patent, & the large vessels of the neck apparently uninjured, the bleeding having taken place through their walls, & perhaps also from rupture of the smaller vessels.

4. The insignificance of the external marks on the body. These were seen & noted during life, but were only suspicious from their situation and in the attendant circumstances, and gave no indication of the cause of death. A natural cause of death might easily have been assumed, if the child had not been seen until after being brought up from the cellar and washed, in an attempt to conceal the real cause.