

CASES ILLUSTRATIVE OF IMPORTANT POINTS IN MIDWIFERY.

By J. M. WINN, M.D., L.R.C.P.,

PHYSICIAN-ACCOCHEUR TO THE WEST LONDON DISPENSARY, ETC.

Puerperal Coma.—A middle-aged, stout multipara was seized suddenly after her last confinement, with loss of consciousness; the labour was natural and had not been preceded nor followed by convulsions. The friends, imagining the case to be one of apoplexy, were much alarmed, and sent for me in great haste. I found her in a condition closely resembling that induced by pressure on the brain. She was in a perfectly unconscious state, from which no impression made on the senses could rouse her. As the breathing, however, was not stertorous, the heart not much depressed, and the countenance tranquil, I was induced to refer the affection to a class of phenomena which I have termed puerperal coma, to prevent its being confounded with puerperal apoplexy, a disease of infinitely graver importance, and for which a totally different treatment is required. In the above instance, I was glad to have it in my power to assure the relatives of my patient that the complaint would in all probability terminate safely. The only remedies employed were a mercurial aperient, an ammonia draught every four hours, and the frequent administration of small quantities of fluid nourishment. The result justified my diagnosis: on the following day the comatose state had passed away, and the patient was free from any alarming symptoms.

This affection, in most cases, appears to owe its origin to one or more of the following causes: nervous shock, a loaded portal system, uterine hæmorrhage, and the too-frequent administration of cordials and narcotics. A variety of this disorder frequently ensues after convulsions, and which I shall illustrate by a case I saw in consultation with Mr. Charles King, of the City-road.

The patient, a short-necked but not robust young woman, aged twenty-three, was attacked, nine hours after the commencement of her first labour, with violent convulsions, which recurred with little intermission during a period of about five hours. As the os uteri was dilated to the size of a crown-piece, it was determined to deliver her as speedily as possible, and, at the same time, by those means which are least likely to irritate the lining membrane of the uterus. After abstracting a small quantity of blood, which had not the slightest effect in allaying the convulsions, we delivered her by craniotomy,

After the extraction of the child the convulsions gradually subsided, but a state of profound coma supervened, which continued during a space of two days and a half. For this symptom the mildest remedies alone were had recourse to, such as were employed in the case to which I have previously alluded. I subsequently heard from Mr. King that his patient perfectly recovered.

I cannot help expressing a strong belief that if many of the cases of this description were treated less heroically and by a calmer mode of procedure, the results would be more successful.

Utility of chloroform in turning.—Several months since, I was requested to consult with Mr. — on one of the most aggravated cases of shoulder presentation I ever witnessed. During ineffective efforts to turn, he had brought both arms into the vagina, and the uterus had contracted so violently upon the child that I found it utterly impossible to introduce my hand. Had I persisted in my attempts to do so by manual force alone, I felt confident that the womb would have been ruptured. The patient was a middle-aged woman who had borne many children, and had been subject to epilepsy in her childhood. Although she was much exhausted when I was called in to see her, and various remedies had been used to overcome the spasmodic action of the uterus, this organ maintained its preternatural and vice-like contractility without a moment's intermission. Under these circumstances, I resolved to place her fully under the influence of chloroform, and it was not until she was completely overpowered by the anæsthetic effect of this agent that the spasmodic action of the womb subsided. As soon as the relaxation was complete, I introduced my hand, and easily turned the child.

In administering chloroform it must not be forgotten that its effects are often cumulative, and that some individuals are peculiarly susceptible to its influence. In the above case, the patient was a considerable period before she recovered from its effects, and, at one time, I entertained fears for her recovery. Although I highly deprecate its indiscriminate use in natural labours, I consider it of great service in the management of many cases. In employing chloroform it must not be forgotten that it paralyses the excito-motor nerves of the uterus, as well as those which supply the abdominal muscles with voluntary power. Its use is, therefore, clearly contra-indicated in cases where expulsive power is required. To lull hysterical excitement, to allay *morbid* pain, (by which, I mean, *excessive* pain as it occurs in morbidly sensitive females,) to suspend convulsions, to relax the passages, and to blunt pain during severe operations, are the principal indications for its use.

Placenta prævia.—Mrs. A——, aged thirty-four, the wife of a Polish Jew, was seized with flooding a fortnight before the full period of her fourth pregnancy. A midwife was summoned, who, after vainly attempting to stop the hæmorrhage, apprised the friends of her patient's danger, and I was called in. On my arrival, a distressing spectacle presented itself. The poor woman lay in a state of collapse, deluged with blood, and surrounded by clothes saturated with iced water. I immediately administered a large dose of brandy, and proceeded to make an examination. I found the os uteri fully dilated, and the placenta, which was extensively detached, presenting at the mouth of the womb. Having introduced my hand into the uterus, I seized the child by the feet, and extracted it without a moment's delay. To my great astonishment, the child was alive, although slightly asphyxiated; and after the usual remedies had been employed, the functions of its lungs were completely established. After the delivery, the uterus contracted, and the hæmorrhage ceased. Both mother and infant eventually did well.

This case forcibly illustrates the advantages which are to be gained by prompt treatment in placenta prævia, not only as regards the safety of the mother, but also that of the child. It is too much the practice to consider, in a dangerous or protracted labour, that the child must have ceased to exist either from the effect of pressure or other causes. This conclusion is often erroneous, and the undue reliance which has been placed on stethoscopic signs, has, I fear, in some instances, led to the hasty destruction of the fœtus, in order to save the mother a few hours' pain. When the sounds of the fœtal heart can be heard, they necessarily afford an infallible sign of the child's vitality. They are, however, sometimes inaudible. Several instances have lately come under my notice, during protracted cases of parturition, in which they could not be heard, although the labours terminated in each instance with the birth of a living child.

Gloucester-place, Portman-square, Dec. 1857.