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Publication/Creation

[Edinburgh] : [Printed by Oliver and Boyd], [1871]

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C A S E S
OF
PHLEBITIS AND FACE PRESENTATION ;
WITH REMARKS ON THE
EDINBURGH ROYAL MATERNITY HOSPITAL.

BY CHARLES BELL, M.D. ;

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(Reprinted from the Edinburgh Medical Journal for August 1871.)

So much has been said and written against lying-in hospitals recently, that I should have hesitated to bring again any cases treated in them under your notice, had I not been satisfied that the prejudices against such institutions were not well founded, and that the high rate of mortality in some of them was not owing to their inherent nature, but to their being overcrowded and ill managed. I repeatedly expressed this opinion to the late Sir James Simpson, who admitted that it was correct. After his remarkable philippic against maternities, in which he stated that their ordinary mortality amounted to 1 in 29, I asked him if he was aware of the statistics of his own hospital? He replied that he was not; and when I told him what they were, he expressed his surprise; and, at a subsequent public meeting, he corrected his former statement by giving the correct account of that institution at that time.

Being desirous of proving the correctness of my views, I took a deep interest in the Royal Maternity, to which I had been appointed one of the Ordinary Physicians, and I resolved to avail myself of the opportunity it afforded of carrying them into effect as far as possible, and it fortunately so happened that I had almost the sole attendance of the Hospital for nearly ten months consecutively, which gave me great advantage. But although I had the concurrence of Sir James Simpson, I found it no easy task to effect its improvement; as I met with strong opposition from some of those who had the management, or rather mismanagement, of the institution.

It would be difficult to imagine any public institution more disgusting and thoroughly mismanaged than the Royal Maternity was when I joined it. The wards were filthy in the extreme. The

beds were not fit for human beings to occupy; the food of the patients was so bad and ill cooked that they frequently could not eat it. It was not remarkable, therefore, that the mortality should have been comparatively high, although it did not amount to what Sir James Simpson represented was the case in similar institutions.

Fortunately for the sake of Edinburgh and humanity, an active and judicious house committee was appointed, and soon established some admirable regulations, which were fully carried into effect by our excellent matron, Mrs Hay, who had had great experience in the management of such institutions, and, in consequence, a complete reformation was brought about in the appearance and comfort of the hospital, which was soon illustrated by the improved condition of the patients, and the remarkable diminution in the mortality, both among the mothers and the children. The maternal deaths diminished from 1 in 66 to 1 in 223; while the deaths among the children fell from 1 in 5.74 to 1 in 24. These beneficial results were, in a great measure, to be accounted for by the marked attention paid to the personal cleanliness of the patients, who were bathed with a solution of Condy's fluid twice a day after their confinement; and to their number being limited according to the size of the wards, which were regularly purified and well ventilated; and to the mothers being induced to suckle their children so long as they remained in the hospital.

These statistics form a favourable contrast, not only to what is reported of other maternities, but to the general results of private practice, which, if I mistake not, are stated by Dr Matthews Duncan to be 1 in 108. I am therefore justified in repeating the assertion, that the high rate of mortality in lying-in hospitals is not dependent on their inherent nature, but on their mismanagement. This fact appears to be strengthened by the consideration of the following table of the cases treated in the Maternity from the commencement of the regulations I have referred to until the end of December last, being a period of nearly fifteen months:—

Number of patients,	. 223	Forceps cases,	. . 8
Primiparæ,	. . . 171	Turning „	. . 2
Multiparæ,	. . . 42	Cephalotripsy,	. . 1
Number of operations,	. 11	Deaths,	. . 1 ¹

With these preliminary observations, I shall now relate a few cases which came under my observation many years ago; and as they give an illustration of phlebitis, a disease of rare occurrence, except in hospital practice, I think they may be interesting to the Society.

Case of Phlebitis.—Mrs Cousins, aged 30, a large flabby woman,

¹ This occurred in a primipara, who had been in labour for five days previous to her admission to the hospital, and exposed to frequent examinations. She had a small pelvis, and the position of the foetal head was very obscure at first.

having a very unsettled expression of eye; was delivered of her third child, a girl, on the 20th November, after a natural and rapid labour, being at the full period of gestation. Immediately after the expulsion of the afterbirth there was considerable hæmorrhage, which continued to come away for two hours in a small stream, notwithstanding that two drachms of the ergot of rye were given, and vinegar and water were injected into the vagina.

She stated that for two months previous to her labour coming on she had severe pains every Thursday afternoon, which led her to think that she was going to miscarry, until she found that they gradually went off; and this being Thursday she was under the impression the same result would take place.

22d Nov.—Was seized with severe rigors at 4 A.M.; pulse 100 and very intermitting; no pains. She had three grains of calomel and five of antimonial powder in hot gruel.

9 A.M.—Had slight pain on pressure above the pubes; pulse 120, more regular.

8 P.M.—Pulse again intermitting; no pain; bowels freely moved.

24th Nov., 10 A.M.—Complained of severe pain in her left leg, in which she had formerly suffered from varicose veins. On examination the saphena major was found much enlarged, hard, and painful to the touch, particularly at the calf of the legs and the middle of the thigh.

Four leeches were applied to this part, and the whole limb was enveloped in a linseed poultice for some hours, and when the poultice was removed the liquor plumbi acetatis was applied. She became much exhausted towards evening in consequence of her bowels being frequently moved.

25th Nov., 8 A.M.—The pain much increased, and the swelling had extended up the limb; pulse 120, less intermitting. Eight leeches were applied along the course of the vein, and after they came off a linseed poultice was applied, and she had ten grains of Dover's powder in warm gruel.

At 4 P.M. she was again attacked with rigors, and became quite delirious. When she spoke her tongue appeared to be too large for her mouth, and her lips were much distorted. To have six grains of calomel and four of antimonial powder in gruel.

At 10 P.M. Dr Rigby ordered her to have three grains of camphor and five of hyoscyamus.

26th Nov.—She vomited the camphor and hyoscyamus, but she had some sleep during the night, and she spoke more coherently. There was less pain in the leg, but she complained much of her wrist, which was slightly inflamed. Her eyes were much suffused; tongue was coated with a whitish slimy fur; pulse 100, and weak; passes her stools involuntarily. To have the camphor and hyoscyamus pills every two hours.

6 P.M.—More delirious; her eyes more inflamed; bowels freely moved. She seemed to have no pain in her leg, but her wrist was

acutely painful. Pulse full and soft. Dr Rigby ordered her to have half a grain of the acetate of morphia and one ounce of camphor mixture every two hours until sleep was procured; and to have four grains of gray powder and the same of Dover's powder at bedtime.

At 9 P.M.—Pulse 64, very weak; skin cold. She was much inclined to talk and pick the bedclothes. To have three grains of camphor; to be repeated if the pulse did not improve.

27th Nov., 2 A.M.—Has had the camphor once, and the morphia twice, and she was in a state of great excitement, requiring two nurses to hold her in bed. It became necessary to put her in a strait-waistcoat, after which she fell asleep.

At 2 P.M.—Has just awoke from a sleep of nine hours. Pulse very feeble; eyes suffused, and speaks indistinctly. To have sago and wine.

About half an hour after last report Dr Rigby saw her, and ordered her to have brandy and an egg beat up together, and to continue the camphor and hyoscyamus.

Dr Hugh Lee saw her about an hour after, and ordered the brandy and egg to be omitted, and that she should have twelve leeches applied to the temples. The result was, she immediately sank into a stupor, and died at 9 P.M.

2. *Case of Phlebitis.*—On 15th December Sarah Masterman, aged 23, a well-formed, florid-complexioned, unmarried woman, was delivered of her first child, a small boy, apparently in the eighth month; she having menstruated in the beginning of April. Her labour was rendered tedious from the head presenting in the fourth position.

17th Dec., 10 A.M.—She has had no complaint except that she has had a cough, which came on before labour, until this morning, when she had a severe rigor, followed by pain above the pubes. On examination the uterus felt large and tender; skin hot; pulse 107, small and compressible; tongue clean and moist; bowels moved by castor-oil yesterday; lochia scanty; milk plenty.

A linseed poultice to be applied to the abdomen, and to have three grains of calomel and five of antimonial powder, to be followed in four hours by a dose of the saline mixture.

9 P.M.—She feels better, and has less pain on pressure. Perspiring freely. Bowels moved after taking three doses of the saline mixture.

18th Dec., 8 A.M.—The pain in the abdomen quite gone, and she only complains of cough. She, in consequence, unfortunately got out of bed and sat for some time.

4 P.M.—Is now suffering from pain in her right groin, extending down the thigh in the course of the saphena vein, which is exceedingly tender to the touch. Twelve leeches to be applied to the most painful part; after the leeches come off a linseed poultice to be applied to the abdomen and thigh. To have two grains of calomel and five of antimonial powder.

19th Dec., 10 A.M.—Has no pain.

4 P.M.—Her cough has become very troublesome, and is accompanied with bloody expectoration. She complains of great breathlessness. Pulse 120, small and resisting; face flushed; tongue clean and moist; skin hot. To be bled to the extent of twelve ounces. To have one grain of calomel and five of antimonial powder, and in two hours after to begin to take the eighth of a grain of tartar emetic, to be repeated every half-hour, in solution.

11.36 P.M.—Perspiring profusely; has less cough and breathlessness. To continue the antimony while awake.

20th Dec., 7.30 A.M.—Has passed a pretty good night, and has less difficulty in breathing. Cough less frequent. Bowels freely moved. Pulse 84, feeble, and she feels weak; tongue clean and moist; countenance pale.

11 A.M.—Bowels again moved, but she has not passed water since yesterday. The catheter was introduced, and a small quantity of high-coloured urine was drawn off. On using the catheter, the right labia was observed to be considerably swollen, and the vagina and uterus were tender to the touch. There was also slight pain on pressure along the course of the saphena vein. The vagina was washed out with hot water, and a poultice was applied to the abdomen and labia. To have a powder containing five grains of Dover's powder and two of calomel immediately, and the same in four hours. The tartar emetic to be continued every two hours. A blister to be applied to the chest.

4.30 P.M.—Complains of great pain on the right side of the abdomen, immediately above the ilium, with considerable tenderness on pressure. She has less uneasiness in the chest, and she breathes more freely, and her cough is less troublesome. Tongue clean; pulse 120, rather sharp. To have the vagina washed out with a decoction of camomile flowers. A mustard poultice to be applied to the abdomen, and the part afterwards to be rubbed with mercurial ointment, and then to have a linseed poultice applied. To have two grains of calomel every four hours, and the solution of tartar emetic every hour.

8.30 P.M.—In a moderate perspiration. Has less pain in the abdomen, which she can allow to be pressed. Pulse 128. To have the vagina washed out with a decoction of poppy-heads. The medicine to be continued.

21st Dec.—As her bowels were much relaxed, she had five grains of Dover's powder early in the morning. In the course of the day she had four grains of calomel in divided doses. She was quite free from pain and cough, and she had passed urine freely. After taking the Dover's powder her bowels were not moved until the evening, when they acted once. To have the abdomen again rubbed with mercurial ointment and the other treatment continued. To have arrowroot for supper.

22d Dec.—Her gums slightly affected with mercury, but has no

complaint. Bowels have been four times moved during the night, and she is weak in consequence. To have five grains of Dover's powder and four of gray powder, and arrowroot for diet.

She rapidly improved, and left the hospital in good health on the 31st December.

An Anomalous Case.—Jane Crow, aged 19, a thin, delicate-looking girl, with a very sallow complexion, was delivered of her first child at the full period of gestation on the 1st January, after a comparatively easy labour, the head being in the first position.

On the 3d day after her confinement she had a slight rigor, followed by severe headache, which was relieved after taking a dose of castor-oil. She had no other marked symptom, except that her pulse kept above a hundred, and she spoke in a hurried and unnatural manner. When asked how she was, she always said she was quite well.

On the 10th day she got out of bed and went into the convalescent ward; but she soon became weak, although she made no complaint, and she seemed to have no pain.

On the 12th day her left arm became inflamed above the wrist, and she soon became quite incoherent, and she died on the 14th day. The friends would not allow an examination.

Face Presentation.—Mrs Cochrane, aged 19, a strong, healthy-looking woman, residing in Blackfriars Wynd, was seized with severe pains on the 12th January, and being at the full period of gestation, she was induced to believe that her labour was coming on, and sent for one of the pupils of the Royal Maternity, who, finding that the pains were spurious, left her, with instructions to send for him when the true pains came on. He did not return until the following evening, when the pains were lingering and ineffectual. He, however, remained with her for some hours, and then sent for one of the house-surgeons, under the impression that it was a breech presentation, and that the first stage of labour was completed. But when the house-surgeon arrived he ascertained that the head presented, and that labour had just commenced. The error in diagnosis arose from the womb being much anteverted and the head being felt through its anterior walls, and mistaken for the breech. He gave the patient thirty drops of laudanum, which allayed the spurious pains. True labour-pains did not come on until the evening of the 15th, when it was discovered that it was a face presentation, and the forehead soon became impacted in the arch of the pubes, which was narrow and angular like that of the male.

Such was the state of matters when I arrived, between five and six o'clock on the morning of the 16th. I immediately recommended the application of the forceps; and the patient being put under chloroform and her urine drawn off, the house-surgeon endeavoured to apply them, but without success. I then introduced them, but they slipped—an accident which had never occurred to me before,

nor has it ever done so since. It arose from my being thoroughly exhausted from having had a severe and arduous instrumental case only a few hours before, and being at the time suffering from illness. I again introduced the instrument, and after great difficulty delivered the child. The skin under its right ear was lacerated, and did not heal kindly.

Having waited for twenty minutes in hopes that the afterbirth would be expelled, and feeling the womb considerably contracted, I recommended the pupil to examine if it were not in the vagina, when he found it was still in the uterus. After waiting some time longer, I examined and found the os uteri closely contracted round the cord, so that it was impossible to reach the placenta, which was in the uterus. With much difficulty the contraction was at last overcome by gradually insinuating the hand, in the form of a cone, through the os, when the placenta was found adhering throughout its whole extent, and the adhesion was so strong that it was necessary to tear it off piecemeal; and, notwithstanding my utmost efforts, I was obliged to leave a large portion still adhering, which was expelled without hæmorrhage on the fourth day.

The patient did well for twenty-four hours, when rigors came on, and they were soon followed by pain in the abdomen and headache, and the pulse rose to 125. These symptoms continued, along with incontinence of urine, for some days; but they ultimately yielded to the use of five-grain doses of Dover's powder every six hours, and mild aperients; so that in three weeks the patient was able to get out of bed, and soon after resumed her employment of itinerant dancing-girl, travelling about the country with her husband, who acted as her musician. There was slight laceration of the mucous membrane of the vagina, but the perineum remained entire. The child died on the ninth day, the laceration in its neck never having healed.

This case appears to me to be interesting from its unusual complications and the great difficulty there was in delivering the child in consequence of the peculiar deformity of the pelvis. It also shows that in some cases considerable portions of the placenta may be left adherent with impunity; at the same time, this ought never to be done if it can possibly be avoided. In this case it was quite unavoidable from the firm adhesion, which could not be overcome without the risk of injuring the womb. I therefore incurred the risk of hæmorrhage, at the same time instructing the student in charge of the case to watch the patient carefully.





