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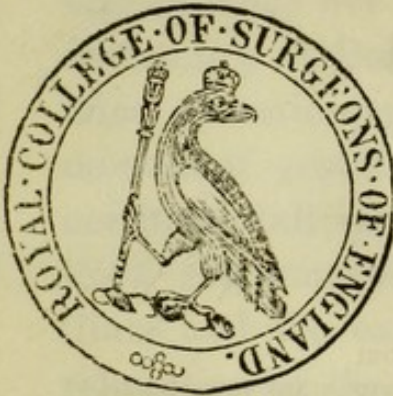
OF

H I D R O S I S,

OR

H I D R O T I C F E V E R ;

WITH REMARKS.



BY

JOHN C. W. LEVER, M.R.C.S.

LONDON:

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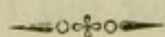
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CASE OF HIDROSIS, OR HIDROTIC FEVER.



MRS. —, ætat 36, a highly sensitive and nervous lady, engaged me to attend her in her first confinement, which she expected would take place about the middle of May. On inquiry, I found that she had always been the subject of delicate health, that (to use her own expression) she was “exceedingly nervous,” and was liable to frequent attacks of headache, which occasionally confined her to her bed, and to great weakness and irritability of the bowels, the least excitement of the mind occasioning diarrhœa. During the three last months of gestation she suffered from sickness, from a constant dull pain in her left side, in front, near the linea semilunaris, midway between the crest of the ilium and the extremities of the floating ribs,—from relaxation of the bowels, frequently having as many as four or five motions in the course of twenty-four hours,—and from almost perpetual watchfulness, so that night after night was passed without one wink of sleep; and although her body was weary, yet the moment she lay down her imagination was roving, and her memory recalling persons and bygone occurrences. For the last twelve or thirteen weeks of gestation, she assured me she had no more than one good night’s rest out of seven: the more wakeful she was, the more irritable her bowels seemed to be; and in fact, at last she never took a meal without its being followed by an evacuation. Her pulse was also peculiar from its variability,

always above 100, and sometimes as high as 150; this great change of frequency suddenly occurring within the compass of twelve or twenty-four hours, and this for days together. Her surface was generally bedewed with perspirations, even at those times when there was the greatest tendency to diarrhœa. After suffering from these symptoms for full two or three months, on Sunday, May 7th, at noon, she summoned my attendance. On my arrival, I found that the membranes had given way on the Friday previous, that there had been trifling pains throughout the whole of Saturday up to 10 A.M. Sunday, since which time they had recurred more frequently, and with greater vigour. On examination, the os uteri was found dilated to the size of a half-crown piece, the vertex presenting. Labour went on naturally until 5 P.M., when she was delivered of a living female child, after four or five hours of smart pain.

The circumstances worthy of note during this stage of the labour, were the rapid and still varying pulse, and the great diaphoresis. Immediately after the birth of the child, the hand placed over the abdomen detected the uterus moderately contracted; a pretty considerable hæmorrhagy was flowing from the genitals, and although there had been several after-pains, yet the placenta was not thrown off. As the patient's pulse began to sink, and the hæmorrhage was still going on, an examination was made, and detected the placenta lying partly within and partly without the uterus. Attempt was made to deliver it by gentle traction, but without success. Further examination discovered that the impediment arose from an adhesion of a portion of it to the left side of the uterus (the side on which, as before observed, the abdominal pain had been felt during the last two or three months of gestation): this

was cautiously detached, and as the adhesion was not very firm, was easily accomplished. Examination of the secundines on a napkin after delivery proved them to be perfect. The uterus now contracted well; the pulse was 120, and the patient seemed disposed to sleep. After waiting an hour, I left her, with particular directions that she was not to be moved. At half-past 10 P.M. I found that, notwithstanding my directions, she had been placed in bed, and that some hæmorrhage had occurred. By applying pressure, the uterus again contracted well. She was ordered to have a bandage placed around the abdomen, with a compress over the uterus. Twenty minims of tinct. opii were immediately administered in peppermint water.

On the second day of delivery (May 8th).—She has passed a tolerably good night; lochia abundant; considerable diaphoresis; less excitement; her pulse is 130; she has not passed any water. A catheter introduced drew off 16 ounces of pale urine.

Vesperè.—There is considerable diaphoresis; her pulse is 140; there is no abdominal tenderness; she has passed her water naturally; there is some mental excitement. She was ordered —

Tinct. Hyosey. ℥xxxv.; Pulv. Trag. C. gr. xv.; Mist. Camp. ʒj. M. fiat haust. horâ somni sumend.

On the third day of delivery (May 9th).—She has slept well; the diaphoresis is still great; her pulse is 120; the mammæ are enlarging; there is no abdominal tenderness, and the lochia are profuse; there is not so much mental excitement; the bowels have not been opened.

R Ol. Ricini, ʒss. stat.

Vesperè.—The castor oil has acted once; the pulse

is 135; the diaphoresis considerable, and of a peculiar earthy smell; the mental excitement increased.

Rep. Haust. c. Tr. Hyoscy. h. s.

On the fourth day of delivery (May 10th).—She has slept but little; her pulse is 110; the diaphoresis is less, and the mental excitement diminished; lochia moderate.

On the fifth day of delivery (May 11th).—At four o'clock in the morning, she was seized with smart general rigors, which lasted for some time, and were attended with violent palpitations of the heart, dyspnoea, &c: these were followed by most profuse diaphoresis; she complained of a dull *sore* pain in the *left* iliac region, behind the internal abdominal ring, which pain, although increased by pressure, was not materially so; there was sub-tympanites; the lochia were said to be more abundant, but on examining the napkins, they appear as if stained with a sanguineo-purulent fluid (half blood, half pus), not offensive; there was a moderate secretion of milk (this was accurately observed); the countenance was *free from anxiety*, the eyes bright, the tongue clean and moist, the pulse 150, the bowels not opened, the urine plentiful, notwithstanding the diaphoresis. She was ordered —

Hirudines, viij. stat. applicand. part. dol. postea Catap. Lini.

R Hyd. Chloridi, gr. iij. ; Opii, gr. ss. s. s.

R Ol. Ricini, ℥ss. hor. duab. post. Pulv. sumend.

R Liq. Ammon. Acet. ℥j. ; Sp. Æth. Nit. ℥j. ; Tinct. Hyoscyami, ℥jss. ; Mist. Camph. ℥v. M. ccij. 4tis horis incip. post. operat. Ol. Ricini.

(I may here remark, that her nurse yesterday got her out of bed, and placed her in a sitting posture, and there is every reason to believe had given her some damp articles of clothing.)

At 3 P.M. (still the fifth day of delivery), the leeches had bled freely; the pain is diminished; tympanites is still slight; the lochia are not so profuse; the diaphoresis is great; the pulse 136, and there is less mental excitement. The castor oil has produced two evacuations.

At 11 P.M.—She expressed herself as feeling much better; the diaphoresis still profuse, and of a strong earthy smell; her pulse was 148.

R Hyd. c. Cretâ, gr. iv. 6tis horis, et P.

On the sixth day of delivery (May 12th).—She had passed a better night, and was less excited, having changed her nurse; her pulse was 98, having fallen fifty beats in the minute; the diaphoresis was much the same, and the lochia were less in quantity, although of the same character.—Perg.

Vesp.—More excitement of mind, although moderated by a sort of forced calmness; her pulse was 130; the diaphoresis more profuse; the secretion of milk diminished; the urine copious and pale.—Perg.

On the seventh day of delivery (May 13th).—She expressed herself as feeling better; her manner is more natural than yesterday evening; her pulse is 96 (having fallen thirty-four beats in twelve hours); her bowels are open, her tongue moist, and the lochia trifling.

Perg.

On the eighth day of delivery (May 14th).—The pulse was 104, and her other symptoms much the same as yesterday. At 2 o'clock in the afternoon there was a profuse discharge of blood, accompanied with several coagula, which caused considerable pain in their expulsion.

On the ninth day of delivery (May 15).—At 4 A.M. she was again attacked with rigors, accompanied with

palpitation of the heart and dyspnœa, which lasted about fifteen minutes, and were followed by a profuse diaphoresis, of a stronger smell (the only odour I can liken it to is that emitted upon entering an underground cellar). She lay in a state of great nervous excitement, stating she knew she was very dangerously ill, although, with a forced smile upon her countenance, she said she was not frightened about herself. There was considerable pain and tumidity above the pubes. A catheter introduced drew off about twenty ounces of very pale urine, although she had passed her water naturally about eight hours previously, and had profuse diaphoresis until the accession of the rigors. Her pulse was 150, her breathing hurried, her tongue clean, her bowels open, and the lochia profuse, still sanguineo-purulent. She was ordered—

Liq. Opii Sed. ℥xxxv.; Infus. Rosæ. C. ʒx. M. f. haust.
s. s., et rep. in 3tis horis inquietudine vel agitat. urgente.

At 4 P.M. (still the ninth day), she had another rigor, although of a slighter character; the diaphoresis was profuse; there was less mental excitement; she had passed her urine twice since the introduction of the catheter; the lochia were much the same; her pulse was 130, and she complained of her eyesight becoming dim, so that she could not see objects distinctly.

Perg. c. Hyd. c. Cretâ.

R Tinct. Hyoscyami, ℥xxv.; Infus. Rosæ. Comp. ʒx. f.
haust. 4tis horis sumend.

At 11 P.M. her pulse was 149; the mental excitement still great. Her other symptoms the same.—Perg.

On the tenth day of delivery (May 16th).—She had passed a restless night, from the constant noise of the steam-carriages on the railway (it being Greenwich Fair time). The diaphoresis was profuse; the lochia

diminished; still milk in the mammæ; her bowels have not been opened; and her pulse was 130.

R Ol. Ricini, ʒvj. stat., et rep. Pulv. et Mist.

Vesp.—There was more mental excitement; the diaphoresis was still profuse; the pulse was 160. The bowels have been opened twice from the oil; she complained of soreness in the left iliac region (the original seat), although there was no tenderness on pressure; her urine free and pale.

On the eleventh day of delivery (May 17th).—The diaphoresis was very great; her pulse was 150; she had slept but little during the night, and then only at intervals; the lochia were purulent, and the tongue was clean.

R Quinæ Disulph. gr. xij.; Acid. Sulph. Dil. ℥xx.; Tinct. Hyoscyami, ʒjss.; Infus. Rosæ. C. ʒvss. M. coch. ij. 4tis horis.

Rep. Pulv. 6tis horis.

Vesp.—She was much the same as in the morning; her pulse was 150.

On the twelfth day of delivery (May 18th).—She had passed a better night; her pulse was 106; there was less excitement; the diaphoresis was diminished; her bowels have been opened once; the lochia moderate; she has suckled her child once; her urine is free, and her tongue is clean.—Perg.

Vesp.—Her pulse was 120, and there was more excitement.

On the thirteenth day of delivery (May 19th).—She complained of pain in the head, which she says is similar to one of her nervous headaches; the diaphoresis is less; the lochia are small in quantity; the urine is free; her pulse is 96.

R Lotio Evap. cap. applicet. et P.

On the fourteenth day of delivery (May 20th).—The bowels had been opened three times during the night; there is sub-tympanites; the tongue is clean; the diaphoresis is less; the pulse is 100; the milk is small in quantity; the lochia are slight.

Rep. Pulv. ad Pulv. Ipecac. C. gr. iij. in sing.

Rep. Mist. Quinæ, sine Acid. Sulph. Dil.

Vesp.—The bowels have been opened twice; her pulse is 130.

On the fifteenth day of delivery (May 21st).—The bowels had been relaxed twice during the night; the diaphoresis was less; there was great pain in the head; the lochia were slight.

R Quinæ Disulph. gr. xij.; Tinct. Card. C. ʒij.; Infus. Cuspariæ, ʒvss. M. coch. ij. 4tâ quâque horâ, et perg. c. Pulv. Contin. Lot.

Vesp.—There was more excitement; the pulse was 146; the diaphoresis was increased; the bowels had been opened twice since the morning.

Perg c. Medic.

R Mist. Cret. ʒj.; Conf. Aromat. gr. x.; Vin. Opii, ℥v. M. f. haust. post sing. Liquid. Sed. sumend.

On the sixteenth day of delivery (May 22nd).—She had passed a restless night; the bowels had been opened four times; the head was hot, and there was a degree of stupor, accompanied with a slight delirium, deafness, and imperfection of vision. Slight subsultus of the arms and legs. She had taken only twenty minims of the vin. opii, in divided doses of five minims to each. Her tongue was clean (not morbidly so); her countenance wore an unnatural calmness; the secretion of milk was scanty, of urine, free; there was tympanites; the skin was clammy; the lochia trifling; the pulse was 154, and the breathing was hurried.

At 2 P.M. Dr. Blundell saw her, and found her in the same condition, her bowels, however, not having been acted on since 9 A.M. There was great excitement and restlessness. He ordered—

Pulv. Ipecac. C. gr. xv. M. f. pulv. perturbatione vel inquietudine urgente capiend.

R Vin. Ipecac. ℥xxx.; Liq. Ammon. Acet. ℥iij.; Dec. Aloes. C. ℥vj.; Aq. Anethi, ℥iv.; Aq. ℥ij. ℥ cap. coch. ij. ampla stat. et 4tâ quâque horâ donec alvus semel soluta fuerit.

R Hyd. c. Cretâ, gr. iv. decimâ horâ nocte capiend.

Abradatur Capillitium et Lot. Evap. applicet.; Ung. Hyd. fort. ℥ss. To be rubbed on the inside of the thighs.

Vesperè.— She had had two motions; the diaphoresis was profuse; the pulse 152; the excitement less; and the deafness in some degree diminished. She had taken the Dover powder.

Rep. Mist. omitte Decoct. Aloë C.

On the 17th day of delivery (May 23rd).— She had had intervals of sleep during the night; her bowels have been opened three times; there was less subsultus tendinum; the tympanites rather increased; the tongue moist; the pulse was 143; there was milk in the left breast; the perspirations were more clammy.

R Haust. Cretæ, ℥x.; Conf. Aromat. gr. xx.; Tinct. Catechu, ℥j. M. fiat haust. stat. sumend. et rep. si necesse.

R Pulv. Ipecac. C. gr. xv. rep. si necesse.

Vesperè.— Her bowels have been opened three times since the morning, the motions of a lighter colour; there was great mental excitement, without delirium; the subsultus of the hands and legs was frequent; the deafness was diminished; the perspirations were clammy; the tympanites was much the same; and the tongue was moist. Dr. Blundell again saw her, and ordered her extremities to be frequently sponged with warm vinegar and water; a clyster-pipe to be

passed into the rectum, to endeavour to diminish the tympanites.

Rep. Medic.

R Mist. Cretæ, ℥iij.; Conf. Aromat. ℥iij.; Tinct. Opii, ℥xv.;
Aq. Anethi, ℥vj. M. ccij. post quamque sedem liquidam.

On the 18th day of delivery (May 24th).—She had passed a very restless night; from almost constant delirium her deafness had increased; her vision was much impaired; her pulse was 160, small, and very compressible; her body was covered with a clammy sweat; the subsultus of the arms and legs was almost constant; the tympanites had increased; the bowels had been opened six times during the night; no effect had been produced by the mercurial inunction, although it had been diligently followed up. Her tongue was clean (not red), and her voice was strong.

R Ammon. Sesquicarb. ℥j.; Inf. Serpent. Comp. ℥vj. ccij.
ampla. 4tis. horis.

Rep. Mist. Cretæ, ut antea. Enema Amyli, c. Tinct: Opii.
℥xx. stat. injiciend.

Vesperè.—She was sinking fast; her bowels had been acted upon several times, the motions having a dirty rice-water appearance; the pulse was imperceptible at the wrists, but to be felt at the brachial, although too rapid to be counted. Her extremities were cold and clammy; the abdomen and upper parts of the thighs covered with a profuse perspiration; delirium almost constant; and at half-past 11 P. M. she died.

Sectio cadaveris.—With the assistance of my friend, Mr. Joseph Ridge, I inspected the body twenty hours after death; there were no signs of putrescency, the weather being very cool.

Head.—The dura mater was more than usually adherent at the situation of the anterior fontanelle; the

membranes of the brain were otherwise healthy, as also the brain itself, and in it the fibrous structure was particularly well marked: there was no effusion either on the surface of the brain or in its ventricles.

Thorax.—The cavity was diminished from the liver and false ribs encroaching upon it (probably caused by tight lacing).

Lungs (left).—Slight adhesions of the pleura to the apex of the thorax; at the apex of the left lung there was a spot of puckering of the size of a half-crown, at which spot there were three or four calcareous deposits of the size of kidney-beans; the bronchi were filled with frothy mucus; the bronchial membrane pale. (Right)—Crepitant, slightly adherent, and puckered at the apex, at which spot also there were several deposits of calcareous matter of the size of hempseeds: there was a tendency to œdema towards the posterior part; the bronchi contained a small quantity of frothy mucus; the bronchial membrane was pale, and the bronchial glands calcareous.

Heart.—Two ounces of clear pale serum were contained in a free healthy pericardium; the heart was of ordinary size, although flabby; the right ventricle was empty, and particularly lax; the muscular fibre generally pale and flabby to the feel; the fibrillæ of the muscles not evident; the valves were healthy.

Abdomen.—The abdomen externally appeared enlarged from tympanites. On making an incision, a thick layer of fat was found covering the abdominal muscles. On first view, the small and large intestines were found distended with flatus, particularly the cœcum, which was forced towards the mesian line: the peritoneal coat of the intestines generally was not shiny, but dull, and the secretion covering it clammy to the feel.

Stomach.—The stomach was nearly empty, and flabby; the mucous membrane free from injection, and easily separable from the other coats.

Liver.—The liver was pushed very low, and crossed over more than usually to the left side; it was flabby, pale, deficient in blood, and soft to the touch. On making a section, the peculiar organization was not demonstrable as in a normal viscus, and it presented generally the appearance of a fatty liver.

Spleen.—Soft, flabby, and containing remarkably little blood.

Pancreas.—Was healthy.

Kidneys.—Were flabby, pale, and peculiarly destitute of blood; there was fat in the pelves.

Small intestines.—The small intestines were loaded with flatus; the contents of the ilium were of a gamboge colour, in small round moderately firm nodules, and had a strong smell; the contents of the jejunum were of a watery consistence, pale, and sour to the smell. The glands of the lower part of the ilium, near the valve, were enlarged so as to give it a granular appearance; its coats were flabby and pale; the mucous membrane, which was carefully examined in a strong light, was entire throughout.

Large intestines.—The large intestines were distended with flatus, and the coats were flabby and pale.

Uterus.—The uterus, viewed in its natural situation, was pale and smooth, soft and flabby to the feel, and perfectly free from adhesions. It was very carefully removed from the body, and most *rigidly* examined in a strong light. On its posterior surface, about the centre of the body, a tubercle was found of the size and shape of a broad-bean, tough, and firm under the knife, uniform in its structure, which was pale, and similar to the hard tumour (the indolent scirrhus of Dr. Blundell).

Upon cautiously exposing the internal surface, the whole of the lining membrane was found to be of a dark (peony) colour. On the right side, towards the fundus, there was a spot of the size of a half-crown piece, irregularly elevated to a thickness varying between that of a half-crown and crown, and of a dark brown colour. Within and around this elevation the openings of the uterine veins could be seen; and on making pressure, *there was seen issuing from some of them a decided purulent fluid, from others pus mixed with blood.* Below this irregular elevation there were seen many points of ecchymosis (say twenty or thirty,) not altogether unlike *flea-bites*, although of a much darker colour; in some of these spots *ulceration* had taken place through the lining membrane into the proper tissue of the uterus; there were at least fourteen or fifteen of these ulcerated spots: that they were really ulcerations was demonstrated by the irregularity of their edges, from the great difference of appearance between them and the natural openings of the veins; and also from their passing only but a short way into the substance of the uterus. Around some of these ulcers *the proper tissue of the womb* appeared *softened*, easily breaking down under the probe. Upon a careful examination of the venous trunks, which were laid open both from the internal and external surface, they were found either to be obstructed with coagula or to contain a fluid more or less purulent.

Ovaries.—In the left broad ligament, midway between the ovary and the uterus, there was a delicate thin cyst of the size of a small walnut, and containing a pale serous fluid. Both the ovaries were flabby, and on section presented a few solid vesicles.

Vessels.—Very great attention was paid to the examination of the abdominal and pelvic vessels. The

abdominal aorta and its branches, particularly the renal, spermatic, common iliacs, internal iliacs, and their branches, the uterine, lateral sacral, ilio-lumbar, and umbilical, the gluteal, ischiatic, and pudic, until they passed out of the pelvis, were most completely investigated: they were perfectly free from disease, but their lining membrane was pale; so also the vena cava ascendens, the vena cava descendens, and its branches. The renal, spermatic, iliac, and pelvic veins throughout, were most particularly examined; there was no thickening or purulent deposit, either within or without them; and the only deviation from their natural appearance was the extreme pallor of the lining membrane.

Bladder.—The bladder was healthy, and contained about 3jss. of pale urine.

The foregoing case, in almost every particular, exemplifies the disease which was first described by Dr. Blundell, and called by him “Hidrosis, or hidrotic fever.” There are many points in the history of the case which are worthy of notice; and first, I may mention the state of body in which I found my patient: there was a sanguine temperament, an easily-excited nervous system, a vascular system more than usually irritable; at all times a tendency to diarrhœa, sometimes more, sometimes less; great watchfulness, copious perspirations, and last, though not the least, a constant pain and soreness in her left side. Any one of these circumstances ought to arouse the attention of the accoucheur, much more so then when they were all combined in the person of one individual, 36 years of

age, and pregnant for the first time. I must confess that my fears were awakened, not so much for the labour itself, but taking into consideration the high sensibility of the nervous system, the most trifling occurrences producing a state of great excitement, her continued watchfulness, her rapid and varying pulse, and her frequent attacks of headache, I was led to anticipate the occurrence of puerperal mania.

The symptoms of the disease are well worthy remark; and the first I will refer to is the *shuddering* or *feeling of coldness*. The patient had three decided attacks of shuddering; one on the morning of the fifth day of delivery (May 11th,) and two on the ninth day (May 15th). The two first lasted each about fifteen minutes, the last about ten minutes: they all occurred at four o'clock, and were accompanied with violent palpitations of the heart, and dyspnœa.

Sweats.—The profuse diaphoresis must also be noticed, as it mainly characterises the disease. I have stated, that whenever I visited the patient previous to her confinement, her body was bedewed with perspirations; these, although considerable, called for no particular notice until the evening of the third day of delivery (May 9th,) when my attention was arrested by their peculiar earthy smell. It was not, however, until after the first rigor, on the fifth day of delivery (May 11th,) that they became profuse, and gained the name of “sweats of distress.” After the second and third rigors they became still more abundant: they however diminished under the use of the disulphate of quinine, until the attack of diarrhœa, when they became more clammy. Their profuseness was surprising; but the more profuse they were the more they seemed to distress the patient.

Pulse.—The character and variability of the pulse is not the least remarkable symptom attending the disease. I have stated, that previous to delivery the patient's pulse was never below 100, and sometimes up to 150.

The following table will demonstrate its changes:

Day of Delivery.	Date of Month.	Number of pulse.	
		Morn.	Eve.
	May 7.....	—	120
2d.....	8.....	130.....	140
3d.....	9.....	120.....	135
4th.....	10.....	110	—
5th.....	11.....	150.....	136 3 P.M. 148 11 P.M.
6th.....	12.....	98.....	130
7th.....	13.....	96.....	104
8th.....	14.....	104	—
9th.....	15.....	150.....	130 4 P.M. 148 11 P.M.
10th.....	16.....	130.....	160
11th.....	17.....	150.....	150
12th.....	18.....	106.....	120
13th.....	19.....	96.....	120
14th.....	20.....	100.....	130
15th.....	21.....	130.....	146
16th.....	22.....	154.....	152
17th.....	23.....	143.....	154
18th.....	24.....	160.....	not to be counted.

From this table it will appear that, throughout the whole course of this patient's illness, her pulse never was below 90; that, generally speaking, it was more rapid in the evening than in the morning, and that it maintained its greatest regularity during the time she was taking the quinine, when the diaphoresis also was somewhat diminished, before the attack of diarrhoea. The pulse, until the collapse came on, was soft and round, notwithstanding its frequency.

Secretions.

Milk.—Although the secretion of milk was diminished, yet it was not entirely suspended. On the third day of delivery (May 9th,) the report is, “the breasts are enlarging;” on the fifth day of delivery (May 11th,) the morning when she was first attacked with shuddering, there was milk in both breasts, although moderate in quantity; on the ninth day of delivery (May 12th,) the quantity had diminished; on the tenth day of delivery (May 16th,) it was present; on the twelfth day she suckled her child once; on the fourteenth day the milk was small in quantity; and on the 17th day of delivery (the day before her death) there was milk in her left breast.

Urine.—The secretion of urine also requires comment from its copiousness; for, notwithstanding the surprisingly profuse perspirations, it was more abundant than is generally the case. On two occasions only was it necessary to introduce the catheter, viz. on the day after delivery, when sixteen ounces were abstracted from the bladder, and on the morning of the ninth day of delivery, when twenty ounces were drawn off.

Nervous system.—I may here refer to the extraordinary irritability of this lady’s nervous system, as evinced during the period of gestation, and to her unceasing watchfulness, both which circumstances strongly inclined me (as I have before stated) to the belief, that sooner or later she would become the subject of puerperal mania. The day after her delivery there was very great excitement, demonstrated by a quickness of manner and a rapidity of utterance; this was mitigated by the administration of hyoscyamus until the fifth day of delivery (May 11th,) when it again recurred with increased force, and was only assuaged when she

changed her nurse. At times, too, throughout her illness, our attention was particularly drawn to the forced calmness which she assumed, asking our real opinion of her state, saying she was not afraid to hear it, while at the same time it was evident she was exceedingly anxious about the result. The imperfection of the senses of hearing and vision is also worthy of note, the latter occurring before the former, and both varying in degree at different times. The absence of delirium until the close of the disease must not be passed over silently.

Abdominal symptoms.—The abdominal symptoms deserve especial notice; for not only do they go far to mark the particular character of this disease, and aid us in distinguishing it from other diseases of the puerperal state, but they also bring before us the circumstances which accelerated, or in all probability were the proximate causes of the patient's death. And the first I will remark on is the *pain*. During the three last months of gestation, the patient suffered from a constant dull pain midway between the crest of the ilium and floating ribs, and at this spot it was that the placenta adhered. On the fifth day of delivery (May 11th,) she complained of a dull *sore* pain in the left iliac region, slightly increased by pressure. To relieve this, eight leeches were applied, and with success. On the tenth day of delivery (May 16th,) she complained of a soreness in the same region, rather lower in the pelvis; but on the firmest pressure no pain was complained of, neither was there at the time Dr. Blundell first saw her, for he tested it by a careful examination of the whole abdomen. This soreness continued with slight intermission to the last.

Tympanites.—From the fifth day of delivery till within two or three days of her decease, there was a

sub-tympanitic state of abdomen, and at the same time frequent attacks of eructation. The tympanites became very much augmented within forty-eight hours of her death.

Diarrhœa.—I must here again refer to the previous history of this patient as demonstrating the peculiar irritability of the alimentary canal. On the 20th (the fourteenth day of delivery,) she was reported to have had three motions during the night; on the 20th day of delivery the bowels had been opened twice during the night and twice in the day; from this time they continued very much relaxed, nothing seeming to control them. The motions were at first of a darkish hue, afterwards of a light yellow, and towards the last, very similar to rice-water evacuations.

Tongue.—The state of the tongue also must not be passed without notice. Throughout the whole of the illness it may be said to have been comparatively a clean tongue. It was neither creamy, furred, brown, or dry, as it is in the various modifications of puerperal fever, neither was it morbidly red even at those times when the diarrhœa was most distressing.

Diagnosis.—The only disease with which hidrosis can readily be confounded is puerperal fever; but the variable and soft pulse, the peculiar and characteristic sweats, and the appearance of the tongue, will assist us in our diagnosis. The following table will, however, bring at once before the reader's eye those symptoms which mark the several varieties of puerperal fever, and by contrasting them with the symptoms of hidrosis, the distinction between the two diseases will be readily perceived. I must here take the opportunity of referring to the valuable investigation of Dr. R. Lee, from the perusal of which no one can rise without deriving information.

PUERPERAL FEVER.					HIDROSIS, OR HIDROTIC FEVER.
PERIOD OF ATTACK	Inflammation of the peritoneal covering of the uterus and peritoneal sac.	Inflammation of the uterine appendages, viz. the ovaria, fallopian tubes, and broad ligaments.	Inflammation of the mucous, or muscular, or proper tissue of the uterus.	Inflammation and suppuration of the absorbent vessels and veins.	Sometimes before delivery; generally rally within the first 8 or 9 days.
SYMPTOMS	<p>Before the fourth day.</p> <p>Rigors, followed by heat of skin, suffusion of countenance, hurried respiration, thirst, nausea or vomiting, vertigo or intense pain in the forehead. Patient lies on her back, with her knees drawn up; great tenderness of hypogastric region, increased by pressure; abdomen becomes swollen and tympanitic; diarrhoea and vomiting of black or green coloured fluid follow.</p>	<p>Generally before the fourth day.</p> <p>Constitutional symptoms at the commencement similar to those which mark the accession of peritonitis, but they are speedily followed by prostration of strength. The pain is generally less acute than in peritonitis, and is chiefly seated in one or other of the iliac fossæ, extending to the loins, anus, and thighs.</p>	<p>Generally before the fourth day.</p> <p>Rigors, followed by a hot and dry skin, afterwards becoming cold, and often of a peculiar blue or sallow tinge, respiration hurried, great prostration, pain of the hypogastrium; frequently severe headache and delirium, occasional nausea, vomiting, and diarrhoea. The disease generally runs its course with great rapidity.</p>	<p>Generally within twenty-four hours after delivery.</p> <p>Pain, more or less acute, in the region of the uterus, accompanied or followed by a severe rigor, or a succession of rigors, cephalalgia, or slight incoherence, with a sensation of general uneasiness, nausea, vomiting and diarrhoea. These are speedily followed by increased heat, tremors of the muscles of the face and extremities, anxious respiration, thirst, and frequent vomiting of green matter; sometimes a state of drowsy insensibility or violent delirium, and agitation, followed by great exhaustion; surface of body becomes sallow or spotted; eyes are frequently affected; there is tympanites.</p>	<p>Rigors, sometimes slight, at other times violent; sometimes but one, at other times three or four occurring at uncertain intervals; these soon followed by perspirations, "surprisingly profuse," and well denominated "sweats of distress." There is present a morbid state of the nervous system, showing itself in pettishness of manner, rapidity of utterance, &c.; sometimes there is a forced calmness. Generally there is but very little pain, although frequently uneasiness in the region of the ovaries; there is more or less tympanites, dyspnoea, and violent palpitation of the heart; there may be retchings or vomitings; and very frequently there is diarrhoea.</p>
LOCHIA . . .	Generally entirely suppressed; if not, diminished, and sometimes offensive.	Generally altogether suppressed.	Suppressed or diminished, and when present fœtid.	Suppressed.	Pale, sometimes offensive, in some instances suspended.
MAMMÆ . . .	Usually flaccid.	Secretion of milk suppressed.	Milk suppressed.	Milk suppressed.	Secretion of milk usually disturbed. Generally frequent and round; in some cases soft and bounding; often very changeable, rising and falling several times in the course of a few hours.
PULSE . . .	Quick, wiry, 120 to 140 in a minute.	Frequent, feeble, and often intermitting.	Pulse rapid and feeble.	Accelerated and feeble.	Generally white.
TONGUE . . .	At first covered with a cream-like film, afterwards dry and brown; the lips and teeth covered with sordes.	Generally coated with a brown fur.	Tongue loaded, speedily becoming dry and brown; the lips at this time are covered with dark sordes.	Brown and dry.	

Morbid appearances.—Of the morbid appearances I have but little to say. I must, however, call attention to the fact, that on the left side of the uterus, where the placenta was adherent, and where the pain and soreness were located, only coagula were found occupying the uterine sinuses and veins, such as are commonly met with when the uterus is examined a few days after delivery; while on the right side, where there was no pain, nor even uneasiness, there were spots of ecchymosis, ulceration, and softening; the uterine sinuses and veins were found filled with a fluid more or less purulent, corresponding in its colour and nature with the discharge which was received on the napkins during life. The free exit allowed to this fluid, and the circumstance that no other branches of the venous system were in the least degree affected, are points that are well worthy of remark.

Treatment.—On the treatment I have but one or two observations to make; and first, as to *bloodletting*. Throughout the whole course of the disease there never were sufficient grounds to warrant the employment of that remedy. On the 5th day of delivery (May 11th,) eight leeches were successfully applied to relieve the pain and tenderness in the left side. It is quite true I was on the watch for symptoms of inflammation, which not unfrequently occur in cases where the placenta has been adherent, or where manual interference has been found necessary. When the disease had clearly established itself, mercury, and that in its mildest form, was ordered, upon the authority of Dr. Blundell,* who has recommended it to be thrown in, “whether by the mouth, lungs, or inunction.” To this plan of treatment the Doctor in consultation gave his assent, and in ad-

* See his Lectures, edited by Dr. Castle.

dition to the employment of mercury by the mouth, he ordered the rubbing in of the mercurial ointment; yet the patient expired without the least evidence of mercurial action. My last observation refers to the employment of the disulphate of quinine. I hesitated before I ventured upon this remedy: but when I saw my patient with a clear tongue, her liver free, with no delirium, but with a combination of symptoms not altogether unlike those attendant upon the formation of pus under other conditions of the body; when I found that each rigor had been followed by a discharge from the vagina more or less purulent, I was induced to make trial of the quinine; but still, before doing so, I submitted the propriety of the remedy to Dr. Blundell. During the period the patient took the quinine, there was a diminution of the perspirations, and a decided improvement in the character of her pulse; and it was only the attack of severe pain in the head, and the occurrence of diarrhœa, that caused me to suspend its employment; and at this moment I cannot help thinking, that but for the exhausting effects of the diarrhœa, our patient would have rallied through, although with a tedious and protracted convalescence.