

Annual report of parochial lying-in cases [in the parishes of St. Giles and St. George, Bloomsbury] during the year 1837 / [James Reid].

Contributors

Reid, James, 1803-1854.

Publication/Creation

London : Wilson, 1838]

Persistent URL

<https://wellcomecollection.org/works/mdhcf644>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

H3500/P

47044(1)

Annual Report
OF
PAROCHIAL LYING-IN CASES
DURING THE YEAR
1837.

BY JAMES REID, M.D.
MEDICAL SUPERINTENDENT OF THE INFIRMARY OF ST. GILES AND ST. GEORGE, BLOOMSBURY.

(From the Medical Gazette.)

LONDON:
PRINTED BY WILSON AND SON,
57, Skinner-Street.

ANNUAL REPORT,

&c.

DURING the year 1837 there occurred in these parishes, under my superintendence, 270 cases of labour, and 4 of abortion.

Of the 270, 5 were twin cases; the total producing 143 male children, and 132 female—of which 18 male, and 13 female, were still-born.

The greatest number of births took place in May and July; the smallest in February and March.

Of the women delivered, the greatest proportion were between the ages of 20 and 25.

There were of the age of 17 and under, 8; between the ages of 40 and 45, 7.

Unnatural Presentations, Complications, or Accidents, occurring during or after Parturition.

Of the above-mentioned 270 cases, the

Breech presented	in 12
Breech and funis	1
Foot	5
Knee	1
Arm	3
Hand and forehead	1
Face	2
The placenta was retained and required removal	4
Accidental flooding occurred before delivery	1
Flooding after delivery	7
Do. from retained placenta	1
Ruptured uterus	1
Convulsions	1
Puerperal phlebitis	in 1
Retroversion of uterus	1
Sloughing of vagina from protracted labour	1
Painful tumor in labia during labour	1
Impaction	2
Lingering labours	13

The forceps were used in 2 cases; perforation in 2; turning in 3.

Mortality.—Of the foregoing cases, 3 women died: one of ruptured uterus; one of puerperal phlebitis; the third

was brought into the house in a dying state, the result of disease, but was delivered previously to her death.

Puerperal Phlebitis following severe Hæmorrhage from retained Placenta.

Elizabeth Baldock, æt. 23, was delivered in the lying-in ward, of her first child, on October 8th, at 5 A.M., after a tedious labour of forty-eight hours' duration. Flooding came on soon after; but I was not sent for to visit her until 11 A.M. I found the discharge of blood continuing copiously, and the patient lying completely uncovered about the lower part of the body and extremities, with an open window close to her. This mismanagement was owing to the folly of a nurse, who had too literally obeyed the directions of the midwife to keep her quite cool during the temporary absence of the latter. The pulse was feeble, the extremities cold, and there was severe pain in the lumbar region, attended with sickness, yawning, tinnitus aurium, and urgent thirst. On examination, large coagula were found in the vagina, and gushes of blood followed the slightest exertion. The placenta was still adhering strongly to the fundus of the uterus; this with the coagula were immediately removed, and the hæmorrhage ceased. The woman it seems has been subject to epileptic attacks, and fell down stairs last week during one of them.

Small doses of Tinct. Opii, with Infus. Ros., were directed to be given every three hours, and a little port-wine, diluted, immediately.

After a few hours she rallied, and was apparently doing well till the 10th, when she was attacked by rigors, nausea, thirst, increased heat of skin, and other symptoms of fever. The lochia are scanty, and there is pain in the hypogastric region on pressure.

Hirud. xxiv. abdomini. — Calomel. gr. ix.;

Pulv. Dover. gr. x. M. statim sum.
Mist. Febr.—Cataplasma to be applied
over the abdomen after the leeches.

11th.—Has passed a restless night,
and had three dejections. Profuse dia-
phoresis towards the morning. Pulse
still frequent, and skin hot, with thirst.
No pain in abdomen on pressure.

R. Opii, gr. ss.; Calomel. gr. j.; P. An-
tim. gr. ij. omni 6ta hor.

During the 12th she felt much better
in every respect, and on the 13th com-
plained only of pain in the head, for
which leeches were applied to the tem-
ples. The assistant-surgeon had or-
dered her in the evening one grain of
digitalis, which was repeated in the
morning, as her pulse had increased in
fulness.

14th.—Found her with a pale and
anxious countenance, and unable to an-
swer any questions; pulse 120, and
very small. Diarrhœa has supervened.

Mist. Camph., with small doses of Tinct.
Opii, were given every three hours,
with a little wine and water. The
other medicines to be discontinued.

15th.—Says she feels much better,
but is feverish; pulse 130; tongue
clean; skin hot, and of a dusky yellow
hue; slight diarrhœa still, but no pain.

Arrow-root diet. Omit the wine, &c.

16th.—Skin not so hot, but the ex-
pression of her countenance is anxious;
tongue not dry or foul; pulse 150, but
not strong; tormented by thirst. No
pain in any part of the abdomen, and
complains of no other active symptom.
No headache nor diarrhœa, and she has
slept tolerably well.

An effervescent antimonial mixture was
prescribed, to allay the thirst.

17th.—Has not slept much, and there
is a hectic flush on her cheeks. Com-
plains of deafness for the last three days;
pulse 140, but weak; urgent thirst still;
tongue clean; urine high coloured, and
the dejections are dark and fœtid. No
pain in abdomen, but only in the loins.

Ol. Ricini, to be followed by an effe-
rescent mixture; with a small dose of
Tinct. Opii occasionally.

From this period the diarrhœa conti-
nued to a greater or less extent; the ab-
domen became tympanitic, but still free
from pain; nausea and cough, attend-
ed by thirst, troubled her; the pulse
was quick, weak, and latterly intermit-
ting; the respiration hurried; tongue

and lips brown and dry; occasional de-
lirium and coma supervened, and she
finally sank on the 22d.

Autopsy.—The intestines distended
by gas; their peritoneal covering, as
well as that of the uterus, quite free
from the effects of any previous inflam-
matory action. The uterus and its ap-
pendages did not present any signs of
disease, but the right uterine vein, from
its commencement to its termination,
was much thickened in its coats, and
enlarged; and when divided longitudi-
nally, the internal surface was found in
some parts of a bright scarlet colour, at
others lined with a coat of lymph: coa-
gula of blood, of a firm texture, blocked
it nearly up at its junction with the
iliac, forming a plug partly projecting
into that vein. The left uterine vein
was in a similar state, but not affected
to so great an extent.

The exciting cause of the inflamma-
tion in this case was, I think, without
doubt, cold caught whilst the vessels of
the uterus were in a distended state, and
their extremities open, and pouring out
blood; in fact, from the time I found
her lying exposed so completely to a
current of cold air, I had mentioned my
apprehensions of her being attacked by
puerperal inflammation.

It is, perhaps, a curious circumstance
that this is only the third case of that
disease that I have met with amongst
our parochial lying-in patients for the
last nine years, although within that
period it occurred to such an extent at
one time in a lying-in hospital situated
close to our Infirmary, that the wards
were closed for some months, I believe,
with a view to get rid of this fatal com-
plaint. I find, by our reports, that no
deaths have taken place from it, pre-
viously to this case, for many years.

Retroversion of the Uterus.

March 5th.—Mary Tarant, æt. 35,
was admitted into the Infirmary on the
23rd of February, suffering from slight
fever, and in the greatest destitution.
Six months previously she had received
a very severe kick on the pudenda, which
caused profuse hæmorrhage for fifteen
or sixteen hours, and the parts were
swollen and œdematous for a fortnight
after. On February 16th she fell down
stairs (being pregnant), and received
severe contusions on her loins and hip,
followed by extreme pain for three days;
during the first of which she could not
pass any urine, and voided it in very

small quantities even on the others, with an admixture of blood. On her admission she was bled twice, had leeches applied to the part, aperients, fomentations, and injections, by the direction of the apothecary; and then, for a week subsequently, passed about a pint of water daily. On the evening of March 2nd she voided a small quantity of urine, and from that time it has only escaped guttatum. The bowels have not been relieved since the 1st; but she has concealed both these circumstances, from a fear of having the catheter passed, and from a great dislike to medicine.

On the morning of the 4th a sudden and violent pain in the abdomen attacked her, and continued throughout the day and night, accompanied by vomiting of a greenish-coloured fluid.

On Sunday, the 5th, I was first requested to visit her, and found her in violent agony, with great tumefaction at the lower part of the abdomen, severe pain following the slightest pressure no the hypogastric region. She is in her fifth month of pregnancy, (it being exactly five months yesterday since her catamenia last appeared). She felt some slight movements of the child a fortnight since, but not for the last five days. A slight shew appeared this morning, and she says that she has passed her urine and alvine evacuations freely every day, and even a few hours since; but this, as was soon afterwards discovered, was a false statement, owing to the reasons before stated. Leeches were immediately applied to the abdomen, followed by a hot cataplasm, and warm injections were administered per anum. She was a little relieved by these applications, and was then removed into the lying-in ward.

On examination, per vaginam, the parts were found to be hot and swollen, and the passage blocked up by a substance which proved to be the body of the uterus. On raising this up, and carrying the hand up above the pubes, the os uteri could be discovered, and was slightly dilated, a large quantity of liq. amnii escaping with the movements. Notwithstanding the repetition of her assertion as to the passage of urine previously, I introduced the catheter, and drew off *six pints* of bloody urine, by measure. This afforded great relief, and the abdomen collapsed considerably. An enema was then given, and she passed a large quantity of scybala about two hours after. This likewise added

to her relief; but as the skin was hot, pulse full and hard, and she was thirsty, I abstracted a few ounces of blood from the arm. At 11 P.M. the catheter was again passed, and three pints of urine (still mingled with blood) drawn off. Free evacuations from the bowels at 12 and 5 A.M.

On attempting to replace the uterus in its proper position, it was found impossible; the fundus could be raised a little out of the hollow of the sacrum, but the introduction of sponges and lint, to sustain it, caused so much pain, after a short time, that they were withdrawn.

March 6th.—Slept moderately well; intense pain in the head during part of the night, and in the back and abdomen.

Hirud. xii. tempor. Low diet. Mist. Febr. Cath. ad. Oij. at 8 A.M.

In the afternoon the pain in the head still continued; abdomen painful on pressure; she was much troubled with cough: blood taken on the previous night, cupped and buffed. The uterus appeared to be rather higher up; Oij. of urine drawn off at 5 P.M., but on attempting it again at midnight, coagula of blood only came.

7th.—Head still very painful, and the bowels not relieved since yesterday; parts very sore. The assistant-surgeon endeavoured to draw off the urine early in the morning, but was unable to get any; at 11 A.M. one pint and a half was abstracted, accompanied by much blood.

The patient had not slept, owing to pain in the right hip and side; abdomen not quite so tender, but more so over the umbilical region than any other part; tongue more moist; pulse quick.

Enema. Hirud. xii. Arrow-root diet.

8th.—Head much relieved; bowels well opened three times; slept pretty well; one gill and a half only of urine drawn off last night; abdomen much less tender; pulse quick; no thirst. There is much more space in the passage, but it is still impossible to replace the uterus in its proper position.

9th.—Small quantities of urine drawn off twice yesterday, and this morning three pints and a half, but very dark and bloody; pains similar to those of labour came on at intervals through the night; head continues well; bowels not relieved since yesterday morning; abdomen more flaccid; pulse still full.

10th.—Catheter last night brought away no urine, but this morning a pint

of very offensive fluid was drawn off. Bowels not relieved, though she had taken ol. ricini this morning. Head more comfortable, and free from pain; tongue and pulse good. Another pint of urine, of a most foetid odour, had been taken away in the afternoon; so bad, indeed, that it could not be kept in the ward, and the catheter was quite blackened by it. Bowels relieved. The uterus can now be pushed up with the fingers, but it occasions great pain, and a quantity of putrid liquor amnii escapes in doing so.

Potas. Sup. Tart. dissolved in water, with Sp. Æth. N. for drink.

11th.—Very sick all night; tongue dry; skin hot; pulse quick; has not slept; no appetite; abdomen not tender to the touch. The nurse says that the patient has passed a pint of water this morning, without aid; but, on examining it, it proved to be liq. amnii, and not bloody, as the urine has always been. Great pain and scalding about pudenda. Catheter employed, and five pints of urine evacuated.

Mist. Febr. Effervesc.

12th.—The midwife drew off a pint of water early yesterday evening, and a pint and a half at 12 P.M., less bloody and offensive. Pulse quick; feverish symptoms and pain in the abdomen returned.

Ol. Ricini. Fom. Rep. Mist.

13th.—Catheterism unsuccessful twice yesterday, but two pints taken during this morning. Patient looks sallow and emaciated. Febrile symptoms continue. Hiccough yesterday, and to-day occasionally.

14th.—Symptoms the same; shreds of mucous membrane apparently are voided with the urine.

15th.—Pulse quick, but becoming weaker; tongue white; bowels opened; a pint and a half of urine drawn off this morning. No hiccough since yesterday, but sickness is now a troublesome symptom, especially after drinking. Slept a little during the night. Pain in the back and abdomen, with great irritation about the neck of the bladder. The urine very offensive again, with pus in it. The scalding about the pudenda is the most troublesome symptom.

From this time she gradually became worse; the pain subsided, but there was a general depression, attended by violent thirst, and occasional sickness and

tremors. Small doses of opium assuaged them to a certain extent; but she died on the morning of the 19th.

Autopsy.—The pubes were cut through, and the legs widely separated, so as to afford a distinct view of the position of the parts. There was about a quart of brownish fluid in the cavity of the abdomen, and extensive adhesions by coagulable lymph had formed between the intestines and the parietes, and between the intestines themselves.

The uterus was seen to lie in the position before described, with its fundus fixed under the sacro-vertebral projection, and occupying the hollow of the sacrum, whilst the os uteri was felt with difficulty above the pubes. A portion of the vagina was pushed down, and the tumor at its back part reached nearly to the external orifice. The position was very similar to that represented in Boivin's Plate 11, fig. 5. The uterus was healthy in its structure, and contained very little amniotic fluid. The foetus was partly decomposed.

The bladder extended up nearly to the umbilicus, and was adherent to some of the small intestines. It was immensely distended, its coats thickened, and on being cut into was found to contain a quantity of dark purulent fluid; the mucous membrane in a gangrenous state at some parts (large portions of it being easily separated by the finger), and a thick coating of lymph on others. The left ureter was much enlarged, and its coats thickened; whilst the kidney of the same side was in a state of hypertrophy, and of a granulated texture.

In this case, the accident of falling down stairs during pregnancy, seems very probably to have been the cause of the retroversion, and likewise to have produced a severe effect on the left kidney; which explains the passage of blood, from the commencement, with the urine. Nearly five days had afterwards elapsed without any urine being evacuated, and to this circumstance chiefly is the death of the patient eventually to be attributed; it was not until an examination, per vaginam, discovered the nature of the patient's complaint, that her statement was found to have been a false one. The attempts to replace the uterus in its proper position, although varied, were found to be quite inefficient; and this is not a very unusual circumstance in similar cases. Baudelocque had to wait ten days before he succeeded in reducing it, in one

case; and in another of Hunter's, after death, the uterus could not be disengaged until the bones of the pelvis had been widely separated. There was no occasion to puncture the uterus, as recommended by some authors in these cases, as the liq. amnii escaped freely by the os uteri on lifting up the body.

Sloughing of Vagina from protracted Labour.

Sarah Sheen, æt. 27, was seized with labour pains at 10 P.M., on the 18th of May, which continued throughout the next day, though not of a strong character. A midwife belonging to a Lying-in Hospital was in attendance, and remained with her through the night of the 19th, when the pains became much stronger, and continued so during the 20th and 21st. The child not descending properly, a medical practitioner was called in, when the midwife took her leave. The former, with a pupil, remained with her during the night of the 21st, and until the evening of the 22d; when the child's head still remaining in the same position, and the patient becoming in a precarious state, she was sent into our Infirmary at 9 P.M.

On being called on to visit her soon after, I found her with very feeble pulse, and complaining of severe pains in her legs, which she was quite unable to move, the large nerves having evidently suffered much from the long-continued pressure on them. She had had several severe rigors after her admission.

On examination, I found the vertex presenting at the os externum, but evidently much elongated. There was sufficient space to allow of my applying the forceps, and after emptying the bladder, and giving her a little brandy and water, I made use of them, and a full-sized infant was soon extracted. A deficiency of space was found to exist between the sacro-vertebral projection and the pubes.

A severe fit of vomiting followed, attended with great depression, and I was compelled again to give her a little weak warm brandy and water.

Tr. Opii, ℥. xl. statim, ex Mist. Camphor.

23d.—Has slept well, and complains of no pain, but is feverish. No rigors.

Mist. Febr.—Warm fomentations to the vulva.

24th.—Slept well. Has taken ol. ricini ℥j. which acted freely. Passes her urine involuntarily. Has not the least power of motion in the lower extremities.

Gentle friction, with opiate liniment, to be used to them.

On the 25th, sloughing of a portion of the vagina at its anterior part took place. Warm injections per vaginam were frequently given, and a cataplasm applied to the vulva, which was swollen. She slept well; pulse was better, and her tongue clean.

Mutton diet; but without porter.

27th.—Has not slept well; skin hot, pulse quick, tongue furred; fetid discharge from the vagina; has more command over the left leg than she had; and can partially control the discharge of urine from the bladder.

Mist. febr.; aperients. Low diet.

29th.—Has recovered partially the use of both legs. Sloughs still separating. Less fever.

June 2d.—Has been troubled by diarrhoea for two days, which was relieved by one grain of opium at bed-time. The febrile symptoms have left her, and she sleeps well; pulse weak, tongue clean, and does not complain of pain. Small shreds of sloughing still come away with the injections, but very little discharge.

20th.—Parts healthy, but not quite healed. Has generally the power of retaining or passing her urine voluntarily; but has not yet the full use of her legs. Health and strength much improved. Discharged at her own request.

There can be little doubt but that in this case an earlier extraction of the child would have prevented the serious symptoms which followed it.

Ruptured Uterus.

I was called up on March 20th, at half-past four, A.M., by a midwife, to visit Mrs. Martin, æt. 40, residing at 19, Stacey-street. The previous history of her case was as follows:—She was at her full time with her eleventh child, and had complained for the last fortnight of severe pain round the lower part of the abdomen, especially on the left side. The severity of the pain prevented her sleeping, and was accompanied by great tendency to sickness, but there was no vomiting. Labour commenced on the evening of the 19th; and the liquor amnii escaped at one, A.M. The midwife, who was then sent for,

found the pains tolerably strong, but after a short time they declined in force and frequency. At two o'clock the patient got up, and walked about the room in the intervals between the pains, and took a little weak brandy and water. The midwife was on the point of administering to her a dose of ergot, owing to the lingering and ineffective state of the pains, but fortunately changed her mind; for about three o'clock, the patient, whilst lying on the bed, was seized with a pain not apparently more severe than the preceding ones, and immediately after it, exclaimed that she was dying.

As her symptoms continued to be alarming, I was at length sent for, at half-past four o'clock; and on my arrival found her without any pulse, the extremities cold, great faintness, but no sickness; respiration difficult; countenance pallid and distressed; but she was still able to answer any questions, although it was evident that she was fast sinking.

After giving her some brandy and water, I made an examination per vaginam, and found the head presenting naturally, and low down, it not having receded, and there not having been any escape of blood. As the patient was moribund, I did not consider it advisable to remove the child. She died in a quarter of an hour afterwards.

Autopsy.—On opening the cavity of the abdomen, nine hours after death, a large quantity of blood was found in it. The uterus was fully distended; and on its left side, about six inches from the fundus, a laceration, about five inches long, was seen extending longitudinally between the round and broad ligaments, through which the extremities of the infant were visible, but no part of them was protruded. There was also a second, but smaller rent, lower down on the same side. The portion of the uterus in which the lacerations had taken place seemed rather thinner than the other parts, and was evidently in a morbid condition. In different parts of the external surface there were large patches, in which effusion of lymph had taken place to some extent, between the peritoneal and fibrous coats. This was more distinctly visible on the right side, owing to the undisturbed state of that part. The posterior surface was healthy. The infant, on being removed from the uterus, was found to be of a large size.

The rupture of the womb is, in this case, reasonably to be attributed to the change affected in the substance of the organ by the process of inflammation, especially as the infant was of larger size than usual, and the uterus consequently more exposed to injury.

Had some active treatment been employed when the pain first attacked the patient, a fortnight before parturition commenced, the accident might not perhaps have occurred; or had assistance been rendered by the use of the forceps immediately after the rupture took place, recovery might not have been impossible.

Puerperal Convulsions.

Elizabeth Cross, residing at 80, Drury-lane, was attended by a midwife, who, alarmed at the occurrence of a severe convulsive fit during a pain, immediately sent off for me. On my arrival I learned that the patient's labour had commenced at 1 P.M. the day before, the liquor amnii escaping at an early period before the os uteri was much dilated. The pains had become strong by midnight, and continued so until five in the morning. It was at this time that the first fit occurred, and a second one took place half an hour afterwards. On examination I found the os uteri fully dilated, and the expulsive pains strong, the head presenting high up at the brim of the pelvis, and not advancing. A third convulsive fit came on soon after my arrival, and I immediately abstracted from the arm thirty ounces of blood. This afforded relief. On my return at nine o'clock, I found that the patient had had three more convulsive paroxysms; but she now seemed more sensible during the intervals than she was at my first visit. She informed me that she had not suffered from headache previously to the attack, and that she had not felt any movement of the child for some hours past. I decided, on this account, on removing the infant with the crotchet, as the passage was narrow, and the head had made no advance. This operation was unattended by any difficulty, and no convulsion occurred during its performance. Some slight attacks took place during the day; but the application of twelve leeches to the temples, and a large blister to the neck, gave effectual relief, and the patient had no further bad symptoms.