

opium in puerperal convulsion depend on the state of the circulation; that in plethoric or inflammatory conditions it is always dangerous, while in anæmia and debility it may always be used beneficially.

Emotion.—The regulation of emotion is of considerable importance in preventing the accession of convulsions when they are threatened, and in averting the return of the attacks, in the intervals where *consciousness* is retained. Mental excitement of every kind should be soothed, and avoided as much as possible. The sight of the infant, of alarmed friends or relatives, unpleasant intelligence, noises in the sick chamber, or still more trifling matters, have caused or renewed convulsions. Perfect quiet and repose within the sick room, and the absence of all signs of excitement on the part of the attendants, are of the utmost consequence; the calm or timid look of the professional man may either excite or prevent a fit. The *psychical* effects of emotion upon the spinal marrow—anotherwise purely *physical* organ, in health and disease—is one of the most striking and indubitable facts furnished by the pathology and physiology of the spinal system.

Bolton-street, Piccadilly, June 18th, 1845.

A CASE OF PUERPERAL CONVULSIONS DEPENDING ON IRRITATION OF THE BLADDER.

By CHARLES VINES, Esq. Surgeon to the Dispensary, Reading.

I HAVE recorded the following case, because it appears to me to illustrate some important points in the pathology of puerperal convulsions, a disease of great interest, from its dangerous nature, and particularly as, of late years, it seems to have much increased in frequency.

Susan C—, aged 20, of spare habit and nervous temperament, had enjoyed tolerably good health, and was about eight months advanced in her first pregnancy, when she was suddenly seized with convulsions on Friday, 11th of October, 1844. The medical man first in attendance bled from the arm to sixteen ounces, and ordered aperient medicine. On the following day, ten A.M., when I first saw the patient, her symptoms were as follow:—The face and whole surface of the body livid, features distorted, frothy mucus about the mouth, œdema of the upper extremities, frequent and violent convulsions, requiring two or three persons to hold her, perfect unconsciousness; there was also inordinate and tumultuous action of the heart, with a quick, feeble, and fluttering pulse.

Treatment.—Cold water repeatedly dashed on the face and neck; warm applications to the extremities; half a grain of the acetate of morphia to be taken directly; a mixture of sulphuric ether with camphor julep every four hours. At four P.M. the child was expelled from the uterus, the mother being perfectly unconscious of the circumstance—an interesting physiological fact.

October 13th.—The patient's general appearance improved; still, however, unconscious, and occasionally convulsed. Applies her hands to the head, which feels extremely hot. The hair to be removed; leeches applied to the temples, and afterwards wet rags; continue the medicines.—Eight P.M. Patient very restless, heat of head diminished, but unconsciousness still continues. Finding, upon examination, the lower part of the abdomen enormously distended, I was led to suspect retention of urine. A catheter was at once passed, and five and a half pints of turbid urine, having a strong ammoniacal odour, drawn off. The removal of the water was followed by great improvement of all the symptoms, and on the return of consciousness, the patient expressed herself surprised on being told of what had happened. To take eight grains of Dover's powder at bedtime.

14th.—Has passed a good night; general appearance of patient better; has had no return of the convulsions since the evacuation of the bladder; is troubled, however, with cough, and complains of tenderness of the chest. To take a saline, with ipecacuanha wine and tincture of hyoscyamus. The catheter to be used morning and evening. Repeat the Dover's powder at bedtime.

15th.—Has slept tolerably well; makes no complaint of pain; the bowels confined. There is still retention of urine, caused probably by the great distention of the bladder on the previous days. To take an aperient, continue the cough medicine, and the use of the catheter.

The after treatment of this patient consisted in the administration of gentle tonics, mild aperients, and the use of the catheter; turpentine liniment applied over the loins and pubic region. The bladder was remarkably slow in recovering its action, and the urine retained for a considerable time its turbid appearance and disagreeable odour. The infusion of buchu was given with decided advantage.

Remarks.—On inquiry, it was ascertained that this patient had

suffered, for some weeks previous to the attack, from œdema of the hands and feet, a circumstance occurring in these cases, to which the attention of the profession has lately been called by Dr. Lever, of Guy's Hospital, and other midwifery practitioners, as indicating the presence of albuminuria.

The case also appears to illustrate the pathology of puerperal convulsions, and to confirm, in a remarkable manner, the views advanced by Dr. Tyler Smith, in his "Observations on Midwifery," which have appeared in THE LANCET. The fits would seem to have been caused, or, at all events, kept up, by the continued irritation of the vesical nerves. Such is the conclusion naturally drawn from the facts, that the general treatment, and the evacuation of the uterus, failed to relieve the convulsions, while, after the woman had passed into a very dangerous condition, the discovery of the distended state of the bladder, and the evacuation of this organ, produced immediate and permanent relief. It appears clear that the irritation of the vesical nerves was conveyed to the spinal centre, and reflected upon the motor nerves and the muscular system in the form of convulsions; how, otherwise, can we account for the cessation of the fits, and the speedy return of consciousness, when the local irritation was removed. The case is very similar to that quoted by Dr. Smith from La Motte, in which the same cause excited the fits, and in which the removal of the cause proved equally beneficial.

June, 1845.

INFANTICIDE.

REMARKS ON THE INQUEST AT ISLEWORTH.

By WILLIAM RYAN, M.R.C.S.E., Shaftesbury-terrace, Pimlico.

IN medical jurisprudence, the late inquest at Isleworth forms a subject too interesting and too important to be allowed to pass without notice. I purpose reviewing the facts of the case, bringing to bear upon it the opinions of authors as to the possibility of such an occurrence; and as such opportunities are rare, and a case in point worth a volume of theories, I shall append one that happened in my own practice while in Sutton Coldfield. The facts connected with the inquest are these:—

On the 28th of February, Ann Pendry was known to be about ten minutes in the water-closet. From appearing in a weakly state on her return, and being seen to wipe her hands in her apron, the suspicions of Mr. Wopsholt were excited, (the girl having previously been suspected of being *enceinte*,) and he immediately went to the water-closet, and saw something dark lying in the soil; on moving it with a stick he found it was the head of an infant. The girl, on a surgeon and her mother arriving, at once declared, that while sitting on the seat of the water-closet, the pains came on so suddenly that she was unable to get off.

The surgeon deposed, that on visiting her she appeared to have lost a good deal of blood; that the internal organs of the infant were healthy; that air had entered the lungs, although not to their full extent; and that the child had been born alive; that under the scalp, over one of the parietal bones, was effused half a drachm of blood, and in the bone a fracture, (a fissure?) which might have been two or three inches in length; that there was no indentation, no depression, and that the brain and its membranes were uninjured; that there were no marks of violence, except at the umbilical cord, which was broken an inch and a half from the belly. The surgeon could not depose as to the cause of death.

There can be little doubt—particularly in the minds of medical men who have seen much midwifery practice—about the soundness of the coroner's (Mr. Wakley's) advice to the jury, to bring in a verdict of "Found dead, but what was the cause of death there was not sufficient evidence to show;" and there can be as little doubt that the jury, by adopting such advice, might, with full safety to the community, have left the case open, and thus avoided branding a woman, perhaps perfectly innocent of the crime, as the wilful murderer of her own child. Should the woman be innocent, this is a fearful price to pay for her former imprudence.

The horrible crime of infanticide justly calls forth the indignation of the people; and the public are but too likely to allow their judgment to be swayed by a verdict of "wilful murder," such as the present, and thus entertain a feeling hostile in the highest degree to the interests of the accused. To prevent this is the province of every generous mind; and this is a duty no less due to the public themselves than to the accused.

Let us now make a few remarks upon the subject, inquiring into the probability of the truth of the girl's story, and call to our assistance the experience of medical men on the subject.

In the first place, it was the girl's fourth illegitimate child, and therefore, as she was "used to it," the deed could not be prompted by those feelings of shame which might actuate a more

unblemished character. This must be particularly recollected as the first great incentive to infanticide.

Beck, in his excellent "System of Medical Jurisprudence," speaks so sufficiently as regards the case before us, that I shall quote him and the authorities he cites; and here must be borne in mind his own cautious opinion, that "with regard to the death of the child occurring from mere rapidity and suddenness of the labour, it must be exceedingly rare, and under very peculiar circumstances; and when it does occur, it must be either from the child being suffocated by falling into a privy at the time of delivery," &c.

Now here, on the threshold, from this great authority, is the very case where he admits such an occurrence might take place; and had the jury read this, I have little doubt they would have acted in accordance with the advice of their president; but when they thought they, if erring, were erring on the side of mercy, they should also have recollected the irrevocable step they were about to take.

Tatham, as quoted by Beck, gives a case where a patient, in her fourth pregnancy, after three trifling pains, was passing along her lobby to her bedroom, when the infant was suddenly thrown on the floor, bleeding profusely at the umbilicus, but ultimately recovered. Again: another female was obliged to go to the night-chair, a great discharge of water took place, followed by twin children, who dropped into the utensil.

At the Old Bailey, as cited by Dr. G. Smith, "a woman was tried for the murder of her child, by dropping it into a privy. She declared, that while there for a natural purpose, an uncommon pain took her, the child fell, and she was some time before she was able to stir. On this occasion a practitioner was examined on the probability of such an event, who said an instance came to his knowledge, where, while the midwife was playing at cards in the room, the woman was taken suddenly, and the child dropped on the floor." Dr. Smith also adds, that a lady of his own acquaintance, the mother of several children, and who therefore must be supposed to be acquainted with the premonitory symptoms, was sitting at dinner, and perfectly free from any consciousness of approaching labour, when she experienced an inclination to repair to the water-closet. She had scarcely got there when she was delivered of a child. He adds, "had the place of retirement been constructed differently, this infant might have perished."

Dr. Rigby cites a case where a patient had two pains, one of which awoke her, and the other "drove the child with great violence into the bed." And this, he it remarked, in the recumbent position. With how much greater force, then, would it not have come had the patient been standing; or yet with how much greater still if sitting in a privy, as in the instance of the unfortunate person before us.

About the year 1841 or 42, I was engaged to attend Mrs. P——, age about thirty-five, in her first labour. She was rather low-sized, and limped considerably from apparently hip-joint disease. Her lungs, too, were predisposed to disease. Under these circumstances, I certainly felt that the case would be a severe, indeed, an unfavourable one. Five minutes had scarce elapsed from the time of being sent for, when I reached her staircase, which looked into the room. The sudden and violent propulsion of some obtuse substance on the boards, caused me to turn my head quickly round, while I heard at the same time the exclamation, "Oh, dear! something has come away." The woman held by the bed-post in the erect position. I saw that I was too late; thought the infant's life was sacrificed, and raised my foot to surmount the next step, when the baby roared like a trumpeter. The cord was broken about two inches from the navel. Here, then, was a first child, where the infant was propelled with immense force; what must it have been had it been her fourth, where, the bony parts being the same, the soft parts were prepared to make little resistance.

Need I appeal to any medical brother conversant with midwifery, how frequently, with their most respectable patients, they have been obliged to resist their entreaties to let them go to the night-stool, from the conviction that had they permitted them to do so, the child would have been found in the utensil? We all know that at such a moment scarce anything can persuade our patient from the conviction that a bowel evacuation is all she wants. But the instructed practitioner knows better, and while he painfully feels the full delicacy of the moment, he also insists upon the only course of safety to the mother and infant.

Now, in the present instance, without questioning the respectability of the jury, of which I know little, or their acuteness, of which I know less, I do say that if the public reports of their proceedings be correct, they have been guilty of a grievous mistake. They may be excused from going against the advice of their medical coroner, because their medical knowledge might not coincide with his; but they cannot be excused, on the grounds stated,

for their own wilful verdict. Let them stop and stay bad laws at their source; let them begin with the legislators and the makers of the law, and see that the source is pure, but let them not try their struggle with the poor straw that is carried on the surface; in their rage to rectify confessedly unjust laws, let them not point the way to right by doing wrong. Let them not sacrifice an innocent woman to an unjust law.

Had this poor woman been married; had she been one of their own wives, and a similar casualty had happened, what would have been the verdict? Oh, accidental death, of course, and rightly.

This question is now *sub judice*, and I appeal to the public, and I ask them to raise their voice on behalf of this poor "wilful murderer," or, at all events I ask them to inquire, before pronouncing her final condemnation, into that of which the jury should have inquired before pronouncing her a murderer—viz., What sort of privy it was into which the woman went? How many inches the seat was from the ground? What depth of soil covered the ground? and whether the ground itself were of an uneven or stony nature? Let them also inquire what was the conduct of this woman to her previous children, whether she tried to kill them or not, or whether she "faced her shame valiantly." On all these things much must depend, and of these things, should the jury have satisfied themselves before they delivered their unfortunate, because it will carry no weight, verdict of "wilful murder."

April 2, 1845.

** The above communication was sent to us immediately after the inquest, and before the poor woman was liberated, in consequence of the jury ignoring the bill. We have been obliged, for want of room, to defer its insertion until this week.—ED. L.

REVIEWS.

A Practical Treatise on the special Diseases of the Skin, enriched with Cases and numerous Notes, collected from the best Authors, and in the Cliniques at the Hôpital Saint Louis. By C. M. GIBERT, Physician to the Hôpital Saint Louis. Translated from the second edition by EDGAR SHEPPARD, M.R.C.S.E. London: J. Churchill, 1845. 12mo, pp. 362.

M. GIBERT was a pupil of the celebrated Biett, the great cutaneous pathologist of France, who, by his eloquence and learning, along with Alibert, for twenty years attracted crowds to the Hôpital Saint Louis. Biett was a practical man, fond of demonstrating to his numerous followers the scientific meaning of the interesting pathological field in which he was placed; but loath to confide to paper the results of his experience. Consequently, although one of the first cutaneous pathologists of the present century, he has only left behind him a few articles on cutaneous diseases, contributed, at long intervals, to a medical dictionary. Biett's experience, however, has not been lost, for M. Gibert and M. Cazenave, who were both his internes, have adopted most of his ideas, and reproduced them in their works, of which Biett's clinical lectures may be considered the canvas.

M. Gibert is a sound, deeply-read, practical physician, and has likewise brought his personal experience, which is considerable, and his great critical acumen, to bear on the subject of which he treats. His work is, indeed, a very valuable manual of skin diseases, and stands deservedly high in the estimation of his countrymen. It is, along with that of M. Cazenave, the favourite class-book with the numerous students who follow the clinical lectures at Saint Louis. We can cordially recommend Mr. Sheppard's translation, which appears to us carefully and accurately executed, to our readers. With such a guide as M. Gibert, they will be able to find their way even through the maze of cutaneous affections.

Meander is the first author who speaks of the paralytic effects of preparations of lead. After him, Dioscorides, Galen, Paul of Ægina, Rhases, and Haly-Abbas, have mentioned paralysis in describing the different accidents occasioned by the introduction of lead into the stomach. Paul mentions the fact that it is sometimes accompanied with loss of sensibility, and sometimes not.