

CASE OF PELVIC CELLULITIS FOLLOWED BY PERITONITIS.

BY DR JAMES YOUNG.

MARCH 13, 1872.

IN the following case some remarkable changes occurred during the progress of, and subsequent to, the primary inflammatory action which ultimately caused the patient's death. Many, I presume, will allow that one of the most troublesome obstetrical accidents which are apt to occur is miscarriage, and also that hæmorrhage is frequently a cause of most anxious care and solicitude. One of the most dangerous consequences of such an accident is inflammation, which frequently occurs, and which, in this case, proved the cause of the patient's death. The patient is generally found suffering from hæmorrhage, with the placenta left in the uterus. Mrs —, æt. 32, was born in Edinburgh, of healthy parents, who lived to an advanced age. She had had six children and several miscarriages during her married life of fifteen years. Mrs — was greatly alarmed by fire on the 20th November last, when ten weeks pregnant. Hæmorrhage came on, and continued three weeks, more or less, until the 8th December, when the foetus was expelled. A medical man was sent for, and attended for a week, after which a change was recommended to the country. While there, considerable hæmorrhage continued for two weeks, requiring tonics and the liberal administration of wine. Notwithstanding the treatment and rest, the hæmorrhage continued until she returned to town, on the 2d January last. I saw her on the 3d, and found her very weak, pale, and anæmic. I examined the uterus, and thought there were indications of some placental remnant, which was expelled during the night. The hæmorrhage ceased on the 5th January. She had little, if any, pain until the 7th, when she had a severe rigor—pulse 120, and weak, with diarrhoea. She complained of severe pain in the region of the uterus. Some days thereafter, Prof. Simpson visited her, and confirmed my opinion that the case was one of pelvic cellulitis. A blister was applied above Poupart's ligament, on the right side, and occasional mild purgatives were given; also milk, beef-tea, and

moderate doses of brandy. On the 12th the pain was very great, and, on examination, I discovered an abscess of considerable size forming between the uterus and rectum. I ordered warm-water injections and spongio-piline fomentations over the pubic region, hoping that the abscess might discharge itself *per rectum* or *per vaginam*. On the 15th, I opened it behind the cervix with the trocar and canula, and removed a saucerful of putrid and most offensive pus. I ordered vaginal injections to be continued, and on the 16th Mrs ——— was greatly relieved, which was indicated by her countenance. On the 17th her reply to my interrogation was, "Very well." I prescribed iced champagne, with beef-tea, milk, and white of eggs. To my great dismay she complained of considerable pain over the abdomen on the 19th, and on examination, I discovered the whole belly to be tympanitic, with tenderness on touch, all over. There had been no fresh rigor, which made the extension of the inflammation all the more unaccountable. Turpentine stupes were immediately ordered to be applied at frequent intervals, with small doses of opium, and a due amount of nourishment. Bowels to be gently relieved. On the 20th, the pulse rose to 130. Hiccough came on, and vomiting, the stomach showing the signs of irritability usual in such cases; and the patient died on the 21st January.

Prof. Simpson recommended that these abscesses be always opened early for fear of their rupturing. The difficulty is to determine whether it is a peritonitic or cellulitic abscess.

CASE OF ACUTE YELLOW ATROPHY OF THE LIVER.

BY DR JAMES N. M'DOUGALL, COLDINGHAM.

MARCH 13, 1872.

MRS WOOD, aged 30, a strong muscular woman, the mother of five children, was, on the 5th September, after an easy natural labour, delivered of a weakly male child. The placenta was united by firm adhesions to the uterus for one-half of its extent; small abscesses were detected scattered over its surface,