

Original Communications.

A Case of Rheumatism of the Gravid Uterus; by E. H. Trenholme, M.D., Prof. Midwifery and Diseases of Women and Children, University of Bishop's College, &c.

(Read before the Medico-Chirurgical Society of Montreal, May 2.)

The following brief notes are presented to this Society, on account of the peculiarity of the case brought before you, and the absence, so far as I have been able to ascertain, of any notice of Rheumatism of the uterus by writers upon the diseases of women and children.

Mrs. E. J. P. is æt. 31 years, native of Canada, Irish parentage, spare habit, well developed, and of healthy appearance, the mother of several children, and now in the 6th month of gestation. Her previous history good, supports herself and family by sewing. Had a fall down stairs about the 1st Jan., 1873, but except slight pains in the hips, which soon passed away, has not suffered any inconvenience from the accident. Present condition: On 27th Jan., without any cause so far as she is aware, was laid up with a sudden and severe attack of sub-acute rheumatism of the right shoulder, which was hot, tender and so painful that any movement of the joint was impossible. In all other respects she seemed well.

28th Jan.—Passed a restless night and is suffering very much from agonizing pain at the pit of the stomach, which is intensified during each respiration. The breathing is shallow and rapid, and says she feels with each attack of pain, that there is a spasm or constriction around the lower part of the ribs. There is considerable irritability of the stomach and tendency to vomit. Pains in shoulder slight, urine scanty and high-colored. Pulse 85, skin hot and dry; ordered turpentine stupes to pit of stomach, and gave the patient aconite internally.

29th.—Passed a very bad night; no sleep. Pains at pit of stomach and base of chest much the same. There are also severe pains in lumbar muscles. Stupes continued to seats of pain. As skin was acting freely and nausea but slight, I gave Bryonia Alba alternately with aconite every 2 hours.

30th.—Pains gone from pit of stomach, and diaphragm and lumbar region, but the uterus is the seat of the most intense agony; there are also tenderness and swelling of both knees. Patient passed a restless, sleepless night, and seems much exhausted as she has been unable to sleep or eat for the last 4 days. Examined the os uteri and found it normal. There are no indications of abortion. Discontinued the aconite, and gave Puly. Dov. with

Morphia every five hours. Hot turpentine stupes continued.

31st.—Slight pains at pit of stomach, but do not interfere much with respiration; lumbar pains also present. Uterine pains much the same as yesterday. Treatment continued.

1st Feb.—Pains in uterus most severe. Slight pains at pit of stomach and small of back. Urine in addition to its being scanty and high-colored, is irritating and renders micturition painful. Pulse 100. Great restlessness; skin acting well and not very hot. Gave Bryonia every 3 hours, and Dover's powder at night.

Feb. 2nd.—Uterine pains unrelieved and continuous. At times the organ seems to contract and increase the agony. Slight pains in knees and thighs and not elsewhere. Passed a sleepless night as usual. Pulse 112; tongue furred; bowels unmoved for four days; skin acting well. Omitted the Dover's powder and ordered the following: ℞. Pot. Iod. ʒjs., Pot Bicarb ʒiijss., Vin. colch ʒj. aqad viii. Tablespoonful every 3 hours. I may say that at this stage of the disease, I feared abortion would result on account of the supervention of spasms of the uterus. The question of aiding the removal of the ovum presented itself to my mind, but was not entertained as I dreaded a fatal result, should active inflammation supervene upon the present rheumatic state of the organ.

Feb. 3rd.—Obtained relief from the agonizing pains in the womb at midnight, and had her first sleep for many days. The womb is very sensitive to the touch, but easy when quiet. Slight pains in the knees and right shoulder, but none elsewhere; bowels moved twice during the night. Pulse 96; skin normal. Urine more abundant and lighter in color. No dysuria. Treatment continued.

From this time the patient continued to improve, and was so well as to be able to attend to her occupation and walk about the city before the end of another week.

I am sorry to say that, owing to a midnight hegira, I have lost track of the case, and have not been able, as I had hoped, to note the results of the disease upon her child nor its effects upon her confinement.

Montreal, Victoria Square, April, 1873.

Notes of a case of Cerebro-Spinal Meningitis.—

By JOHN BELL, M.A., M.D.

(Read before the Medico-Chirurgical Society of Montreal, May 16, 1873.)

On Wednesday, April 9th, 1873, I was called to