Emphysema.  1856. Ritchison

One of the Complains

Of Parturition

The subject of Emphysema is
one which, as far as I know, has never
as yet been treated of, in a safe and
appropriate manner. In many cases of
Mutinying - the latest method, as far as I know,
Dr. Morse Hathorne, Churchill, &c. Do not divide
its job at all, whilst there are one who think that
as Penning, Blundell & Davis, purely present
its existence, and, say that cases had occurred
so in their own practice. Without knowing
being some thus attending to them in the
most curious manner, and that partial giving
any notion and distinct direction regarding
the proper mode of treatment.

The object of this paper

Thus is. Firstly, to make a collection of

Cases of this complication of labour, which

have occurred in the practice of various

practitioners, and secondly, by subjecting

them to a scientific examination. The

endeavour to ascertain the true nature
of the disease, and the mode of treatment
most advisable. To be a style of plan
in other cases.
Emphysema post Partum.

A woman, 31.25., was taken in labour in the evening of April the fourth, and the parts being very rigid, blood was taken from the arm several times, between that and the 7th. When she was delivered of a stillborn child, immediately after delivery, a violent paroxysm of coughing came on, which threatened suffocation. At noon of the same day, about two hours after this paroxysm, the face and neck were observed to be much swollen. The swelling diffused itself over the trunk of the body, and causing great alarm in the minds of the friends, a terrible crepitus was distinctly in the parts. The cough was still troublesome, and the breathing somewhat oppressed. Some aperient and antimonial medicines were given, and in three days the swelling, crepitus, and cough had almost ceased. From this time she had no relapse.
A young woman, aged 19, of a sanguine and nervous temperament, had a severe attack of peripneumonia. During the first few days of the seventh month of her confinement, on the second of September 1819, the seventh day of her malady, the pains of labour came on, and pain persisted for four hours. They were accompanied with very strong cries and soon after, an emphysematous tumor diffused itself on the upper part of the abdomen. A physician was called in twelve hours after the birth of the child. And when he arrived, he found the patient in the following condition. The female body was greatly enlarged. The face was red and of a violet colour, as also was the neck. Which was considerably swelled. The heart and the entrails (peritonea) were equally affected, and over every part the pulsej presisted. The character of emphysema. The disease caused by the presence of air, and the patient was seen to be immediately, a large
quantity of blood was removed from the arm. and four hours after this bleeding was repeated. after which the respiration became less laborious and for some time the emphysema diminished. The head and face regained their natural volume and colour, but the dissecation was not totally removed from the surface of the ribs. The discharge did not come away. the abdomen was very pliable to the touch, and all the organic organs were in connection with the head and the heart. Two leeches were applied to the periauricular vein and the general bleeding was again had recourse to after the expiration of twelve hours. under the influence of the leeches the leeches did not again abound and the vilia of the mucous membre was lost. on the morning of the tenth, the malady had abated. the tongue was dry. the pulse regular and the pain which had occurred its former appearance was of
The same level as the normal condition of the body—A large pinpoint was placed upon the breast, and the anemic part was covered with bandages, formed in "pinc aromatique" on the eleventh. Thirteen days after its delivery, the condition of the patient was markedly ameliorated. The perspiration was free, she could change her position from place to place. Her tongue was moist. She was thirsty but did not make known her wishes quickly. She was always8 hungry, and the ladies were not present again. A medicine application of leeches was made up as The saliva. The emulsion diffused in aromatic wine was embroiled, and she was febrile, bulging water. In her drink, some broth, and some from jugs of wine. On the 12th, the temperature was disappearing by degrees. The perspiration was again entirely free. The pulse of the normal condition, and the discharges took their usual course. The
Case III

A young woman, about 17 years of age, of a pale habit of body, and fluent countenance, while endeavoring to conceal the pains which precede labour, suddenly lost her voice, and in a short time her face became puckered in a wonderful manner. A tumour which protruded under the lips, was quickly diffused over the whole head, neck, and face, and her eyes were completely shut. And the features of her face very much deformed. Her respiration was quick and laboured. Pulse full, and quick. She complained of no particular pain or uneasiness, but her mind was anxious and she was very much...
Frightened about what had happened to her. When I was called to her, I ordered a pinc to be opened, and took away a considerable quantity of blood in a full stream; I also directed the armified parts to be rubbed with St. Camph. twice a day. In about a week the belly was kept open with Can. active medicine and the parts one operate at bed time.

During this time the swelling in her jaw began to give way, and in proportion as the emphysema disappeared she recovered her voice. About three weeks after delivery she left her lodgings and went to another part of town. I (Dr. Hamilton) saw no more of her for two months. When she accidentally came in my way, I was struck with the emphysema which could be perceived on her neck and head; for when pressed the cracking sound was still distinct. Her features were quite natural, however, and she looked
Mrs. J. Emsay. The wife of a watch-case maker in Chancery Lane, a strong and healthy young woman, in the course of a fever, and uncommonly severe labour, forced a quantity of air into the cellular membrane of the neck. Her whole face and neck, and the upper part of her body were enlarged; her eyes were inflamed, and her eyelids so swelled that for some time afterwards she could not with difficulty open them. The space occupied by the emphysema might be covered by a hand, and the base of it was about the point where the fifth clavicle joins the sternum. It was not perceived till the day after the patient was delivered, but the choking sensation occasioned by pressing any part of that space left no room to doubt
The subject of this case was a small casey woman 25 at. and this her first labour. The whole pelvis (and the arch of the os pubis in particular) approached to that of the male, and the internal parts were remarkably small and rigid. Notwithstanding the most violent and quickly-repeated pains, the child was not expelled. After full seven hours after the complete dilatation of the os. Even; its head was wonderfully elongated, and all the means of recovery were ineffectual. In the moment of its expulsion the woman with unspeakable pain exclaimed "I shall be suffocated."

I hastened to the other side of the bed. when I was struck with her appearance.
Which was entirely altered, the face, neck, and breasts, being affected to an amazing degree.

The erythema of the upper and fore part of the neck made no pressure, the crackling noise which characterizes this affection, but the erythema of the face and the breasts was perfectly hard and unyielding. I instantly took her pulse, which immediately relieved the pain of suffocation, and in some measure diminished the inflation of the face.

She was, nevertheless, unable to open her eyes like the fourth day.

The whole muscle protruded very gradually, and was entirely gone in about a week, but the crackling noise was plainly felt. In nine or ten days, just below the clavicles: indeed there was air, in small portions, perceivable in the cellular membrane of the arms for many weeks afterwards. Friar with oil was recommended from henceforth...
of the attack.
The placenta came easily away in about half an hour after its
birth was drawn. The patient took a fever pulse on the second day after
delivering, and another on the fourth; she had no milk fever, nor any other
symptoms to retard her recovery.

If the bleeding had not given such
instant relief, the urgency of the promptings would have led me to attempt it
without loss of time, by incision, as
practiced by the Late Dr. Hunter (and
long before, in an instance related by
Jenius) in a case of uterine pain described
in the second volume of "Medical Observa-
tions and Inquiries."

It afterwards appeared that my patient had, for some hours,
burnish her face, doing every pain, in
the middle of the bed of a woman who sat
on the side of her bed.

They came to observe. From I have
since attended the same person in their
Labours, and that, although they were all of the labours tried, nothing conspicuous occurred in either of them.


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The subject of this case, was a delicate lady, in her second with her first child. The labour had continued about 10 hours when Dr. C. found the patient showing puerperal convulsions, with the idea of some finishing the labour. The labour was no favourably and delivery took place in nine hours. The labour was very considerable and some difficulty was found in extracting the child. About a quarter of an hour after the placenta had been discharged, she complained of great difficulty of breathing, and Dr. C. was astonished at seeing her face, though she said no other to three times their natural size, and of a white pallid or pale colour. She also complained of great pain in the throat, about this time above the
Memum, and the difficulty of breathing seemed rapidly to increase, on putting his hand on the throat. Dr. May distinctly felt a crackling, and could easily hear a pleuritic noise. And on subsequent examination he was satisfied that she had complained her chest by her ingenuity of stethoscope. Pulse 110.

Remedies: The Throat: Two large doses of Compound Elixirs and before breathing was relieved, in about twelve hours. The pain in the throat and difficulty of breathing having much increased, she was again bled to picture ounces, with much relief. On the next day the gill had almost disappeared, she breathed perfectly and could draw a full inspiration without the slightest difficulty. From this time she became uncommonly and the recovery was rapid —

Empysema of the Ribs.

In the following case, it was the first case of empysema of the patient. The first stage being obvious, some Caroan anti-syphilitic was administered, according to the practice of the hospital, with the view of bringing about relaxation of the uteri. The second stage was more rapid; just as the child's head was beginning to pass up under the perineum, the patient's face and neck were drawn to one side, and she complained of some tightness of respiration. The face, neck, chest, and arms, almost to the hands, were found to resist fate upon pressure, and the sides of the neck were swollen upon pressure. There was some tenderness on pressure above the clavicle. The patient was immediately placed to the floor, and big sobs delivered (by natural efforts). The further increase of the pressure of air was prevented. Had the child not been soon expelled, it was the intention of Dr. Johnson to apply the forceps. Auscultation. Percussion.
of the Osseum revealed nothing abnormal. So that there was clearly no effusion of
air into the pleura.

The patient slept soundly
during the night as if nothing had happened.
Her recovery was in every way favorable.
She left the hospital on the sixtieth day.
She rapidly regain the vitality lost.
Cared, and wrote to the Indians alone.

The Church —

American Journal of Medical Science.
Vol. XXIII. page 281. Year 1853.

The patient was a lady whom he had
attended in three previous labors, which
presented no unusual circumstances. The
fourth labor was more unusually
difficult. The child was large in propor-
tion to the stature and the size of the
pelvis. Capacity of the mother and the
head presented with the face towards
the pubes. During several hours there
was very uterine action, accompanied
by powerful auxiliary abdominal efforts.
with some, but not commensurate pains of the painless head. The strength of the
vitality effects were such as made his apprehensive. That some mischief
might be produced, and especially began to show itself in the much face
of the patient. During every pain the
pertinent effects remained to be noted, and the employment gradually increased, until
the cellular substance over the clav.
icles. The upper part of the mammae, the
neck, and the face was very considerably
inflicted. The eyelids had become so
distended as very nearly to close up the
eyes. The appearance of the patient
had become quite formidable, and as
each pain the distressing increased and
promptly. That Dr. Charnoe did not deem
it prudent to thrust away longer to the
efforts and strength of the patient—
Although the head of the fetus was
high in the pelvis, he applied the forceps
and, by their assistance, accomplished
the birth of the child. The placenta
was removed after a short time. Caloric medicines were prescribed. The ordinary
precautions were used. And the Convalescence
was, in every respect favorable —

The treatment was adopted with
especial reference to the emphysema.
While gradually diminished, and, although
in four or five days after the confinement
my patient's respiration, on pressure with
the fingers, was perceptible, over the clavicle
and adjacent parts, as also in the face,
by two days after delivery it had totally disappeared —


Year 1839 - 1840 —

The patient under my care, a stout girl. Case IX
woman, disposed to clamor and to make
violent efforts, was in a James labour.

attached with the Caramation of the Placenta
or hemorrhage, recovering on both occasions
without a single bad symptom. The
second time she was delivered by the help
of the long forceps.
A. Dr. 03 20: delivered of her first child  (Case X)
August 30. 1842. after thirty seven hours labour, towards the conclusion of the
second stage, when the head was beginning to press upon the pelvic bones, she became
empysemous in the face, neck, and shoulders. The pains at this time, being
intensely expulsive. Respiration soon
after became very much impeded, requiring
the assistance of the blood from the
arms. By this she was greatly relieved,
and in half an hour the child was born.
From the time of her delivery, the emphysem
gradually subsided, and her recovery was
uninterruptedly good, insomuch that she was
able to go home on the seventh eighth day,
at which time the empysem disappeared at
every part except a small space on the
back.

Case No. 44. Page 98. in
M'Clintock's and Hardy's Practical Nos. 96.
Mrs. D. at 20. First Labour; admitted June 20, 1846. This was a male, but well made, healthy woman. Marked pernicious swellings, and the face, which was very puffy, last was not on the perineum for 20 hours. At this time the pains were strong, but did not cause any advancement of the head. It was some remarked that the left side of the patient neck, and face, had become quite emphysematous. The fetal head was undilated. In two hours after it was thought prudent to accomplish delivery with the dexter - as the emphysema was increasing, and no progress had been made in labour.

The child a girl, was live born. The following day she was bled to 12 oz. and for small doses of blue pill and succus elaterica.

Postpartum she eventually recovered well. Though for some days the pulse remained at 100. The emphysema had entirely disappeared on the fifth day. She was delivered of her second child May 3, 1846. Her labour was short and easy, and the
was this quite free for any pyloric affection —

Case No. 25-7. page 130. in
Mr. Clinton and Hardy's Practical &

C. H. 21. 29. First pregnancy. Upon admission into Hospital her state was the following: the O. uteri was fully dilated, the waters discharged, and the head occupying the pelvis; foul discharge from vagina; retention of urine; pyrexia; fulness and tenderness over uterus.

She said. She had been in two days in labour, and her respectors agreed with this statement. The most careful and careful examinations failed to detect the fetal head, although the placental cord had its normal characters. The feel of the fetal head was such as to lead one to believe that the child was full, or nearly so. A short time after her admission it was observed that the face, neck, and chest, were slightly emphysematous, and, in consequence of this,
and the other symptoms, she was de- 
formed with the preparation and ejected.

The child, a female, was pushed. 
This occurred because of effacement, and in less
than two months after being discharged.
From the hospital she returned, and
parturition to a full term living fetus.
Her second labor was short and easy.

Case No. 254. Page 132 in
Mr. Chisholm and Hardy's Practical Obst.

Case of a 26. In her first labour. The
presentation was the vertex, and pushed
was in uterus 35 hours. Child a girl.
was born alive, and by natural
effort, only. Its birth was recorded in
the 27th stage of labour. And it instan-
taneously took up the first inspiration. But died
within a few hours after delivery.

Case 138 in general table. And
Page 94. in Chisholm and Hardy's practi-
ical observations on Midwifery.
"I have myself seen cases such as this, and they all occurred in the midst of an enormous excitement of the heart and arteries. I had no hesitation in strongly recommending very copious bleeding, which in every instance afforded the most marked relief. Three of these patients were delivered without mechanical assistance. In the fourth the forceps were introduced to improve the position of the child's head. In the pelvis, and then with drawers. All were now alive. The mothers recovered perfectly satisfactorily. And the empty place vanished rapidly, without the necessity of performing the intimations.

Davis, Obstetric and Midwife.

1825. page 83."
On the 9th of November, between five and six in the afternoon, I was called in a great hurry, to see a woman. She was suddenly ill. On entering the house I found a woman in labour. She was 25 years old, and it was her first labour. A gentlemen was in the act of bleeding her, and the persons present were pitifully lamenting her situation. The patient hardly was taking leave of her friends, expecting her to lose any moment. Having with difficulty prevented silence, I demanded the cause of my being there. The midwife and the husband, together declared, that the cause of their apprehensions was the poverty of the face that had come on instantly, that labour had commenced at 8 o'clock in the morning, that little or no pains had been made, and that if the woman was not delivered instantly with the forceps she would inevitably die.—I immediately examined, and found every thing as I could have wished. On observing one thing, I felt doubtful, and the presentation perfectly natural. Instantly I told the patient to take care.
That there was not the least cause for alarm. That the swelling of the face would
outside upon delivery being accomplished.
which would be in less than two hours, as
Frankly, about her was in the state
that it might be. Upon a little ob-
ervation, I found that, acting on the belief
that her own voluntary efforts were useful
the child. Accordingly she made every
effort to assist the mother
after the pain had entirely gone off.
To this I attributed the patience
of labor, and to the aid of the face.
The midwife, indeed, now informed
me, that she found exactly the labor
the patient notwithstanding very leniently &
directly, had labored in the most painless
and uncomplaining manner, putting herself
in attitudes most unlikely to facilitate
delivery, and acting altogether in the most
efficient manner.

Delivery was accomplished. The circumcision of the
continuance of the

...
A circumstance that led me astray. The observations of the attendants were very accurate as to the time it took place. I had not hitherto paid no attention to any thing but delivering. Monday I had an opportunity of learning the consequence of first having continued farthing, at any rate. Laboring to cause delivery. Having too cause, demanded primary consideration. As soon therefore as the placenta came away, I left the patient in charge of the midwife, but I was not gone more than 20 minutes. When I was put in, I found the patient lying as at first nothing. Nor did she know the continuance was now much swollen, but especially the upper eyelids. About the 13th hour, she complained of a sense of suffocation, of swelling about the neck, and tumors at the right side of the face towards the upper third part. I took her right arm and felt her pulse. When I was astonished at the subcutaneous eruptions which I distinctly felt. The whole arm, the shoulders, the neck, and face. In my fruits as yet
affected, exhibited the same unequiva-
cal symptoms of emphysema. The upper
eyelids seemed to hang upon the eyes as
its occasion. Pain, I made him a slight
paroxysm in Throat, from which, in a
very short time, so much air was
extracted, that the patient declared
she could look up, I was embarrassed
To convince her of the severity of
suffocation and quickness, directed
her nose to move, but in the most
slow and canting manner. And
not at all, but when she could not
avoid it. And never to make an
expiration that required a full inspira-
tion. Accordingly I did not forbid
the plate, as he breathe was not
previously cleared, but reduced a
gentle stream of castor oil, which was
not given her. Next morning the
manifestation of the consternation was
not increased. The sense of suffoca-
tion had abated. The air had im-
provised a little very only when
The finger, to the elbow of the left arm, and to the fingers ends of the right — but there was no visible

fraction of the parts. A moderate

one of castor oil was indicted. In the

evening, the face was visible again.

The nature of appearance — the physical

face, relaxed gently. And moving

The countenance was much amended.

The original pain at the root of the chest

was not felt, and no more an

alarming to be offered, I declared.

The patient bore in a hopeful state,

And the preceding formerly incited.

Should be observed in four days.

Tender, I was and desired to rest

in my bed, which kind I am des.

trict. And during the directing

formally since, added that I frequently

using Sitivine with Haital on all

The employment of the parts, I did not

see my patient again, but was in-

formed by the midwife that she in-

much to much steadily.
Last accident occurring. That after
long sleep, and quiet repose. There was a visible melakation of ap-
ppearance, and that on the 10th
May last delivery. She undertook a
journey to the Highlands —
Edin. Medical & Surgical

On the 9th of April 1851. I was put
in about 7 p. m. to attend this ic.
At 25. in labour with her first child.
Upon making an examination
during the pains. I found the 0. stone
and described the face of a fibling.
The labour was long and tedious.
The child's jaws being towards the pubis.
About 4. a.m. during a more powerful
in order. The child had less con-
test after the perineum. The patient
suddenly called out that she could
not see. The morning the jaws.
Now, and anterior part of the uterus
seemed that they were ulcerated.
empirism. Reading the
reactions of another pair to increase
the urine. The lead by the
time being near the outlet. I applied
the friction. I salute the child.
which was a healthy female.

Though the appearance of
the emphysema alarmed the faints
of the patient going on, yet the
husband stated that she fell at
the time of its occurrence, was a
slight difficult of breathing, and
the swelling having clouded her eyes, she
was necessarily blind, but in reality
there was no danger, because in
the course of eight days, all traces
of the emphysema had completely
disappeared, with the cure of general
anemias. The patient completely
recovered — I have since attended her
when the cold and the slightest inuries

Robert Jef. signer

Ed. Medical & Surgical Jnl. 1856
August — page 132
Alice Murphy - at 25. This was her first labour, and she had had no previous miscarriages. Labour had continued from four in the afternoon, on Thursday the 13th Nov. She gave the next day. The first stage being completed at 2 P.M. and the principal amnion fully formed, there was swelling of the cheeks, no motion. The patient stating that she had noticed it the first time, soon after the left eye was closed by swelling and raising of the lower eyelid. No particular notice was taken of this condition till about nine o'clock. When the attending doctor placed his hand upon the cheek, and felt the distinct contractions of uterine on a...

It should be here mentioned that the patient had been throughout the labour, particularly assistant in excited herself in voluntary expulsive efforts, and resisted no personal occasions to the expedient of walking...
The chest into his mouth. To pre-
vent expiration during a spasm —
and help to firm the diaphragm —
the lead of the Time, five o'clock,
was being pressed against the outlet.
And the emphysema was extending
down over the chest, where about
three-fourths of the administered, which
prevented the policy any insidious effects,
which had been unusually determined.
And the increase of the rapidly ex-
tending emphysema — owing to
a slightly abnormal projection of the
apex of the victim, it was feared
that it would not be advisable
to allow nature to deliver the
patient. Dr. Graham Brown was
accordingly called for, but he
merely the non presence of the consulting
Medical Officers could be obtained.
At last about 10 o'clock. Dr. Mon-
came, and the patient having been
allowed to recover from the state
of anaesthesia, he proceeded with
some encouragement, in delivering himself at half past eleven —
At the time of delivering
the evil surgeon had intended to
place the forceps in the
rumination of the
mammae. As far
as the superior edge of the epigastric
region — and downwards from
the back of the neck to the last
vertebral notch — Percussion over
the chest gave dulness where the
temporal fascia was marked. But
this culminated per se nothing.

October 20th.寮 —
The
joints has enjoyed sound rest
sleep. complains of some pain
over the thorax. The tempore
malarous swelling is not so great —
but the cephalic extends down
to the level of the stern. She,
cannot bear the wants, and has
pain in the back, and sciotic.
The joint is 110°. Twelve was
of urine was drawn 2 by 1
Catheter, and the following was
concluded. Tit 8, H 29. Miss Cpt
Ja. 27, stat.

October 21st. Jelto more con-
stant. Pain still continues in the
nuch, for which she was ordered to
have lintseed fomentes applied.

Still pain in the periaden, which
is found from nearly back to the
arms. Pulse 100. Urine still
requires the stream 2f, with the
Sp. Ather. Mithic. 3ij. Age 3x
XX.

October 22nd. The pain in
the nuch has been relieved by the
fomentes. Empysema slowly die,
appearing. Pain in periaden &
nerability. Rome the right side
continues. The fomentes to be
Sp. Ather. Mithic. 3ij. Age 3x
XX. Premat 2f. Ast in die.

October 23rd. Pain in neck.
and Epistaxis has disappeared — patience has gained a little more — progress to be observed.

October 20 —

October 24 th. Stil improving favourably.

October 25 th. Epistaxis has quite disappeared, and patient appears herself as quite well. Though still weak —

For 1 st. is now ready to leave the hospital —

This case, as also the following occurred in the Maternity Hospital, here. They this last Autumn — and through the kindness of Dr. Graham Vois, I have been able to include them in this collection of cases —

Case

Alice Redcliffe, aged 19. This her first labour. Labour commenced October 27 th. at 2 p.m. Her first stage was completed October 28 th. at
2 P. M. Second stage completed at 3 P. M. and the third stage was completed as a quarter past 3 P. M. Child was Male. The child weighed 8 lb. 7 oz. and 19 inches in length. The head presented in the first position.

Patient had been nearly twenty four hours in labor, in the first stage - and the second stage had just commenced when she became very restless. Died out during the pains - and did not lead herself in bearing down. To aid the expulsion of the fetus - she was then persuaded to retain her breath during the pains - by holding out the lips. This long as doing she could thereby more speedily bring the minute her suffering, but she, soon applied herself vigorously to the task, and to the intent of helping the child clothes, into her mouth to prevent aspiration. The head was
Began to make some perceive
progress through the passages. Shortly
after, the eyelids were observed to
be puffed, and from the complain-
est of being unable to see.
It was suspected that this might
originate from emphysema. As in
the previous case, which was just
yet out of the hospital, the puffing
was examined. And puffs were find-
to be the case. The head was put
beginning to press upon the cervi-
cle, gradually ascending, but as
no cause of further delay was apparent
she was allowed to continue her
efforts, and as soon as sufficient
advance had been made, Dr.
Golding Biddle's plan was followed
1 2. That of assisting the head through
the internal parts by entering the
fingers into the same. Through the
Child's Chine, forcing the head for-
wards. The case by this means ter-
minalized speedily - and the child
Stage was likewise decided and
perfectly got over - The emphysem
in this case was found to have
extended up the cheeks up to the
forehead, downwards, over the
mammae reaching to a level nearly
with the lowest part of the sternum;
it also extended round the back
of the neck. The skin of the neck
was rendered very tense by the
effusion of air - In the evening
the patient complained of consid-
erable pain about the neck, and
there was a slight red blush about
the root of the neck to the right
of the trachea - June 20. - does
not complain of any other pain.

The next day the 21st she
complained of the pain in the
neck, as being more severe, she
had some difficulty in breathing,
and the blush of redness has be-
comes considerably more distinct -
Pulse full and 112 - Ordered.
Admission 10 0:30

31st. Summit in a coma.

A1. All of the pyramidal tracts remain intact. The redness is still persistent. Administered acetate of lead and spicums calamine, applied to the part.


Part 2. Cough again a little troublesome. Administered Pulexir 1/2. Calm, in a coma. Cough much less prone and accompanied by a copious expectoration above, slight pain in the left side of the chest. Auscultation reveals phrenicus and bilateral sounds over a portion of the left lung.
To apply, eight leeches on the Ep. of the Placuna

Respir. longa diminished

Respir. sub. pulse. faint

2.5 Swelling is nearly dis.

Of hands, and while the pulse takes some steadying the employments

respiration has diminished to a very

marked extent, the weakness now is very great.

5. Felt sick, pulse quick.

And queeke, tongue gored, the

mouth being full of putridity had

become close, and the peristaltic

was not sufficient, she was re-

moved to another ward.

6. The removal has

had the desired effect, she is quite

well now — salutary effects onness of

the throat and pains of emphysema.

9. She dismissed

quite recovered.

At no period of this case could

any pulmonary lesion be sustained,
except during the continuance of

My friend, Mr. Graham, told me that he has been able to obtain these last two cases, which occurred during last summer in the wards of the Maternity Hospital of this city.

But before entering upon the sheets of this case, I would first of all lay before you in a few paragraphs the disease by which I mean:

"Porous accidents occur in women during the puerperium; and these differ according to the nature of the woman. A woman who makes frequent efforts of expulsion, and suffers from pain, in hot air, in her face, may become affected with emphysema of the neck, back of the chest. This gives rise to swelling of some part of the face, the shrine, the sides, the hollows of the cheeks, by as much as a few inches.

But in some cases, the condition is more severe."

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"Empyema, from the rupture of a joint of the bronchial structure of the lungs, driving, labor, is an accident to be
impaired, especially by the constant pressure of labor pains - I myself have seen from
such cases, and they all occurred in
the midst of a tremendous infection of
the head and sinuses. I had no
hesitation in recommending the alpine
breathings, which in every instance, aff-
eced the worst marked relief. Three
of five patients were relieved without
mechanical assistance. In the fourth
the mechanic was introduced to improve
the position of the child's head in the
pelvis, and the patient recovered. All part
some alive. The nurse provided the
feeding, etc., with the same. The epistaxis
continued rapidly without succeeding the
interventions.

Said's brother, 1825, page 68.
"It is not unfrequently that a dânly, one of the causes the sick, occurs in the figures of labourious fluctuations; yet the accident is sometimes observed. The shock, a from the giving way, after much motion, the heart and lung trouble from the burning of the circulation, an erythema. The fibers of the intestines is shocked and at first glance the fluid, affects the colon, under a certain attack of dyspepsia, the stomach, producing itself in mutiny in examine the mucus, the nasal, ethmoid, preclude in comparing and lightly place giving the pulse with the tips of the fingers. Should emphysema occur, aiding is desirable. To retain the health, and free from, it is likely to appear. The influence, so that the omission of the urine may be recommended. After the delivery, if I may judge, from the single case brought under my notice, the abdomen, pales," spacious, heals rapidly and perceptibly.
The first point to be inquired into in regard to this complication of labour must undoubtedly be, "What are the causes by which it is produced?"

Upon examining the several cases which I have transcribed, it will at once be perceived that the great majority of the cases have occurred in first labours. We must remember that all first labours are much more difficult (we are speaking of natural labours) than subsequent ones.

And why so? Simply because all the passages through which the child has passed in a first labour are in a state much more difficult to dilate and require to be diluted to a greater extent than they do in a second labour. For after the first labour, they do not regain completely their former elastic state which formerly was regarded...
as one of the signs of Purgatory - And remain in a comparatively altered condition, for and the part Through which to be extended as greatly as the second or third labour, less mechanical force Through is necessary, because it is chiefly during the second stage, and whilst the head, is passing through the internal parts. That mechanical, or in other words muscular, or force voluntarily exerted by the Father is of importance. The muscles that give form and assist in parturition, during a pain, called downwarding, the time in connection with the respiratory system, namely The Diaphragm and Abdominal muscles.

The former is first joined by means of a large inspiration of air into the lungs, and then The Abdominal muscles with the assistance of The Diaphragm gives form to Abdominal Cavity.
to it, the heart more nearly upon the nearest point of structure, this is quite exemplified in E. Caro. Where, the returns a muscular pace, can not expel its contents, in the direction it ought to do. When much is the case, its structure gives way at some one or two joints, and the free have a "helpful means."

So it is, in the case, which we have supposed, some joint of structure must give way. The diaphragm being as it were fixed. Knowing, by a large horn and of inspired air, if that air could come out of inspired air, if that air could come out of expired air, by the diaphragm. And finally the other muscles would be at once pressed. The thorax likewise being closed, against all expiration, as the plea to have from the case with lungs Ex. 6. 20. 21. Whose I have transcribed, of which I can now see the precedent figure. This seems sufficiently always to the same portion of the phrenic.
The lung, and a pulmonary artery, passes through the skin, and is at rest. 

In this way the air that has been absorbed by the lungs and brought to the immediate aid of the compressed air, is gradually withdrawn, as fast the air escapes into the cellular tissue, which it as more presses on and more recovers. This mechanism of labor in this state, especially if the pulmonary air is not very deep, must be illustrated in the following manner. If 

pumps to the pipe quickly by a person 

make one of its points out of note, and 

therefore incapable of performing its 

work. Thus suffers IV. Its 

matter, which it is necessary to raise 

to D, and which is analogous to the 

water, which must necessarily be expelled 

from the body of the matter. The water 

IV. has a value, which has left it inside.
W. come into its place, but does not permit it to pass back again. Now if a green be applied to W. which is analogous to that applied to the ab. nominal furnish, the water W. makes its exit up the tube B to D. But suppose a passage of some fluid to the other tube G, which is capable of resisting the green of X. And suppose the tube E be the nearest point, and makes this the resistance at B. The tube must ultimately give way, and all green applied at X. to drive W. into the tube B. D. rise be cut. Because W. will push through the paper, at every application of green.

As in the analogous case of the lungs, it cannot give account of the acting power of the respiratory act of muscles. Are capable of being expelled.
In addition, however, to the usual mechanical force, which good nurses must utilize in the conduct of the female throughout the various stages of labour, of course the doctor must assist with many sections and laborious cases of contraction, as, for instance, when she has the head presenting. Towards the conclusion, and after, such cases are not always first labours, yet employment to giving birth is often in first labours—

To be accounted for, by the proper gentle carriage, and calm state of mind, and partly of the patient. Who apparently from experience knows what really assists her in her labours, and this only at the gentle pace and in a gentle manner, makes the use of the muscular force, as with petty haste in the latter, instead of impeding it, by using muscular force.
At a time when it is unnecessary to be a punge. That would be injurious — that it is the immediate application of the respiratory system of muscles. That is the primary cause of the species of emphysema. There can be no doubt as to the occasionally meet with a person fully, in cases when a person has been greatly affected with diabetes, and when it has been caused by continued dearst, fasting, and abstinence, at first. In children suffering also, under the grip of any acute coughing, attended upon with much noise of roaring and coughing, coughs, or whooping-coughs, coughs, &c. &c.

And during which muscular ennui. One so often called into play, are met with frequently. Much with emphysema. Afford how the cough and the chest. In such cases however, it is seldom developed to any great extent. Indeed in them. And similar cases. It may be influenced to the extent that it, a diseased condition of the bronchial & tubular structure of the lung.
In one of the cases occurring during confinement, which I have quoted, it was observed to be a violent paroxysm of coughing. In this case it would be difficult to say, whether its real cause was one, or the gift of coughing, it is in all the other cases, to the various reasons assigned for its existence in the terminal phase.

The existence of emphysema may also be greatly influenced by a custom, which is peculiar to some and uncommon, and namely, the act of swallowing the clothes a part of the phlegm into the mouth, and thus giving rise to any irritation of the lungs during the existence of a pain—since it is from the surface of some parts of the lung structure that this condition arises, cannot be doubted. But which parts of the lungs sometimes is it that yields, is the question to be ascertained.

We have not facts prior to us bearing upon this subject, either by the pathologist.
The Dr. treatment, seemingly because the cases in which the emphysema occurred in a frequented Female, have all resulted in the prompt cure in this city. The patient was suffering from phthisis and during the progressions of the emphysema, died, and no signs were allowed. The most frequent made an diagnosis from the clinical appearance. For the presence of lung pain, at the presence of the emphysema had been diagnosed. But the patient was not dead. The patient had the emphysema. It would be of no avail to us, as we could do no more for the local and beneficial treatment. The cure at present does in any case of emphysema - in some cases not, for since the emphysema has been operated on they have not been operated upon. To a operation of the lungs, but not in another part. The surgeon coming away of some of the tubular structure in either case.
The face air insinuates itself into the cellular membrane. It permeates the structures, and gradually makes its passage upwards to where the trachea is in contact with the large vessels, the rapidity of its progress being dependent upon the free play which the air is thrown out of the lung — after it has reached the junction, i.e. where the trachea and large vessels are approximated to each other, it at once fills a pulsating chamber or grooves under the skin upwards and the anterior surface of the neck, gradually passing backwards and the neck. At the upper part it forms near the jaw, and occasionally as high as the purpurial. white ridges — G. Jones may the phanopoea. there the phanopoea. To the arms and not infrequently it reaches to the arms as far down as the sides of the fingers, G. Jones over the phanopoea and includes the pharynx, but Jones as far down, so the edge of the raphae...
The affected is usually perfectly free from pain and the lymphatic may be of a very limited extent. In some cases pain may be felt in the interspace between the origin of the Femoral Artery and the pubis, and this is accompanied with a slight inflammatory redness over the joint. In such cases can the joint of the femur exist in this part of the body? Before passing on this I would merely mention that it is always true that we should look for any evidence of it, as it is usually at this point most marked in its characteristics.

At what period of Parkinson was the lymphatic premonitory? By some it has been supposed to be merely a first gland occurrence, its doubt it is not frequently as pain in cases 1, 2, 6, 7. But the cause of its insomniac, 12. The yielding of the large Artery has occurred growing to its completion of The Lungs, without any the second stage...
has been completed. It is during the
very last phenomena of the second stage.
When the head is making its exit through
the external passages. That the con-\n Sections necessary for the instance are
established. And if so, the head having
passed all, during the last pains, a
little time is necessary after the birth of
the Child for its Manifestation of an
Emphysema condition. And this, we should also
hope that Emphysema is generally a Post-partum
condition — but that it always is not
to put the case. In a peculiar case.
1 2 3 4 5 6 10 11 12 13 19 20 21
Emphysema occurred during the second
stage of labour. Hence it is a late
inflation of labour and could nearly
be Post Partum Asthma.

If a Female is suffering from Emphy-
sma during the second stage of labour.
What is the duty of the Accoucheer? —

The Priest, in the first place should
also unnecessary contact of Muscular force.
And calm her mind, as far as his in
in an fever. We must do as much as
To prevent her from prospecting any evil
consequences. And imagining herself to
be in a dangerous condition. If the
fever has not a natural tendency to
lasting duration and that theumphorigen
is increasing, we may use instead of
means for hastening the conclusion of the
event. At least if dangerous symptoms
should be present. Then, “But try and the pharma
cal instruments to aid, as much as possible.”
If the emphysema has increased to an
 alarming extent, or as to cause asphyxion,
just large of such a size. The removal
of a few ounces of blood may give the
patient more ease. We've to have a small
beneficial effect, giving for a time at
least, a more free and less offensive
sense of respiration. But this method
of treatment in these cases (I have only
seen a Bash in such cases) must be adopted
with much caution. As a great deal
of health depends upon the blood's course of the
cases, and the constitution of the patient —
would. The use of phosphorus in such cases was not the production of essential benefit, especially if it were attached purely until potentiating effect was produced.

If so, instrumental aid might then be used to remove the fetus. By this means the cord would not be in the way least depended upon. The aid that the abdominal muscles and diaphragm supply is normal labour. In the world this alarm at once. The principal means by which a return of force was applied to the long structure—

but in this way avoid any great chance of a further development of the expulsive power. It plus a quick and resistibly active tension. This instrumental delivery, whilst under chloroform does not be general produce time and effects, which were greatly assisted as arguments against instrumental aid.

This important circumstance then appears to me. The as reported me. Thence I have no hesitation, under these circumstances.
in advocating this form of treatment._

If the inflammation is not manifest itself until the first

vomiting of the second stage, as little

time is necessary for the expulsion of

the placenta. And much little time is

it later; scarcity of at all, affect none

in finding the uterine condition. For

The natural perspiring acts to

But if the placenta should not come

away of itself within the 15 minutes I

would at once remove it, after the time

has elapsed. As to place the patient

as soon as possible in Full Rest of

rest. While the absolute functions of

respiration. Necessary — All cases

after they come up to this point are

to be treated alike, as far as the

rage does not permit — That is to say the

universal principles of treatment are to

be the same. Etc. quiet rest.

With the applications of fomentation

then the parts must affect the and

principle — Of long inflammation of a
local type of this will be judged to apply a few leeches to the part. It
know use. The leeches may be developed to pull an extert as to cause a very
most unwilling looseness of the integument near the eyes. Preventing the lids from
being opened to produce just a suffusion of the face in general. And the path
removing, the integument may be green
touched off with some success in
allaying the nothingness symptoms.
If this should be followed up. The
air, in the cellular tissue, will be
gradually absorbed, but in five to
seven days, the very susceptible parts
of the integument will have disappeared.
without any inflammatory process to any
consequence preventing themselves. In
some cases a slight cough is seen to
affect the patient, but in a few days
only, it is gradually disappears.
The medical treatment will consist
very gently, after which is generally followed
during the convalescent stage. The delivery.
Nearly helping the forms open, but not final. The kid here may be a little more limited if any inflammatory symptoms are present. But otherwise, the care should be watched, without adopting any special treatment.

It may be asked, is this explained? Can the death have resulted from insufficient care? As dangerous as the patient? In general, care would be lost to pay. This is a case when the untrained is of great value, especially during the acute stage. And if our medical aid were at hand, it might lead to death by omission. Otherwise, as I have already stated, this is little change. This conclusion is shown just by fact that one of the few cases I have heard of the patient suffered from subsequent cold consequences. Into the incipient of the acute care. That is halted in every case. Her death was from pneumonia. The pneumonia might have influenced
The circulard conditions.

In the whole this plan can only be a variance. That May, with care tenption, be considered as occasion to the female in labour for the first time. It has been found occurring in the 12th month of the case in the present labour of the case.

Tuberculous, but not again in the third...showing that here it might have been an idiopathic condition. In one in two cases, there being, in future, laboro core.

Note: A small cut. A cold and occur in the second. But in no case occurred in the second. The fourth labor. That must be present in any of the previous difficulties. This was truly accidet f. It illustrated by a thieving manner. That is easily to the centi of Muscular force, imperfectly afflicted, with some difficulty in the labor. That produces the disease.

Note: In this case the child was a large one. in idiopathic to the maternal fibres. But very just.
Mother during the second stage to assist her in her labour.

Before concluding I would merely remark that I have not taken any notice of any remarks on the effects of abnormal presentation in connexion with the product of this former condition.

For in the tendency which these last words have in causing it. The reason for this is that as I have so fully entered into the details in relation to normal labour, I think it is unnecessary to do more than say that if a normal condition of labour is not produced, puerperal fever is not the cause. The trouble is in the production of the child. The cause is an abnormal form of the head. When the child is largely developed in that form to the extent it has, if the bony opposite outline exists —

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