

A CASE OF  
PREGNANCY AND LABOUR COMPLICATED  
WITH PARAPLEGIA.

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THE sciences of medicine, surgery, and midwifery can never approximate to exactness. New events are constantly occurring in the various forms of diseases. The very character of some diseases assumes different phases in a cycle of years; and the *modus operandi* of the various pharmaceutical remedies tends to make the science of medicine less exact. With surgery we are equally at war with exactness. For instance, two similar falls of equal force, from the same height, with the same amount of velocity, and both parties alighting in positions alike on the ground, will produce accidents varied in character: one will suffer from compression of the brain, and the other receive fractured spine or ribs. The treatment varies for such surgical cases, and must be met according to the exigencies of the case and their individual features. Books cannot teach the appropriate treatment of every case. But I believe it to be in the power of every medical man, however humble may be

his practice or his ability, to add something to the general stock of professional knowledge to make up for this want of exactness. Cases must crop up in the general routine of practice of such a class as to convince us of the rarity of their nature; and the least the science of our profession can expect of us is a short report of such cases, so that others may form an opinion on a matter which might be likely to occur to them in their professional career.

The following case, epitomised with brevity for the sake of space, possesses features of great interest and rarity:—

In September, 1868, Mrs. R—, aged thirty, the wife of a small farmer, was six months advanced in pregnancy with her second child. She complained of pain in her back and loins and down the thighs, and she limped in walking. A month later she was taken suddenly with total paralysis of both legs, and complete loss of feeling from the toes to the lumbar region followed. The uterus, bladder, and rectum joined in this unfortunate condition, involuntary secretions emanating from these organs. In the beginning of November a large sloughing phagedænic wound made its appearance over the sacrum, connecting itself by small channels with the spinal marrow. On the 10th of this month the full term of utero-gestation was considered to be accomplished, and no indication of pains appeared; but offensive discharges now came from the womb in abundance, and purulent absorption was fast threatening. On the 12th I

ascertained that the os was relaxed, powerless, and lifeless; it yielded almost as putty would to the touch, pitting like the skin of anasarca does to the pressure of the finger's tip. The patient could not feel my manipulations, and I introduced my hand gradually into the uterus (little force was necessary), and grasped the feet of the child, turned, and delivered the woman at once of a putrid child. Version, usually an operation of a sensitive nature to the patient, was accomplished without the mother being aware that I even touched her. She gradually sank, and died on the 20th, eight days after delivery; and during this time the wound in the back rapidly increased till it attained the large size of a dinner plate. No secretion of milk or other symptoms of a newly made mother came on after delivery.

Many features of interest will be suggested by this case. The woman in the early period of pregnancy was quite well, and received no fall or harsh treatment. She was comfortably nourished, and well to do. What caused such sudden disease of the spine and loss of power? Could pregnancy in any way? If so, where would be the sympathetic channel from the uterus to the sacrum?—and what would be the structures traversed? The uterus and spine must have been in a normal condition when conception occurred. When and by what powers were these normal structures made unhealthy? The sympathy between the breasts and uterus was completely severed. Where was the point, and what were the structures involved? In October, when paralysis of the mother's uterus set in, the *movements* of the child stopped synchronously. Still life went on for some weeks, as I detected the foetal heart pulsating. Did the mother's paralytic blood, by passing through the foetal circulation, cause the child's *movements* to cease? If so, how did the blood affect the child's spine? I could not say exactly the precise date that nutrition ceased on the part of the child, as the loss of vitality was so gradual, the first real indication of its death being the putrid discharges from the uterus. Why was not the child nourished up to its full term, as the mother's circulation was tolerably good up to the birth of the child? I confess many of the answers must be mere guesswork.

Some medical men have told me that they have attended every class of difficult labours; perhaps they will explain the abnormal conditions in the above case. But I must confess, after attending some thousands of cases, I still find the science of midwifery is not exact.

Halstead, Essex, Nov. 1870.