

***A Case of Rupture of the Lungs in Parturition.* By Mr WILLIAM
BALFOUR, Surgeon, Edinburgh.**

ON the 9th of November, between five and six in the afternoon, I was called in a great hurry "to see a woman taken very suddenly ill." On entering the house I found a woman in labour. She was twenty-five years of age, and it was her first child. A gentleman was in the act of bleeding her; and the women present were piteously bemoaning her situation. The patient herself was taking leave of her friends, expecting every moment to be her last. Having with difficulty procured silence, I demanded the cause of my being sent for? The midwife and gentleman, who, it appeared, had been present from the beginning, declared "the cause of their apprehensions to be a swelling of the face that had come on instantaneously; that labour had commenced at eight in the morning; that little or no progress 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, the os tincæ one third dilated, and the presentation perfectly natural. Instantly I told the patient to take courage; that there was not the least cause for alarm; that the swelling of the face would subside upon delivery being accomplished, which would be in less than an hour, as every thing about her was in the state it ought to be. Upon a little observation, I found the woman acted in the belief that her own *voluntary* efforts were to propel the child. Accordingly she made the most gigantic exertions, not only during a pain, but after the pain had entirely gone off. To this I attributed the protraction of labour, and swelling of the face, from which so much was apprehended. The midwife, indeed, now informed me, that from the commencement of labour, the patient, notwithstanding every remonstrance and direction, had behaved in the most frantic and ungovernable manner, putting herself in attitudes the most unlikely to facilitate delivery, and acting altogether in the most preposterous manner.

The pains were, of course, incessant, harassing, and quite inefficient; so much so, that progress seemed to be altogether arrested, chiefly, as appeared to me, from complete loss of confidence that had taken possession of the patient's mind, in her midwife. I now cautioned the patient against using any voluntary exertion whatever, directed her to lie as quiet as possible during the absence of pains, which, if she did, would, I assured her, recur at more stated intervals, and with much greater effect. I told her that, in her case, nature was quite sufficient to do her own work, without the interference of art, and that I should see her delivered before I left the room. The effect these assurances had on the patient's mind was truly astonishing; not a pain succeeded but what was sensibly efficient; and the woman was delivered within forty minutes from the moment I saw her. Never was there a better illustration of the justice of Dr Hamilton's doctrine, "That whenever a patient loses confidence in a practitioner, that practitioner, if possible, should retire." In introducing this observation, however, I lay claim to not the smallest particle of merit. All the good I did consisted in the prevention of mischief, by unwarrantable interference. Delivery being accomplished, the tumefaction of the countenance instantly and visibly subsided; a circumstance that led me to suppose the observation of the attendants not very accurate as to the time it took place. Indeed, I had hitherto paid no attention to any thing but delivery, trusting that the appearance of the face was the effect of great exertion long continued; at any rate, labour being the cause, delivery, as removing that cause, demanded primary consideration. As soon, therefore, as the placenta came away, I left the patient in charge of the midwife, but was not gone more than twenty minutes, when I was again sent for. I found the patient talking as at first, rolling and tossing. The countenance was now much swollen, but especially the upper eyelids. Pointing to the bronchia, she complained of a sense of suffocation, of swelling about the neck, and soreness in the right side of the thorax, towards the upper and back part. I took her right arm into my hand to feel her pulse, when I was astonished at the *sub manu crepitans*, which I distinctly felt. The whole arm, the shoulder, neck, and face, the only parts as yet affected, exhibited the same unequivocal symptoms of emphysema. The upper eyelids pressed so hard upon the eyes as to occasion pain. I made six or eight punctures in them, from which, in a very short time, so much air was extricated, that the patient declared she could look up. I now endeavoured to convince her of the necessity of perfect rest and quietness; directed her never to move but in the most slow and cautious manner,

and not at all but when she could not avoid it; and never to make any exertion that required a full inspiration. Accordingly I did not exhibit an opiate, as her bowels were not previously cleared, but ordered a gentle dose of castor oil, which was not given her. Next morning the tumefaction of the countenance was not increased—the sense of suffocation had abated. The air had insinuated a little way only down the thorax, to the elbow of the left arm, and to the finger-ends of the right, but there was no visible tumefaction of these parts. A moderate dose of castor oil was ordered. In the evening, the face was visibly regaining the natural appearance—the physic had operated gently. Next morning the countenance was much amended, the original pain at the top of the chest was not felt, and no more air seemed to have been effused. I declared the patient in a hopeful state, but that the precautions formerly inculcated should be observed for some days longer. I was now desired to send in my bill, which hint I understood; and therefore, to the directions formerly given, added that of frequently using friction with flannel over all the emphysematous parts. I did not see the patient again, but was informed by the midwife, that she continued to mend steadily, without the least accident occurring; that after every sleep, and profuse perspiration, there was a visible melioration of appearance, and that, on the twelfth day from delivery, she undertook a journey to the Highlands.

Thus terminated this singular and interesting case. It appears, from the feelings of the patient, that the rupture must have been in the right lobe; and very probable that it was precisely where the bronchiæ terminate in cells. From this situation the air would easily find its way upwards through the space in the posterior mediastinum, in which the under end of the trachea, œsophagus, arch of the aorta, &c. are enclosed. The orifice must have been but small, otherwise the tela cellulosa would have been more generally inflated.