

degrees. Careful questioning showed that there had been no decided chill or even definite chilliness preceding this sudden rise of temperature. Possibly a vague and slight chilliness only. Careful examination showed no tenderness of the abdomen. And no symptoms subjective or objective could be obtained except *sleeplessness* and the fact of *temperature*.

I waited during that day, and the evening brought again the same high temperature—105 degrees—but with no proportionate consciousness of illness. The unpleasant wide-awake feeling was all that could be elicited. Feeling sure that something serious must be brewing, and hoping either to meet it on general principles, or else to bring out some definite and guiding symptoms I gave one powder of Sulphur<sup>cm</sup> dry.

The next day brought only a repetition of the record, morning temperature 101 degrees and no sleep whatever. There was absolutely no pain, except now a slight headache after the prolonged absence of sleep.

There was some thirst, though not great. No real suppression of lochia or milk, although both were scanty. No restlessness, and yet no dread of motion. No appetite, and yet she could take simple nourishment without disturbance.

Again I waited for night and again was confronted with the same figure, 105 degrees. The problem remained unchanged. *Sleeplessness* and *temperature*!

The sleeplessness was of the wide awake type with acuteness of all the senses, and I gave Opium<sup>cm</sup> twice in water.

Still another day brought no change, and as the continued high temperature renewed the fear of deep and serious trouble, I gave Pyrogen<sup>cm</sup> twice in water. Still the next morning showed no change, and it was now a serious question whether I might leave my patient for twenty-four hours, to attend briefly our meeting at Watch Hill.

However, having given so deep acting a remedy as Pyrogen, and feeling that it must have time to show what it would do, I went.

As the case weighed rather heavily upon my mind, I spoke of it to two or three brother-physicians, and as if with one voice they all said, "Some deep trouble brewing! Have you given Sulphur?" And when I said "Yes" the further word was invariably "Well, you will find there is pus somewhere. Give Pyrogen."

Apprehensively and expectantly I returned to my patient, hoping to find that Pyrogen had taken hold, and that the evil spell was broken.

But I found no change except increasing headache, and an overwrought condition of the brain which was becoming alarming. This was now the fifth evening, that her temperature had stood at precisely 105 degrees—the morning temperature having registered unvaryingly at 101 degrees.

I reasoned with myself somewhat on this wise—"If I could disabuse my mind of the supposed seriousness of this case:—of its threatening character, and of the consequent necessity of choosing a subtle and deep-acting remedy, what should I do for this sleepless woman and her overwrought senses?" And I said "Coffea:" I acted accordingly and administered Coffea<sup>cm</sup> Fincke two or three times in water.

The next morning I had the delight of knowing that she had slept all night, and that her temperature was absolutely normal.

She went on to a rapid and uncomplicated recovery, without further medicine.

#### DISCUSSION.

Dr. Baylies—I remember the case of a lady who as a primipara had previously a very severe and protracted labor terminated with the forceps. Since then, coming under my care, she had on several occasions conjestive headaches,



feeling as though the blood did not circulate well through the brain, as if obstructed in its passage, as if crowded through the vessels. "More blood than they can hold seems to crowd into the temporal vessels," those of the left temple especially. This symptom was attended by difficulty of comprehension while reading; sometimes people with whom she was in company, seemed distant. She was apprehensive and anxious; was afraid to be alone with her children, lest she might hurt them. These symptoms and a similar crowded feeling in the chest and upper abdomen were repeatedly arrested at intervals of increasing length by a single dose of *coccus cacti* <sup>30m</sup> and later of the *cm*. As she was now in labor with her second child, having this intermitting, crowding pain, it occurred to me to try the *coccus cacti*, which was given, and she had a very favorable natural delivery, with alleviation of the pains.

#### DOUBLE HYMEN OR VAGINAL VESTIBULE, ABORTION AND SAFE DELIVERY.

WM. L. MORGAN, M. D., BALTIMORE, M. D.

Dec. 7th, 1895. Received a note from Mrs. F. saying, "Please send me medicine for my daughter, she is vomiting all the time." She got *Ipecac.* <sup>200</sup> four powders.

Feb. 7th. Another note, "Please come and see my daughter, she is suffering with cramps."

I went in haste at 10 A. M. and found a seventeen year old girl in bed making signs of great suffering. On examination found a pregnancy, supposed to be of six months, high in abdomen. Patient showed many signs of drug influence. Gave *Nux* <sup>200</sup>. I returned in two hours and made vaginal examination. Fœtus low in vagina but obstructed by a membrane just inside the sphincter-vaginæ, which at first I supposed to be the amniotic membrane, but soon

found it to be a solid muscle attached to the vagina about one inch inside of the sphincter and I could find no perforation, but still some fluid was passing. As there appeared to be no danger or hurry I rested the case and gave several remedies to meet the toxic symptoms of drugs which had been taken to induce the miscarriage. In ten hours a better condition of the patient followed a dose of *Kali phos.* <sup>cm</sup>. In two hours more the symptoms, pain in eyes, dry throat, thirst, pains come and go quickly, led to *Belladonna.* <sup>200</sup>. In an hour there was a small opening in the membrane which soon dilated, and the dead fœtus and placenta were delivered without any trouble.

The sad effect of the pill that had been taken made recovery very slow and from the many symptoms required much attention. The mother gave out that the daughter had a bad case of La Grippe, but the neighbors had it Typhoid, but she got well all right.

Subsequently I examined and found the fragments of a ruptured hymen in the proper place, and this diaphragm about an inch and a quarter further inside with a small hole in the center, about three-eighths of an inch in diameter. The membrane was about one-fourth of an inch thick, very firm and muscular and around the opening it was rigid and not easily dilatable.

Guernsey says there may be a hymen anywhere in the vagina, but this appeared to be too muscular and had not been ruptured, but dilated at the delivery as the other tissues and closed again as I suppose it was before.

Perhaps it would have been as well to have opened this with a knife or scissors, but it was my choice to give time for a natural delivery, and my patience was rewarded by seeing a good delivery and safe recovery of a bad case.



## IS FISH INIMICAL TO THE PUERPERAL STATE?

CAROLINE E. HASTINGS, M. D., BOSTON, MASS.

Fully thirty-five years ago when I began to study medicine under the tuition of a country physician, I first learned that fish is supposed to be inimical to the puerperal state. One day when riding with the doctor, he stopped at the roadside to speak to a man who was fishing.

"What are you going to do with those fish?" questioned the doctor. The reply of the man I have forgotten but the farther reply of the doctor I have never forgotten, viz. "Don't you give any to your wife."

As we drove on I asked, why? and was told that fish was like poison to a woman in the puerperal state. Remembering this, I have never seen the patient I was willing to subject to the test of the truth or falsity of this theory.

Very early in my professional life I was given the account of a woman who had died soon after childbirth from eating lobster, but no experience on this point came into my own practice till about four years ago. It has always been my custom to caution nurses and to forbid the use of fish as food at this time, but about four years ago I neglected to give this precaution in a given case. Instrumental delivery had been necessary, but the patient had made a good recovery up to nearly three weeks when she was taken suddenly and seriously ill, with a temperature of 105 degrees, and very rapid pulse. She complained of feeling very sick, and begged me not to let her die. The nurse had discovered a redness on one breast. On examination I found a marked redness covering the surface of the left breast. It was very suggestive of erysipelas. The symptoms called for Bryonia, which she received, but as the patient did not improve I called Dr. Wm. P. Wesselhoeft in consultation. He agreed with me that the case had a serious look, but did not see any reason to change the remedy, and Bryonia was con-

tinued but in a higher potency, the next day, the third of the illness, the symptoms were ameliorated, and complete recovery followed without farther complication. Some days later I learned that the nurse had given the patient fish just previous to this attack. The nurse is a graduate of a reputable training school, but neither in her instruction at the school, nor in her experience in the sick room, had she ever heard anything said upon this subject.

About two years ago, I attended a lady in confinement, and all went well for about ten days when I was hastily summoned about 9 o'clock in the evening. I found my patient in a high fever, face flushed, and severe headache. This time I enquired and learned that she had taken an oyster stew a few hours before. With the utmost confidence I prescribed Lycopodium; complete relief followed in a few hours, and the patient recovered without farther complication. A question of interest may here arise, viz.: If fish is inimical to the puerperal state, how long does this peculiar susceptibility last?

For answer I can only state, that a number of weeks later, when all thought of any danger had passed out of mind, my patient had a similar attack, which was again relieved by a dose of Lycopodium.

Now there was no idiosyncrasy in this case, for the lady is very fond of fish, and had always eaten it with impunity up to the time of childbirth, and has eaten it since with no farther ill effect than once lodging a fish bone in the throat, which required removal at my hands.

## DISCUSSION.

Dr. Wesselhoeft—Is that your own experience, Dr.?

Dr. Hastings—That is my own experience; I called you in consultation in the first case, you will remember. You didn't know it was fish at the time, neither did I, but later it was very evident to my mind that it was the cause of the illness.



Dr. Custis—I am very glad the Dr. read this paper, though I am sorry she was not able to tell us why. That idea, I think, must have started in Virginia, for that is the first place I heard of it. It is a general belief there among the old colored nurses that they will kill their patient, if they take anything from the water as food, and I have always followed it, and have had some patients made very sick because they did eat oysters. I don't think I have lost any, but my experience agrees with Dr. Hastings' to the letter. I would not think of giving a lying-in patient fish or anything from the water. It looks like a prejudice because we cannot explain it, and because the symptoms produced are not always the same, but there are very few of these old notions that do not have some foundation in fact, and they are all worthy of consideration and thought. My brother talks about snakes. I have known two or three cases where the patient has seen snakes and been scared, after which they aborted.

Dr. Pease—I asked that question because I have read somewhere that a woman in the puerperal state stepping over a snake, or in the neighborhood of one would miscarry, more frequently at the seventh month.

Dr. Custis—My snake experiences have always been at about the third month.

Dr. Plummer—I do not know that I can recall the special symptoms which two of my patients had, apparently following the use of fish. The theory is so well understood in the Home in which I am a physician, that I almost never have any trouble. In one instance the patient had been allowed to have just a little of the broth of the oyster, and it was three weeks at least after delivery. The patient had a sudden and high temperature and violent vomiting. In the other case the fish was not eaten until the end of the fourth week, when the patient was going up and down stairs to the table, and was considered past the danger, but in both cases

the symptoms were severe, and in both cases it was quite apparent that they were caused by the fish.

Dr. James—I only wish to say that the late Dr. Henry N. Guernsey was very positive about that. I studied under Dr. Guernsey and had the advantage of his lectures previous to the year 1869, and always in his lectures, regularly every year, he spoke very positively against the use of either fish or oysters, and I think you will find in his obstetrics, the first edition, the statement that eggs, oysters and fish should never be allowed in the lying-in chamber. He included eggs; said that they were equally objectionable with fish and oysters, and in his lectures he spoke also of clams or any preparation from clams. It has always been a very prominent point in my own mind, and whenever I have had an obstetrical case, I have stipulated particularly that this sort of food should not be given to the patient.

Dr. Pease—I wish to report that in February last I delivered a *primipara*, of a large, well developed baby girl, and this talk about fish recalls the case to my mind. Some three or four hours after delivery she had a very strong craving for fish and she said she must have it; if she could not have fish she must have oysters at least, and without knowing anything about the doubtful fish question I allowed oysters to this patient. The husband went out and in his haste to get back promptly, brought a can of cove oysters; she ate quite freely of them, and seemed to thrive on them. She ate heartily, finished up that can in the next day or two, and ate raw oysters, and nothing came of it—the patient made a fine recovery. It has occurred to me whether or not the natural craving that she experienced possibly was an indication that made it safe for her to eat them. She was a native of New Brunswick.

Dr. Wesselhœft—I think this is interesting. I know of one patient who subsisted on oysters and fish mostly during her whole pregnancy, because she was absolutely



averse to meat, and she did very well. That is, per contra, but one swallow does not make a summer. It may be true that in the majority of cases, fish food or sea food, especially salt sea food, is injurious to many people. We know that people coming from the West and eating ocean fish food frequently get very sick from it. This experience is frequent with people who have not been here for years, and eat heartily of fish food. Now, if these people have not been accustomed to ocean fish foods it may make them sick. If, for instance, the cases that Dr. Plummer has enumerated, coming from the interior, where they very rarely get fish, suddenly get on to fish foods, the change may produce very marked symptoms generated by the change of diet. This is merely a suggestion. I never have heard of fish being inimical to the puerperal state before, and it never occurred to me to deny any woman either in convalescence or during her pregnancy fish or shell fish.

Dr. Case—Early in my practice I was told by an old nurse that the eating of fish would cause great trouble in the puerperal state. I knew nothing of this from the instructors in college or text books, and placed so little faith in that statement, that whenever the patient asked for fish or oysters it was usually granted. I sometimes say to them I have heard that it is injurious, but I never knew of its doing harm, and I venture to say that more than a dozen of my patients in the puerperal state have taken oysters or fish, and, so far as I know, without any ill result.

Dr. Allen—I have never heard of fish being inimical to the puerperal state, but I have found in my practice for years that lobsters have been, and I never permit a puerperal woman to use lobsters or lobster salad in any form, as I have seen very serious constitutional disturbances from its use, particularly urticaria. The worst cases of urticaria I

have ever met have been from the use of lobster. I have noticed also that Dr. Wesselhœft's remarks apply to inland as well as sea fish, to those who are not habituated to the frequent use of fish. I have noticed a great many who came from the region of the lakes, where the water contains a large proportion of lime, to Georgian Bay, for instance, where there is no lime in the water, and eat freely of fish, that they have very severe attacks of urticaria lasting for days, sometimes weeks. Perhaps there may be something in the food of the fish.

Dr. Wesselhœft—Dr. Allen's remarks are valuable in so far as pertains to Chicago, they get lobster when it is a good deal older than it is here, and the older fish is the worse it is.

Dr. Clark—I only regret that I did not hear the paper. So far as I can judge from what Doctor Custis has told me, unquestionably this is a question of idiosyncrasy. There are innumerable cases of urticaria arising from shell fish and there are many other causes. There is no more reason why fish should be inimical to the puerperal state than any other wholesome article of food, and I haven't a doubt that the more deeply you go into the question, the more you will find that it will be hurtful only in certain cases. I would not hesitate to give a puerperal woman fish if she had a desire for it; in fact, I would rather give it than beef, much rather. This question of diet is a very important one, and I am quite surprised when I find the character of food that is allowed by the physician in many cases. I have had a great deal of experience in such cases and I have stuck to one plan, that is, to deny them nitrogenous food. I mean particularly bilious temperaments.

Dr. Wesselhœft—What is biliousness, Doctor?

Dr. Clark—I don't know. I do know that those people who have functional disturbance of the liver are always made worse by eating nitrogenous food. The more you give it the worse you will find them. Bilious attacks will



follow nitrogenous food, in other words, the hydro-carbons, of which beef stands at the head. Live on fish, vegetables, fruit, poultry, game, milk, eggs and farinaceous food, and you will soon get rid of biliousness.

Dr. Custis—This matter of diet is certainly very important. I do not agree with the Doctor that it is only a case of idiosyncrasy, but I do think that we are all entitled to the results of the experience that we have in this organization. Now, if anyone with the experience of Doctor Hastings tells us that fish does break up ladies in her part of the country it is worthy of consideration. It is no great deprivation for a lady to give up fish for a month, but if the Doctor can find out what kind of patients can take it or cannot, and tell us that, then we will follow her experience. A patient is perfectly safe who does not have the fish.

Dr. Clark—They can live without fish.

Dr. Custis—Some physicians tell the patients just as soon as the baby is born to eat anything they want. What is the result? It may be right in theory, but practically it is not good. The old notion that they had to be kept on a low diet did not bring about bad results. My own method is to give them gruels, rice gruel with milk, etc. These patients are well, but they are not taking any exercise, they are not taking the same food that the doctors are when they run around talking to the newspapers. We have to think of all these matters and follow the plan that gives the best results regardless of any theories that we may have.

Dr. Thatcher—While you are talking on the subject of diet for confinement cases, I wish to say that I have had a number of cases of gathered breasts as the result of nurses feeding rich chicken broths, and chicken meat particularly. I have had a number of such cases, whether it is due to their over feeding, or to the richness of the food, or whether it is due to the idiosyncrasy of the patient, I am not able to decide. I know that I have had a number of cases of gath-

ered breasts as the result of eating chicken. I would like to hear an expression from others.

Dr. Clark—We are talking about a normal physiological condition. Why, then, would you treat a woman who is going through the puerperal period normally as an invalid? I take it that if one is in a normal condition, in other words, if she is in ordinary health and has a healthy craving for certain articles of diet, that it is perfectly proper to permit her to have those articles if they are reasonable. Of course it is always to be understood that a woman during her puerperal period will not have the appetite that an active woman would have. So long as the condition is physiological, or in other words, normal, why not give her normal food? There is no reason why she should not have it, none whatever, and I think it is absolutely absurd, it really is, to preach any other doctrine.

Dr. Hastings—I have accomplished the purpose for which the paper was intended, viz. to call attention to the subject. I am well satisfied as far as I am concerned. I shall continue to prohibit fish. I do not want to take any chances.

Dr. Wesselhœft—Sometimes we have these nice little theories made up in our minds, and after a time discover that it may be either an idiosyncrasy or may be owing to other conditions surrounding the patient. I remember an instance where a woman ate almost entirely fish during her entire pregnancy because she had an aversion to meat, also during her convalescence after delivery, and did beautifully. The majority of women may go through very badly on fish, and I am very glad to know this, because I shall certainly take some precaution in future in regard to allowing women to have fish in their convalescence, unless I know that they have done well in former experiences. If they should declare, "I want fish, I don't want anything but fish," I should say to them, "Well I have heard that fish is a very doubtful thing for women to have after they have had a baby,



and if you want to run the risk you can have the fish. I wont run the risk! I have heretofore run the risk of letting you have fish, but hereafter you have got to take the responsibility."

Dr. Hastings—With reference to this case in which the woman ate fish all through the pregnancy, up to the time of confinement, and then continued to eat it, might she not have become so inured that it would not have any effect upon her then? I am not willing to take any chances on the idiosyncrasy. I may say now in closing this discussion, that the Doctor who first gave me this information, when I questioned him as to what authority there was for this theory, made this further statement. "We all know that cats are very fond of fish, and the authority for this is that cats will not touch fish during the puerperal state." Now, I don't know how much truth there is in it, but that was his statement to me, that cats will avoid fish at this time.

Dr. Wesselhoeft—I don't see what earthly relation there can be between a cat and a woman, but let us pass that over and let us look at other idiosyncrasies that are very common, and the idiosyncrasy against fish is very common, just as the idiosyncrasy against the most beautiful, luscious, and delightful fruit that we have every summer, the strawberry. How many people are poisoned by strawberries, and still the majority of people are not poisoned by them. Now, I am of the opinion, of course it is only an opinion, that the ladies have struck those people who are particularly sensitive to fish eating, just as a good many people are sensitive to strawberry eating. I know of a man who has an eczema, who has been under the care of a dermatologist of our city for the last seven years and was never allowed to touch strawberries, because strawberries were said to produce skin affections, therefore this poor man was denied them. A year ago this spring I told him he could eat as many as he wanted, unless he knew that the strawberries hurt him other-

wise. He ate strawberries and he has certainly been improving in his eczema ever since, upon strawberries—and homœopathic remedies.

Dr. Baylies—I would like to ask if those who have manifested injurious effects from fish diet in the puerpearl state, have not the same idiosyncrasy at other times?

Dr. Wesselhoeft—I do not wish to say that these observations are invaluable; I am glad to hear of them because I never heard of them before. If these observations are correct they are of value, and people may be told they should be careful in the use of fish. I doubt nevertheless if fish should be entirely excluded from the diet of women in the puerperal state.

Dr. Custis—One word more, and that is about the danger of such remarks as were made by Dr. Clark, about the normal state. No doubt child-bearing is ordinarily a physiological condition, but our civilization has so affected it that the highest office which a physician can now perform is to compensate against the forces of refinement. If it were carried on in a normal way, the way we read about it as happening among Indians, then we would not have to take all these precautions, but as we do have the trouble and as the doctor is a compensating influence, why, let him or her take every possible precaution against danger.

Dr. Plummer—I want to say just one thing. Dr. Hastings made it very clear that her patients were lovers of fish and constant eaters of fish previous to these very serious experiences. We may know that certain things have a bad influence long before we find out the reason for it, but if we recognize the fact and keep our eyes open, perhaps the reason will dawn upon us later.