Interrupted Fertility

C. Vaughan Ruckley

Abstract
Collected from the Society's Archives

Mrs Buff, wife of Mr Buff, silk weaver in Fashion Street in Spitalfields, London, aged twenty-seven years, the mother of several Childrines, on 27th of July 1774, having gone her usual time of pregnancy, was attended by her midwife several days, but the labour pains ceasing, the midwife left her promising to return soon, but did not fulfill her promise, Mrs B. not being delivered of her child, thought she might have a month longer to go & went about her domestic affairs as usual,
in spite of the fact that the ketosis and hyperglycaemia have been adequately controlled. I used to think it very unfair that so many of my patients died when I had apparently cured them as judged by the restoration of their blood glucose concentrations to normal and the disappearance of ketosis from their urine and breath.

I could go on for a long time with reflections on our changing attitudes to diabetic problems in comparison to what they were in the early days: there is the greater emphasis on the role of diabetic neuropathy in the causation of trophic lesions on the feet of diabetics, and the realisation that many of the ulcers which we used to think were entirely due to gangrene are really the result of a mixture of angiopathy and neuropathy; the carbohydrate feeds traditionally given to diabetics immediately prior to surgical operations so frequently caused aspiration pneumonia that if it is necessary to give pre-operative glucose at all it is now always given intravenously; the foetal loss rate in diabetic pregnancies which was over 50 per cent. twenty-five years ago has now been reduced to 20 per cent., chiefly by insisting on a Caesarean delivery about the thirty-sixth week; there are all the new insulins, though it may be doubted if globin insulin and the insulin suspensions really represent any very important therapeutic advance over soluble insulin and zinc protamine insulin except for a few cases; and finally there are the exciting new possibilities which arise with the discovery of the oral hypoglycaemic agents, though British medicine is to be congratulated that its approach to these new remedies has been one of conservative caution until their proper place in therapeutics (and it seems at present to be a limited one) has been clarified by long term clinical trials. One could elaborate at length on these and many more changes in diabetic practice, but your editor has wisely imposed some limits on my verbosity.

INTERRUPTED FERTILITY
COLLECTED FROM THE SOCIETY'S ARCHIVES BY C. VAUGHAN RUCKLEY

From "A case by Dr. Taylor ............................1777."

Mrs Buff, wife of Mr Buff, silk weaver in Fashion Street in Spitalfields, London, aged twenty-seven years, the mother of several Childrine, on 27th of July 1774, having gone her usual time of pregnancy, was attended by her midwife several days, but the labour pains ceasing, the midwife left her promising to return soon, but did not fulfill her promise, Mrs B. not being delivered of her child, thought she might have a month longer to go & went about her domestic affairs as usual, Xmas following she prov'd with child again & not being delivered of the former one she became uncommonly big and unwieldy, she applied to several physicians for advice & particularly to Dr. Wyman an eminent man midwife in Aldermanbury, who ordered her a variety of purgative medicines but without relief, in June she sent for me, and after hearing the above narrative I assured her of being with child, & in October following I laid her of a healthy living child, having had an easy natural labour, she recovered very well until the 10th day, she was taken of a violent purging, her stools very offensive and of a dark bloody appearance, having taken some astringent medicines with Diascordium the Diarrhoea ceas'd but was followed by profuse sweats which weakened her considerably & she was obliged to wean the child I had laid her of, the sweats and purging stools having her for 3 months, she was much reduced in her strength, about this time the thigh bone of a child came away in a purging bloody stool, a few days after half a frontis, two months after she passed half of the under jaw having the sockets of five teeth well marked, all these bones were of a brown darkish colour & were voided with purging bloody stools. March 5th a ragged piece of upper jaw came away, she

(continued on page 38)
have to attain a critical level before a perceptible reaction could take place, thus explaining the relapsing and remitting course of the disease.

What conclusions can be drawn from this account? It is suggested that demyelination can follow a diversity of antecedents and is probably the least response of the C.N.S. to noxious agencies. The most satisfying explanation is auto-sensitisation to nervous tissue. "Disseminated sclerosis," said Kurland, "is not a specific disease but a syndrome with multiple aetiological agents and several mechanisms. An initial damage to the central nervous tissue with release of antigen finally perpetuates auto-sensitisation to nervous tissue."

INTERRUPTED FERTILITY (continued from page 22)

begins now to recover her appetite & gets strength, the bones always come away with a purging & some coagulated blood with, & after, her stools with a sharp tresmus.

During the summer she had passed several small bones, but her appetite & strength is much mended, having gone in a coach to Twitenham 4 miles distant from London, she was so ill from the jolting that she was obliged to be brought home in a chair and the day following seventeen bones mostly ribs were extracted, & as most of them lay transversely I was obliged to turn them & bring them away lengthways, this could not be effected without a great effusion of blood and the most excruciating pains. In October the remaining bones of the cranium came away all but one, these bones having three edges were always followed a profuse haemorrhage. In November she was troubled by the Whites & a heat in her urine. In December the largest and only remaining bone of the cranium was extracted, the swelling of her belly subsided, & she has recovered her strength greatly. In February 1776 her courses appeared & the next ensuing period, but both times by the anus, of which she made grievous complaint, I assured her they would soon come the natural way, which happened the May following, since the above she has been married to a second husband, by whom she had three childirne. The girl which she was delivered in October 1775 is still alive and a fine healthy girl.

MEDICAL AND DENTAL DEFENCE UNION OF SCOTLAND LTD.

Benefits Offered by the Union:

Defence of claims for alleged negligence in professional work, including unlimited indemnity and costs.

Defence of claims against a principal in respect of acts by an assistant or locum.

Advice on difficulties arising out of professional practice.

All benefits available to members in Scotland, England, Wales, Northern Ireland, Isle of Man, and Channel Islands, and to Short Service and National Service Officers with H.M. Forces in any part of the world, provided the total Commissioned Service does not exceed five years.

Benefits of Membership for new graduates date from date of application provided duly registered at that date.

Subscription for new graduates £1 for first three years, thereafter normal subscription of £2. No Entry Fee for new graduates.

Full particulars and Forms of Application for Membership can be obtained from the Secretary:

C. C. MILLAR, T.D. C.A.
105 ST VINCENT STREET, GLASGOW, C.2