

Notes on
Practical Therapeutics & Treatment
of
Puerperal Women

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In the following notes the expression Therapeutics has been used in its wider or perhaps older sense. The Science of Therapeutics in the present day has been gradually and insensibly separated from the old Materia Medica and elevated into a position of its own. That this has resulted in the greatest possible benefit to the Profession no one can deny. The study of the action of drugs physiologically, pathologically, and experimentally is however only the privilege of a lucky few, as it constitutes what in these days we understand as Therapeutics proper. The separation of the subjects has not however proceeded so far but that there remains to the General Practitioner a province in which the rough and ready observations of daily practical work are of value of no mean order. Indeed with the present tendency to accept facts from literature and dicta from laboratories is of questionable advantage, and it almost seems a pity that the sources of information

information which so amply supplied our predecessors with lines of original treatment should be left to investigation only in the "laboratory"

It is purely from a practical source that the present "notes" are derived; there is perhaps accordingly an absence of bibliographical references. This is due to the fact that any statements made are the result or have been confirmed by personal & practical experience

In some instances I have felt biased towards opinions & treatment by old clinical teaching, in such cases I have endeavoured to acknowledge the source.

Of late years the great advances made in the application of Therapeutics to medicine the result of the works of Ruiger, Lauder Brunton, Fraser, Wood (Philadelphia), not to speak of Continental Writers have in a measure left Obstetrical Therapeutics some what behind the age.

Observations on the use & value of drugs even on the uterus itself largely coming from outside sources.

This stand still condition may be fairly enough accounted for by the great wave of enthusiasm for Gynecological Surgery which has lately passed over this department of science, creating a belief in eradication of disease by the knife which leaves other remedies out of sight. The brilliant results attained by this form of surgery has probably attracted the active energies of many who would otherwise have employed these energies in investigating remedies of a less heroic nature.

Doubtless however a few years will re-establish the balance and we will have Obstetrical Therapentists worthy of being classed with the philosophical school of Simpson etc.

In this paper as the actions of the various remedies are confined to one main cause or necessity I have not classified them by such designations as Oxytocics etc. but merely arranged them in an alphabetical form. The only variation from this being that the latter part of the paper is reserved for notes on

on remedies applied externally or through
mechanical means.

It would have been a satisfaction (in a longer paper)
to have added some "notes" on the Dietetics
of Pregnancy & Child Birth. In no class of case
is the Practitioner especially the young ones, charac-
terized by more obstinate ignorance, and
determined prejudice, almost amounting
to superstition than happens after
"Delivery". The articles ^{used of} methods of diet-
that have been in vogue for generations are
lauded not only lauded but unless very
firmly met are carried out.

What has been said as regards ignorant
superstition in "dietetics" also still exists in
a modified form concerning the condition
of cleanliness or a-pis in which a
woman is left & kept after delivery —

Sanitary morality is however improving
and in the latter years in which I have been
connected with Midwifery Work in the country
the aphorism which I have daily tried to
impress viz. "that after Child birth the Cottage
should be left as Cleanly as the Countess" is
beginning to be believed in, acted on, and almost
appreciated —

Aconite

In the shape of the ordinary B.P. Tincture or a Flemings Tincture is a most valuable remedy for those numerous cases of sudden febrile symptoms which take place in the Puerperal condition immediately after "labour".

Such attacks occur so suddenly and may yield to treatment so rapidly that (unless in protracted & too often fatal cases) it is extremely difficult if not impossible to diagnose whether we have to do with merely some Circulatory or Neurotic disturbance or the more serious one of Blood Poison. Luckily however Aconite is useful in all these cases.

The shorter the time such symptoms appear after "birth" the more difficult is the differential diagnosis - Equally short is the time left for applying the drug to its greatest advantage, for if not used early and effectually

effectually some of the advantages which would accrue from its use are lost.

Cases occur where a sudden high Temperature and Pulse, without any local symptoms such as cessation of Lochia etc would indicate merely a neurotic disturbance, here, Aconite well pushed will relieve sufferer by perhaps a few hours sleep after which a small piece Placenta or Blood Clot will be expelled naturally or removed by the Medical Attendant - The few hours rest afforded to the Patient is here invaluable giving the strength in most cases to expel an irritant which in a very few more hours would have given rise to dangerous symptoms -

Not only however in temporary febrile symptoms of a general nature or those associated with a quickly removed local cause is Aconite useful, but where the conditions are much more prolonged as in Puerperal Scarlet Fever, Diphtheria, Maniacal Conditions etc. In this latter description of cases

cases the drug well pushed will not only reduce the Temperature Quieten the Pulse but judiciously used at night time will act as a "narcotic" and as a "narcotic" of the most desirable nature is producing rest & sleep without any of the disagreeable symptoms sequelae of Morphia, (Chloralite

In all cases of febrile symptoms after Child Birth, Aconite should be tried as long as the type of fever is "ethenic" and as long as there is absence of some local cause giving rise to pain.

In our case of Small Pox (Puerperal) under my observation where there was sleeplessness & delirium, nightly doses of the Tincture produced complete rest & sleep indeed I have never seen it completely fail

In cases however where there is pain such as from threatening suppuration etc Aconite as a hypnotic is practically useless.

The Administration of Aconite presents no difficulty in the shape of action of the preparations I mentioned at the beginning of this note, but its Dosage is a matter which has only of late years been

been called attention to, and even at present seems hardly quite appreciated as regards its importance—

I have heard such an eminent "Authority" as Sir Robert Christison give as directions for use "v to viii m of BB Tincture or 1-12m Flemings in water at bed time to be repeated in four hours". I am glad to see however that Obstetricians are now pushing the dose further and that Professor Simpson in the *Edin^{bo} Medical Journal* records pushing the dose up to 30 minims

Homoeopathic Medicine or Teaching if it has done nothing else has taught us the value of frequently repeated doses. Personally I have administered 60 minims of the Tincture within six hours, the patient during this time being under my own immediate observation, and in other cases where I had opportunity of marking that there was a toleration of the drug by the patient— as much as a hundred minims have been given under the supervision of a careful nurse— and in every case with benefit.

In cases of first administration or if the case is very clearly a purely "fibrous attack" single drop doses every five minutes till 10 to 12 minims have been taken (repeated if necessary after lapse of an hour) is generally sufficient and in most cases gives excellent results - But, should the symptoms mean more serious, should there be delirium and no local pains complained of, the dose of Aconite must be decidedly increased -

Under personal care or with the help of a shrewd nurse the Aconite should be in first instance commenced as before noted - at the end of two hours if no impression has been made - carefully continued doses may given every 10 to 20 minutes till Puke ceases and Patient falls into a quiet sleep.

In all cases where not present at administration the nurse must be warned to keep a quiet strict observation of the sensations of the Tongue. This is however not

not an infallible guide, the least appearance of muscular tremor must be carefully watched for. In one case of Purpura Scarlatina in the earlier stages of which Aconite gave both mental quiet & sleep the supervision of throat symptoms with accompanying increased delirium apparently parched the tongue & sensations and the more increasing & rather pushing the dose had produced muscular tremors - no ill effects occurred - but the patient an hour afterwards with a quite clear mind assured me that there was none of the "tingling" sensation which she had noted one night after an increased dose - My observations on Aconite would lead me to depend on it as a help to "diagnosis" i.e. all men febriculae (which sometimes last 2 or 3 days) will yield to its use in twelve hours - In cases of High Temperature & Delirium, as long as conditions are Sthenic Aconite as a sedative is not sufficiently

pushed at present, indeed with careful supervision might be given in larger doses than I have suggested -

Actea Racemosa. The introduction of Salicin, Salicylic Acid and its derivatives in the treatment of Rheumatism put this remedy (Act Rac) under a cloud in its very infancy so far as British Therapeutics were concerned - It is nevertheless an agent of considerable value in a class of cases where Salicin does not seem to suit.

During pregnancy there occurs in women who are bearing children late in life a form of Rheumatism which seems to take the place of the "subjective neuralgic pains" so frequently seen. This form of malady chiefly if not alone takes place in women of a full habit about forty years of age and frequently with a "gouty heredity".

In some of the cases there is a premonitory

pneumony etc. Pulse and Temperature
are both slightly raised - with great local
pains in joints, chiefly of knees & ankles.
There is no local swelling, redness, or tender-
ness, except in "hysterical cases" when there is
the usual "hyperaesthesia". Typically preceding
or accompanying the Rheumatism there is
great Stomachic derangement not like that of
a "Pregnant Woman" but more of an inflammatory
gastric type with moderate but foul eructations.
In such cases Salicin etc. not only fail to
relieve the articular pains but aggravate the
stomachic symptoms - Alkalis give partial
relief. Colchicum if given in the joints and used
does good but it weakens. Here the diuretic,
diaphoretic & modified antipyretic action of
"Aconite" will be found of great help - Forty drops
of the Tincture given early in the evening followed
by 15 to 20 every hour till 120-140 mg given or
free diaphoresis established will in such
cases hardly ever fail - Its use in 20 m.
doses after meals should be continued
for a week.

Apart from Pregnancy the ^{value} use of this
drug in Rheumatism especially

associated with certain forms of dyspepsia
has the support of such an authority as
Dr. George Balfour and it seems an
open question had the Sclerolites
not practically swept it "from the market"
before it had a fair trial of Actaea Rac-
would not now have been one of the best
appreciated remedies in certain obscure
"rheumatics" Be this as it may "Actaea
Racemosa" will be always found a great
assistance if not complete cure in those
cases where in Pregnancy some trifling
digestive, neurotic or circulatory disturbance
gives rise to pains in almost every
aspect resembling Rheumatism but
in which other remedies useful in
ordinary Rheumatism are of no use.

Carbolic Acid, a remedy closely associated with a beneficial revolution in Surgery the effects of which have equally if not in a higher degree extended to Obstetrics

As an antiseptic in Obstetrics there are some (of whom I confess myself one) conservative enough to uphold the equal if not superior efficacy of Carbolic even against such a formidable rival as Peruvian Sublimite

This is especially the case in making use of an antiseptic in "Per Vaginam" ^{injections} Examination

The oily clinging nature of the Phenol (however much diluted with water) seems to give a greater protection against the pores & creases of the skin carrying septic material than its later rivals

To all Obstetricians whether Specialists or General Practitioners the introduction of antiseptics as a guard against the conveyance of Child-bed Fever is especially interesting

No one can read the history of epidemics of Puerperal Fever (often confined with fatal pertinacity to the "practice" of one man) without feeling deep, solemn sympathy

sympathy and almost greater curiosity. Authors trustworthy in every respect relate series of cases that even in this practical & cause seeking generation would almost convince one that the "Evil Eye" had been on the unhappy "Accouchée".

This the more so that in many cases the Obstetrician was "a man ahead of his days" and tho' ignorant of antiseptic agents made a leading principle of his life "cleanliness" which is really after all the basis of antiseptics.

As an explanation of this peculiar individual fatality I have adopted the theory that it is or was due to the great difference that exists in the skin & its functions in individuals when not properly protected.

We know from Physiologists that an unconscious perspiration is going on in our skin at all times, this, in a much greater degree in some than others. When the condition is exaggerated the skin pores are more patent & therefore in intervals of rest (from perspiration) more open to receive "septic particles".

Personally being of a "rheumatic habit" I suffer intermittently from this exaggerated perspiration when engaged as a student in the Anatomy

Anatomy Rooms I frequently observed that however carefully I washed & disinfected my hands, that, on any exertion even after the lapse of several hours I could detect the "cadaverous" odour. Along with a friend I continued these observations in the Post Mortem Theatre where we both would handle foul smelling though recent specimens then thoroughly wash & disinfect our hands - Twelve hours after this sharp exertion would reproduce a faint odour on my hands those of my friend smelling quite "sweet" the septic odour was faint but it was there. We repeated & verified the experiment by using Oil of Rosemary, Paraffine, etc. with almost constant results. Accepting this as the possible cause of septic infection it seems necessary not only to protect the hands by a thorough antiseptic cleansing but also to apply some antiseptic which will for the time being occlude the "pores" where mischief may be lurking.

Carbolised Oil or Vaseline will in a measure effect this purpose but I have found it better to stiffen & harden the Vaseline by the addition of Lanoline so that an artificial antiseptic glove may be made for the hand - This will

will not melt-off even though ^{the} Obstetrician
is perceiving fully a condition which every
one who has had many tough Forceps Cases
will acknowledge frequently occurs

Externally applied as a caustic Carbolic
Acid has had too little recognition; "it is pain-
less but it is weak" many hold, but I think
erroneously. It is certainly painless a great
advantage but if applied by soaking a piece
lint necessary size applying to part then
covering with "pink jaconette" renew Acid
again if necessary in 2, 4, or 6 hours and
in either Chancrous ulcers Dog-bite or
Poisoned Wounds it will be found most
efficacious. In a case of Dog bite which
I saw in consultation the Acid applied
as above had in four hours formed a
slough of skin as thick as two penny pieces
The slough separates very slowly but as a
rule the mark left is much less marked
than with Pot. Lusa or Lusa Caustic

Chloroform - Writing on the use and action of this agent in the Puerperal state at this time of day seems almost presumptuous - The initial discoveries or observations of Sir J. M. Simpson followed up as they have been by ^{those} his then assistants & now successors along with many others leave little to say.

In Obstetrical Work the use of Chloroform has been singularly fortunate, I question if there is yet record of a fatal case.

Physicists have divided & subdivided the conditions of a patient inhaling this Drug. For practical Obstetric purposes they may be described as follows

First - A condition resembling alcoholic intoxication therefore varying in the individual
Second - Voluntary muscular action is quiescent under irritation, reflex is unmodified or feeble, in the deeper degree of this stage reflex action abolished -

In this stage if all is well the patient should merely present the appearance of a deep sleep with breathing a little heavy owing to relaxed condition of Pharyngeal muscles

Third stage - a condition of deep narcosis in which at one moment breathing is stertorous next seems to disappear so that the faintest sigh can be detected - Such a condition plainly calls for prompt, systematic, & effective treatment.

First by clearing lungs from Chloroform Vapour, Arterialise Blood in Lungs, pass Arterialised Blood into Brain -

To do this Tongue must be drawn slightly forward & nares cleared from any mucus etc and Artificial Respiration induced by 9 or 10 movements in usual way.

The patient should now be drawn over table or out of bed as far as hips & the head & body lowered to a moderate angle. Keep head in a line with body which will permit continuance of Art. Respiration.

At some time the Jugular Veins may be stroked from above downwards - the position of the Jugulars will almost for certain have been impressed on the mind from their marked pulsation in the earlier stages of administration - The Lown Epileptics in most cases are best

but level as owing to the muscular action
& straining in the earlier stages of administration
they are likely to contain more venous or
vitiated than arterial blood. In clearing out
the Lungs warm air seems to be more
effectual - on one occasion I saw a
simple bellows used which were filled
over a heated oven plate & then blown
into patient's nostrils with the best results.
The remedies that are applied for the heart's
action such as Hot & Cold Douche with
Galvanic Battery are well known.

It's seems worth mentioning a misadventure
which so far as I know is unrecorded in the
history of ^{Administrative} Chloroform & Conjunctivitis in arresting
me at a case in grasping the tongue
with artery forceps missed it but caught
and split a branch of the Ramus Artery
it was not noticed at first but the sudden
embarrassment of the breathing soon alarmed
us, luckily the artery was easily tied -
The accident is one worthy of attention as it
occurred in the hands of a most careful
"accoucheur" since then both he & I have
used "guarded forceps". Had the split

split in the Artery in this case occurred
far back & not easily reached or had the
light for examining the mouth been
deficient, the consequences might have
been most serious -

In Obstetrics the practical desideratum
with Chloroform is to keep the patient
in the balance between the "first" & "second"
stages previously described i.e. animal pain
but leave reflex action as far as possible
unimpaired - There is however a certain
class of "purpuræ" in whom it is
difficult to carry this out. They are as a
rule slenderly made women but muscular,
sensitive to pain & with considerable
power of self control - In these cases
Chloroform seems quickly to abolish
"reflex action" In such women I have
found the following phenomena take
place. When labour first sets in their
self control allows it to proceed to a certain
stage without restraint but when the
pains get severe the sensitive patient
seems to have a sort of control over the
Uterus by exerting the voluntary muscles

muscles too only allowing first part of pain to be effective. A continuation of this condition soon gives rise to an irritated frivable and inflamed condition of the "O.S."

Chloroform would here seem to supply the necessary relief. Unfortunately in these very cases Chloroform seems to paralyse reflex action completely, so that when the patient is in what would be a satisfactory state in most cases, here "labour" comes to a "stand still". Under such circumstances I have found the following procedure result in success. Watch behaviour of patient under each pain and you will soon discover by your eye or by P.V. Exam. the point where restraint is put on or attempted at once administer the anaesthetic but only continue its use as long as pain lasts, between the pains it is well to let patient completely recover consciousness. After three or four administrations in this way "reflex" sometimes re-establishes itself and full, useful "pains" set in allowing use of drug in the ordinary way. When this does not

succed and uterine irritation is increasing there is nothing left but to put patient deeply under use means for dilatation such as Barnes Keys etc. & then if necessary the Forceps.

The term "friable" which I used in connection with the condition of the "OS" as a result of proging conditions is not a strictly pathological one but is very descriptive. I first heard it used in this sense by Prof. A. R. Simpson and have frequently recognized its justice & clinical accuracy.

As a result of prolonged "first stages" it is a frequent cause of "fissure" which may give rise to immediate serious & dangerous symptoms or mediate conditions of a trying & painful nature - Should such a case as I have described arise I have no hesitancy in advising a trial of the anaesthetic in the proging way before using Forceps but at the same time if there is the slightest doubt & the "OS" is getting "friable" delay as regards instrumental assistance is not good treatment.

Digitalis - In regard to this drug in the
Pregnant or Puerperal state I can only refer to
it as used Hypodermically or Externally

In all cases of "weak heart" in Child bed
where Chloroform has to be given it is well
to have gone a "loaded syringe" for the
intravenous injection of Digitalin. This is
especially the case when Ergot has had to be used
for threatening or actual Haemorrhage - In such
a case when the patient suddenly exhibits
symptoms of collapse with pale face, livid
lips & clammy skin a hundredth of a grain of
Digitalin in an ^{weak} ammoniacal solution injected
into the jugular will act as a cure marvellously
The primary dose should not be more than $\frac{1}{100}$ gr
as there is danger of causing too sharp &
severe "systole" of the ventricle. The Syringe
should however be retained in the Vein (vide
Hypo^{der} - ^{ic} - ⁱⁿ - ^{ject}) & the dose increased guttatim
till bad symptoms have passed away. In such
circumstances dose may be cautiously increased till
a twentieth of a grain has been given.

In the alarming & often fatal convulsions
associated with Haemorrhia during "labour"

Digitaline should never be lost sight of. Injected into the Jugular with at first a $\frac{1}{10}$ or $\frac{1}{12}$ gr of Pilocarpine it is most helpful. Carefully watching condition of Heart the amount of dose of either drug may be increased without the "riddle" being removed - Here the Digitaline does not act on the Kidney but as a Cardiac Stimulant the relief arising from the diaphoretic action of the Pilocarpine.

In cases where Digitalis increases an existing dyspepsia or causes diarrhoea when used ^{internally} if applied in the shape of a "marchapoultice" over the Kidneys its action is most marked doubling or tripling the secretion of Urine in a few hours. When this mode of application does not act rapidly enough the use of 3 or 4 "dry cups" over the loins followed by a Digitalis Leaf poultice will almost invariably give good results.

Sir William Turner's demonstration of the close anastomoses of the arteries of the Kidneys & integument of Loins gives the Practitioner an established "raison d'être" for this form of treatment

Ergot. Perhaps no other drug in use in Obstetrics is subject to so many changes of opinion and this in regard to all its preparations as Ergot.

Some standing by it as their "prize resistance" for years, others (among whom I confess myself one) commencing Obstetric Work with a great belief in its use & value but in time seeing reason to at least use it with great care -

This variation ^{of opinion} may be due to the different results occurring in a "Healthy Patient" or in "the (generally anaemic) peculiarly susceptible to Ergotic influence

In the second place the reliability ^{in strength} of practically all the preparations as regards strength if kept for any length of time, or if the preparation remains heat-over $212^{\circ}F$ in its manufacture -

In subjects with a weak heart, and anaemic, Ergot requires to be used with great care. Again and again I have seen uncomfortable symptoms arise after its use in such cases - one as far as could be practically judge the result was fatal

The case was as follows Mrs J. act. 35 "multip." an anæmic lady with rather highly strung nervous system had an easy confinement of her "sixth" child Chloroform given in the last stage - Placenta came naturally twenty minutes after Birth. Previous to this Patient had been given 3i of fresh Infusion of Ergot. Everything went well under exception could be taken to a pulse of 82. I left case with orders to nurse to repeat dose of Ergot if any "flooding" threatened - (but was within 10 minutes call) The nurse (a trained woman) gave the Ergot 3/4 for a threatened flooding about an hour after I left with good will & repeated it on her own responsibility in half an hour for a recurrence - Shortly after second dose patient became weaker & complained of numbness of limbs - just as I arrived tremors of limbs set in, the lips became livid, pupils dilated, perfectly conscious & complained of great sense of constriction round chest. Stimulants Alcohol Ammon & Digitalis were given but in half an hour patient died, the

the tremors in limbs were very marked at the last. Patient had never been raised from the recumbent position after "delivery". The action of heart was intensely irregular, thumping with all symptoms of embarrassment.

Post Mortem (partial exam. only allowed) - Incisions into hands & feet followed by very little bloody ooze - The surface of lungs almost pure white - The Pulmonary large vessels were gorged & swollen with blood but on making a section of lung a sharply defined line was almost apparent between the white periphery & the dark congested centre - Womb was fairly firmly contracted with small clot at cervix and Intestine of Stomach & Bowels rather pale otherwise normal to naked eye - Brain not examined.

I carefully examined all the "napkins" which had been used & calculating these as regards blood on them & deduced the amount lost was comparatively trifling besides the condition of vessels except in lungs showed no great bleeding had occurred - The amount of Eryth. given by the nurse & myself was in all barely $\frac{3}{4}$ of the infusion this during two hours.

The infusion was freshly made & had been

carefully watched in its preparation the water never quite reaching boiling point. One case carries very little conviction but since this unhappy one I have seen again & again in feeble anemic women Egot give rise to similar but less marked as severe symptoms - It may be that the Egot has some action on a weak heart but it seems much more likely that the weak ventricles are unable to drive the blood through the arterioles contracted by the Egot. In ^{my} latter cases I have got excellent & rapid ^{results} relief from symptoms by injection of Digitaline & Ammonia and in one case Nitro-glycerine was of great help.

As regards the Unreliableness of preparations of Egot in strength even with the later forms such as Egotin Egotin etc I am ^{sure} ~~sure~~ most Practitioners will witness to the fact.

I have thought it possible that in making these preparations the heat used may have exceeded $212^{\circ} F$ which will destroy possibly some of the "fungoid properties" of the Rye Spur; of this at least I am sure that the Infusion prepared under my own eye where the water was never allowed to reach over $200^{\circ} F$. has proved much more reliable and

and constant in action than the various forms supplied by Druggists - Unfortunately the time trouble required for fresh infus. for every case will deter most busy men from continuing the use of the old fashioned "Tea"

The "Dangers" of Ergot as described in the Text Books such as Death of Child, Fimure or Rupture of Uterus, and Hours Glass Contraction, are except the last I believe rare and this is chiefly interesting from not any immediate danger, as that it generally necessitates the introduction of whole hand into "Womb" with the possible risk of "sepsis" -

The undoubted fact however that large doses of Ergot frequently causes Hours-glass Contraction seems to me to supply a possible theory as to its means of action

Physiologists are pretty well divided as to whether Ergot acts centrally i.e. directly on Brain & Spinal Cord or indirectly on the "arterial ganglia" and in the case of the Uterus on the so called parenchymatous ganglia supposed to be situated there. To account for Hours-glass Contraction if the Central theory is adopted there would be required proof of a separate

nerve supply for the higher & lower zones of the "womb" - The nerve supply to the Uterus has been well traced out from the Lumbar and Sacral Plexuses but no differentiation shown separating the uterine zones which would account for a drug acting centrally causing contraction in one part while other was relaxed.

In adopting the theory that the action is peripheral it seems to be explainable in a practical way thus; Ergot has been shown to act more powerfully on a pregnant or distended womb than on a virgin one - i.e. when there is any so to speak abnormal distension ^(distension) present.

When Ergot is given & the peripheral or parasympathetic ganglia are acted on the greater distension of the upper part of womb ~~supplies~~ supplies just the difference to cause action to commence then finish.

The more prolonged the "labour" the longer is the period in which the upper ganglia & muscular fibres are kept excited - The fetus or exciting stimulus passing over the region of lower ganglia at a later and probably for a shorter time here the muscular tissue is left in a condition

condition to fulfil the contraction which should take place through the whole organ while the upper zone in spite of the remaining stimulus in shape of the Placenta is left in a state of exhaustion.

Applying the same theory to "haemorrhage" is it not possible that the "clot" (to a greater or less degree according to its quality) in the lumen of the artery may supply to the vaso motor ganglia which have been ^{acted on} ~~stimulated~~ by Ergot the stimulus needed to cause contraction and cessation of bleeding.

In cases of "Sabine's solution" doses of Ergot are given which we know would cause contraction of arteries in Bleeding from Lungs, Stomach, or Uterus where a clot is present but where this is absent we do not find any mischiefs arising from local ganglia etc except perhaps in regular cases of Ergotism in Aye consuming Countries. In these localities the people are poorly fed, with sluggish circulations, and also anaemic, all conditions favorable under certain circumstances to the formation of clots in the circulation - In the case of a case occurring where the prevalence of the "Spur"

in the Rye is increased the nutritive qualities of the cereal are reduced so in proportion is the tendency to anaemia increased as is also necessarily the consumption of "Egrot Rye" the result being an epidemic of Egotic Gargare.

Hypodermically, Egrot in the shape of Sclerotic Acid is useful in cases of engorgement of the Preducts where child has died or for other reasons it is desired to control milk flow.

In America the equivalent fungus to Egrot which is found on Maize is sometimes used as an oxytoxic of this I have no experience but two Summers past I had the opportunity of testing experimentally the action of the fungus or "smut" of our native Wheat. The circumstances were as follows. A friend had two valuable bitches both in pupa to a large dog and as he thought they would die in pupating he spoke to me about the matter - Warning him as to its untamed nature got his consent to try Wheat Smut. I gave to one "bitch" the whole produce of an ear of wheat every grain of which was affected by the "fungus", in four hours 3 pups were born, all dead I believe but the mother recovered perfectly

side Hypodermic

This Bitch had carried her pups for more than eight weeks - ten is the full period - In the second case the animal was larger than first & had just part her sixth week - I gave a ~~similar~~ dose here & waited for two hours but ~~there were~~ no symptoms except uneasiness of ~~the~~ I repeated an equal dose & returning in about three hours saw five pups delivered, the recovery here again being good - I repeated these experiments on two Rabbits with same effects but in a pregnant sow the results were nil though I gave her the produce of six ears all smutted

I regret that absence from this country last summer prevented me carrying on my experiments

The smut of wheat has the smell & taste of Rye Ergot in an exaggerated form but otherwise physically it is suitable for administration

It has sometimes been to me a matter of surprise that it has not fallen under the notice of "Therapeutists" the curiously analogous actions of Ergot compared with the hyperemias of Barley Wheat & Maize as well as the Stigmata of Maize - Ergot gives relief in hypostatically congested (Subinvolution) of Uterus, Barley etc. in similar conditions of Bladder & Stomach. I

have further noted that when Barley was used to make its infusion in a natural or unhusked state its action was more efficient - an old fashioned Scotch preparation called "Sowens" made by fermentation of the husks of oats tho' most unpalatable is of great help in that chronic congested state of the Bladder seen in old people.

These facts seem to me to point to the possible existence in ^{the husks of} Barley maize etc of some similar active agent exists in Cyote but which as yet has not been traced out.

Esosine the active principle of Catalpa
Bear is not much in use as a "chologogue"
but in certain conditions in pregnancy it is
of great use. There occur cases where the
pregnant woman suffers from great nausea
apparently stomachic (uplex) in origin but
where usual sedatives (Cinam etc. do no good

Here Esosine too given usually up to 60
used hypodermically & locally is injected
into region over liver will be found to
relieve nausea when all other remedies have
failed - In other cases where active hepatic
symptoms prevail not so severe as Acute
Yellow Atrophy but still alarming Esosine
used as above is most effectual

In the gonorrhoeal Ophthalmitis so common
in very young children and often communicated
to the mother's, the severe photophobia is greatly
helped by Esosine applied locally. I have
seen cases with "pus dripping" lids and
conjunctive swollen with Atropia long used
yield in a short time to Esosine used
as a lotion alone or combined with (I believe
Dr Argrd Robertson's suggestion) butrate

of Silver applied round eye as a counter-irritant - In using this latter in infants when a solution or paint has to be applied (the solid stick too strong) always have some salt & water at hand in case "paint" gets inside lids.

Eserine relieves "intra-ocular tension" equally with Atropia but in an opposite way and the relief to Photophobia given by the curtain formed from the contracted Iris is great. The sensitive Retina is now rested and the patient will permit to a greater degree separation of the eyelids - by which "pus" will escape, treatment can be carried out - healing will go on.

In earlier stages of Conjunctivitis where there is great pain & surfaces are dry or with at most a watery excretion Eserine is not much use but whenever "pus" has formed or the acute symptoms modified it is invaluable.

Pilo-carpine, bitartrate one of the derivatives of Sabnardi is now well known as a most efficient "diaphoretic" in case of Pulmonary Dropsy and allied distresses. Its action on the skin is frequently accompanied by free Salivation the two actions generally holding a direct comparative ratio as regards amounts.

In Pregnant Women where "sickness" has continued into later months, Albumen in Urine, Eyelid ~~swollen~~^{puffy} and legs swollen to grain of Pilo-carpine injected hypodermically is of great service and if remedy has not too depressing action on stomach it should be pressed.

The copious sweating is followed by relief of nausea & itching the intense sense of oppression & discomfort ~~comes off~~ & often the Urine is greatly improved - When the use & continuation of "drug" has been determined on it is well to strengthen Heart by use of Digitalis or Digitalin then if necessary dose can be increased $\frac{1}{8}$ - $\frac{1}{4}$ grains.

Pilo-carpine is in the few cases I have tried it a useful adjunct to other remedies in threatening or the earlier stages of Haemic Convulsions during "Labour".

In a "suspected case" on the last appearance of "twitching" or congested face with livid lips one eighth grain should be given (hypodermically) at once, the needle being retained in tissues & dose increased till full effects produced -

In case of any trouble with "heart" it is well to have prepared ready at hand doses of Digitalin & Atropia which can be administered through same syringe

Pilo-carpine may be also of use where Pregnancy is complicated with Diabetes - In a case under my notice where sugar ^{was} so abundant as to crust underclothing the discomfort generally & local "pruritus" were so great that I feared suicide Pilocarpine was the first remedy that gave relief and its continued use with Bethesda Water (vide Water) carried the case to a successful termination

Potassium Permanganate of Potash - The action of this drug on the Uterus though well doubted that ~~it~~ is still so undetermined as to its mode of doing so that I merely mention on it to record a case in which its action could be compared with Ergot.

Case - M.R. was brought to me for operation for Persistent Hymen - The Hymen was thick & fleshy Uterus distended to size of a full term pregnancy.

To tone Uterus I ordered 3℥ss liq. Extract Ergot ʒss daily - and a Potass Permang Wash for some Vaginal excoriation - After three days patient told me that shortly after each dose of Ergot there were "pressing pains" but they soon passed off. There was no bulging of Hymen or diminution of size of womb. Ergot was increased to 40 m.s. 4 times daily. Three days afterwards I was hurriedly called & found patient suffering from severe "pressing pains" - Hymen bulging and Uterine walls harder & clearer. Noting how much Ergot had been used the phial was brought me and I found that by mistake ʒi doses of Solut Pot Permang - = 9.25 $\frac{3}{4}$ had been given for nearly three days in all about 9 or 10 grains. I stopped all medicine for some days then

resumed Ergot-action as before coming on shortly after administration but ceasing in a few hours. After another interval the Permanganate was resumed grss 3^{rd} daily in water (Pill had not at this time been introduced) by the time 10grs were given the uterine pressure was severe and steady rattles easily made out. Hymen tense & bulging I divided the fleshy Hymen with a Thermo-cautery removed or relieved considerably more than a gallon of stinking fluid & blood clot. The Womb though the walls were greatly attenuated contracted well & a perfect recovery was made. N.B. The internal "land marks" of the Womb i.e. Os, Cervix, Fouchettes etc were completely lost in this case the whole resembling a huge sac -

The comparative actions of the two drugs in this case seem to show that, as compared with Ergot the Potash salt is too slow in its action for Labour Cases as also when its action is set up the contraction produced is too continuous for safety to the Fetus

In cases however such as Subinvolution Fibroid or some of the Fungoid growths in the Womb the properties of Potash

Pumary - are decidedly superior to those of Eryth. Since the before mentioned case occurred the properties of Pot Pumary have been well demonstrated as regards Anemorrhoea but as far as I have seen the continuity of its action as compared with Eryth has not been noted.

After the operation in this case I used douches of Cordy's fluid & it has sometimes seemed to me likely that the condition of contraction which remained after operation may have been in part at least due to the "local" as well as the general action of the drug.

Bromide of Potash - The value and mode of action of this medicine (obstetrically) has long been known as a general remedy of great importance - It has in addition however in my experience a local effect of some worth. In common with other Alkaline Salts Bromide when in the process of dissolving reduces surrounding temperature by absorption this reduction varying but generally amounting to several degrees. In certain local inflammations after Child birth especially congestion & its sequelae.

of the Breasts may be alleviated & checked by the use of "cold" This may be done by use of Ice which is however generally too instantaneous & unless frequently renewed too short lived - Instead of Ice the following method may be tried - Cover affected breast with piece Jaconette over this place a double ply of lint between folds of which powdered Bromide has been spread & moisten with a little water - The subjacent tissues will be gently but thoroughly cooled & a little attention will carry the process on without the shock to the patient or fuss to the nurse of Ice bags. Bromide is now so cheap that it may be freely used in this way at less cost than other refrigerators

Observations of the effects may be made by the use of the Thermoscope (Squibs) and the heat in the affected Breast as compared with its neighbour closely noted - vide Thermoscope

Water as internally used in Pregnancy
I will only refer to in one instance
that is the use of Bethesda Water in
cases of Pregnancy complicated with Diabetes

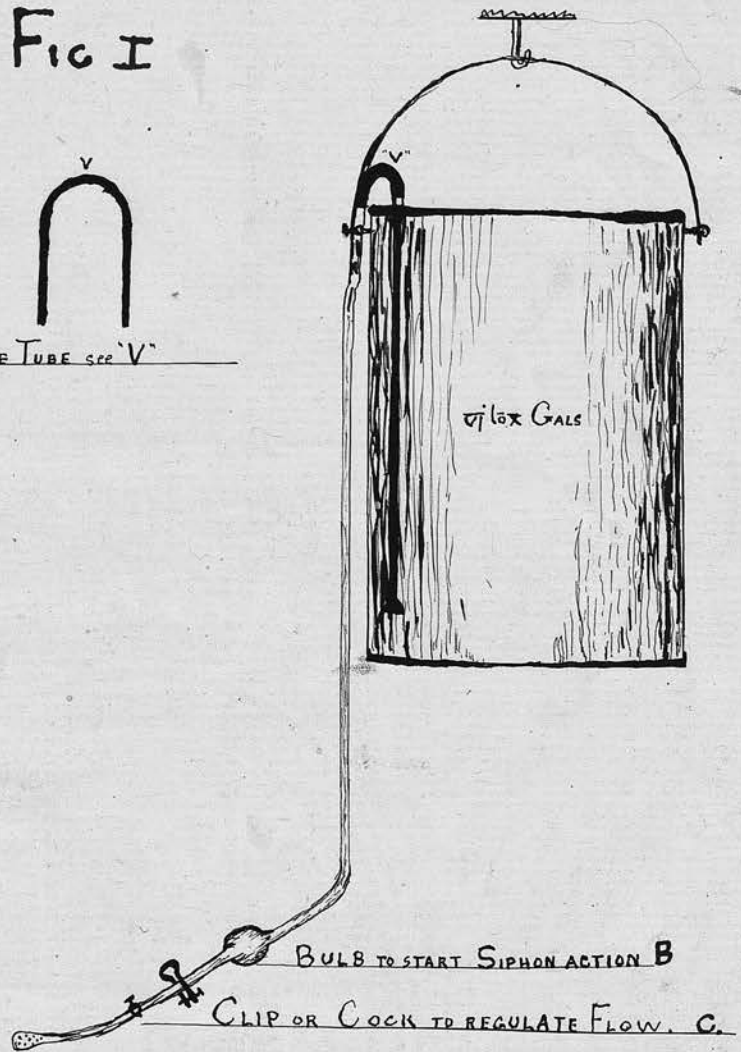
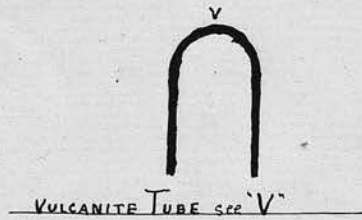
When a Diabetic Woman becomes "incunte"
her sufferings are of course greatly aggravated
and ^{also} of course as a rule it is impossible unless
in early stages to visit any of the "curative springs"

Such a case lately came under my notice
The lady is 37 a diabetic a strictly obedient
dietarian who had taken many ^{remedies} ~~remedies~~
from Cadeia onwards & visited Carlsbad etc without
much benefit became pregnant. Bethesda
Water was here tried and with benefit
the aggravating subjective symptoms disappeared
& the amount of Sugar was reduced to a trifle
The Patient at full time had a healthy child.

Bethesda Water which is now brought over from
the U.S. seems to me of all "spa" remedies to alone
retain its virtues in transportation - Its cost is
not great & its benefits are great - A elderly gentle-
man lately under my care who visited the
Wells on two occasions states that he derives
as much benefit from the imported water
as he got at the Springs in America

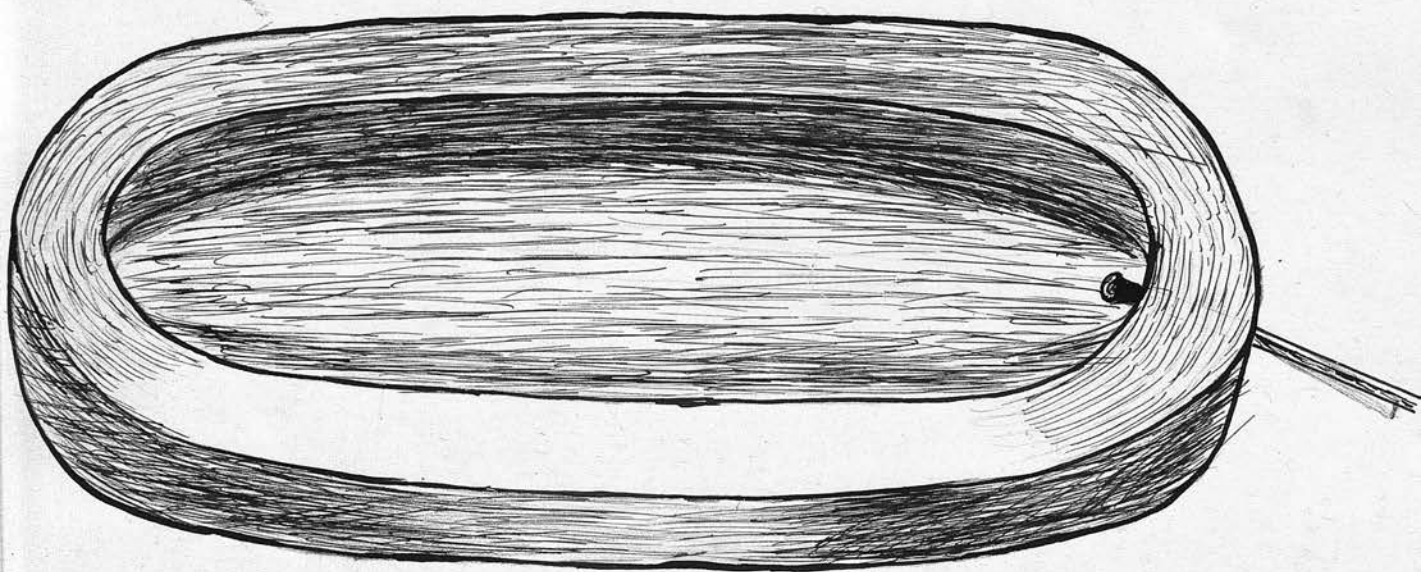
PAIL TUBE NOZZLE ETC. FOR
PROLONGED VAGINAL DOUCHING

FIG I



W.T.C.

Fig II



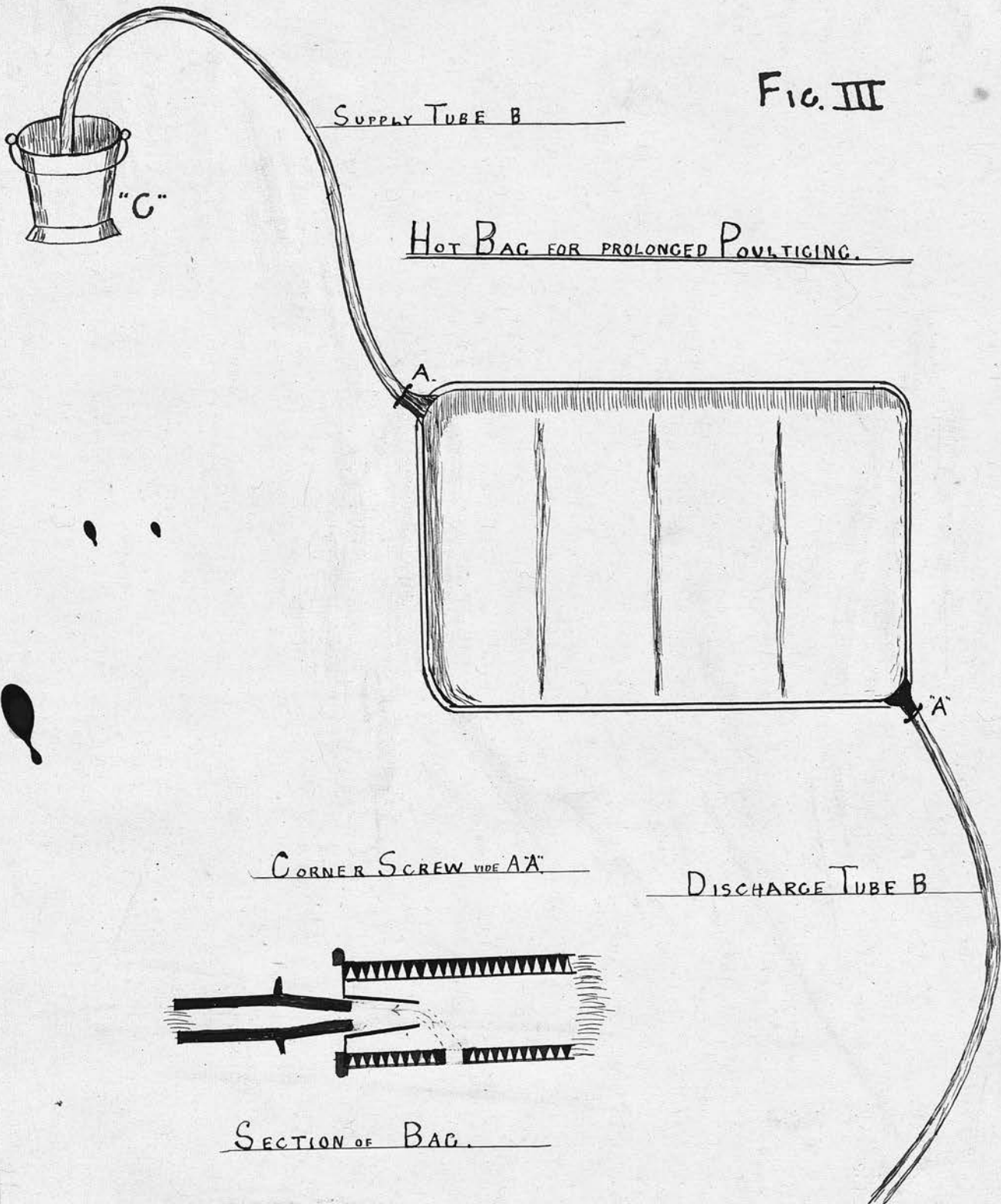
RUBBER BED PAIL FOR DOUCHE WITH OUTLET PIPE
THIS PAIL SHOULD HAVE BEEN SHEWN AS SLIPPER SHAPED

Water in Pregnancy is facile princeps the agent
a vehicle for employment of douches. Of late years
for Vaginal & Intra uterine use the old "injection"
has been replaced by various modifications of the
siphon - The one seen most frequently in the
Instrument-Shops is direct acting & has a tin or
metal pan attached this has two disadvantages
it needs constant replenishing & is clumsy to handle
with. For some years I have used a modification
of Thudichum's nasal Siphon which I got made by
Mr Young of Edin^{ho} - It consists of simple siphon
tube with U shaped tube (vide Diagram V), near
lower end is a "bulbar" expansion "B" below
this is a "stop cock" or "clip" "C" then finally
the stout but pliable rubber & celluloid nozzle.
To set in action the weighted end is placed in fluid
"stop cock" closed the "bulb" squeezed once a time
& action is established which can be tested by
opening cock; as compared with setting up the flow
in a nasal Siphon this simple & cleanly.

In addition to using the "douche" for a
short time say 5 or 10 minutes I have
frequently kept up its action for hours &
days continuously - This is in cases of
severe, acute, optic poisoning -

Before days of Modern Antiseptics - Irrigation was successfully used to Surgery in cases where Sepsis or Tetanus threatened. Owing to the position of the Womb we can't effectually apply many new antiseptics but by a combination of Irrigation with Antiseptics excellent results may be got. To do this, Pail Fig 1 (6 to 10 gals) is filled with some mild antiseptic & hung conveniently close to bed (into be practical place on chest of drawers etc) the Siphon is put in action the nozzle (clip closed) is comfortably introduced into Vagina an India rubber bed pail see Fig 2 is now placed close up to Patient's hips with the escape tube over side of bed and now Clip is slowly opened allowing gentle flow of tepid antiseptic fluid to pass over intra vaginal parts. With fair care this can be continued for days without a sheet being wet & patient unconcerned after first few hours. In two cases of Rupture of Uterus (one of great severity) and in many cases where fragments of Placenta had given rise to Sepsis I have attributed the recovery of not only patient but of Uterus to a healthy state to the soothing antiseptic action of a Continuous Douche.

FIG. III



SUPPLY TUBE B

"C"

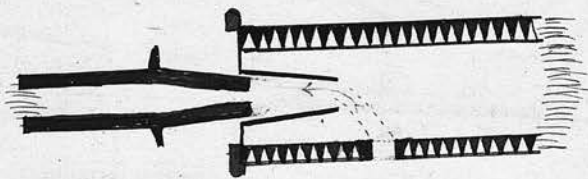
HOT BAG FOR PROLONGED POUULTICING.

A.

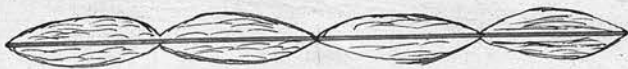
A.

CORNER SCREW VIDE AA''

DISCHARGE TUBE B



SECTION OF BAG.



W.S.S.

Boiling Water as the means of supplying a counter irritant curative & soothing is well known. Fomentations however cool soon, Poultices smell & are troublesome, & the Hot Water Bag if not heavy & at first very hot requires constant re-application which means exposure to patient -

In cases of severe Peritonitis or Ulcer in which when it was of great importance that Patient should not be moved much at all I have found the following modified Hot Water Bag do splendid service

A Rubber Bag (Fig 3) with thin walls loosely corrugated like air cushion is fitted with two screw taps (A) at opposite corners to each of these are fitted two small rubber tubes which are removable about 5 feet long - one the supply being if need be fitted with rubber "filler" other with lead weight for keeping in situ. The bag is applied as follows - The patient having been placed comfortably one or two plies of necessary size are ~~placed~~^{arranged} over the abdomen & covered with Jaconette over this the Bag filled just as far as will leave it pliable with water about $120^{\circ}F$ is placed. After a

a few minutes to let "Bag" settle into place the
Tubes "B" are fixed in sockets at "A" with a
little management it is now easy to let
the cooler water run out, ^{below} & a new supply come
from the Filler n Pail above till Temp becomes
as hot as Patient can stand - The upper Tube
is now closed by a Clip "D" & the Nurse can
remove ^{tubes} & close the Cocks at convenience

If when renewing the water a Thermometer
is placed over Bag & its register observed a
capital index will be given to Nurse as to heat
of water she requires - After Patient has established
a tolerance for the heat Temp should never be
allowed to fall below 110° - 112° F - This has
taken a long time to describe but the whole
process is gone thro' in a few minutes &
is a great help to Nurse. Apart from Pregnancy
in case of Lumbago where it is agony for sufferer
to move this bag acts splendidly

In all these notes as regards the physical
use of Water in Pregnancy the Siphon
Principle has come into play this principle
may be further extended to Rectal Injection
here by use of a "siphon" in bad cases of
Stoppage of Bowels I have succeeded in

introducing painlessly & with excellent results
nearly a gallon of Soap & Water.

In speaking of the Vaginal Siphon or Douche
it should have been noted that in advising
patients as to its use it is important in the
case of married women to warn them against
its use in the later hours of the day.

Corros. Sublimite 1-12000, Acid Carbolic 1-2000,
Alcohol, Zinc Sulphate, etc. in varying pro-
portions are fatal to the activity of Spermatozoa
and used as Vaginal Douches may easily act as
an unsuspected cause of "Sterility"

Diabetic Sugar and the results (acid) of its
decomposition are also destructive to Sper-
-matzoa. In one of the cases previously mentioned
"conception" ~~only~~ took place after the use
of a Boracic Acid followed by free Pure
Warm Water Douches - Sterility having existed
for four previous years of marriage -

Hypodermic Injection. The magnificent results and rapid relief given by this mode of treatment places the Profession & the Public under greater obligations to Dr. Alex. Wood than are generally recognized. Hypodermic Injection may be practically and to be done in three ways. Subcutaneously in which the needle is inserted obliquely through the True Skin and "agent" injected into the Cellular Tissue - This method though still largely and generally used has great objections. It is painful. The amount of material that can be introduced is small and consequently generally concentrated & perhaps half dissolved. It has one advantage if Sphaculation occur it is superficial. -

Permyometous or Deep Injection is performed as follows - If there is no "seat of election" choose skin over large muscle (Gluteus) or outside surfaces of Thigh or Arm - stretch skin tightly between fingers then plunge in needle vertically to depth of $1\frac{1}{4}$ to $1\frac{3}{4}$ inches ^{after which} ~~then~~ inject fluid slowly. This operation is practically painless, the amount of fluid easily & painlessly injected is large (have injected 220 m) this allows insoluble and irritant substances to be largely diluted.

FIG IV

NEW NEEDLE

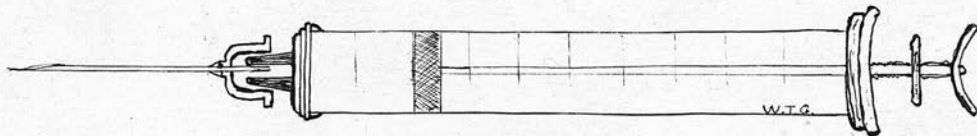


WIRE WITH STOP FOR

2" INTRA-VENOUS INJECTION

C

d"



NEEDLE ON SYRINGE



OLD NEEDLE

Should it be desirable to repeat doses the needle may be left in situ for hours or more.

The danger of "deep suppuration" can generally be avoided by clean apparatus small "purified" needles & dilute antiseptic "menstrua"

Intra venous Injection should always be performed with a short-fine needle - The Vein (for choice Jugular) is ^{lightly} compressed by an assistant. The operator when a little swelling has taken place compresses Vein between Thumb & Finger then obliquely inserts needle point towards heart till he feels its point free in the vein, a little movement of neck will prove this.

A fine wire with a "stop" see Fig 4 should now be passed through lumen of needle to clear possible "clot" at point - this remedy very steadily injected - If the needle is not to be removed at once the "wire with stop" should be dipped in Solub. Iodine Sulph. & pushed into ^{needle} up to stop this clears all clots - I have found no untoward circumstances occur in this operation beyond what may be noticed in the Pneumothorax. In either method when using such remedies as Atropia occasionally it is noted that immediately after injection

injection there is a sense of flashing & itching
over skin especially in spinal region this
is followed by fullness in head, throbbing heart,
& almost sense of impending death - these symptoms
pass off in few minutes with no uncomfortable
sequelae as far as I have seen.

As a rule the misadventures in Hypodermic
Work are the result of bad tools i.e. the needles
are either optic or too coarse for their purpose.

For some years I have had a needle made
after following pattern vide Fig. length $1\frac{1}{4}$ to $1\frac{3}{4}$ ins,
size that of a sewing needle (ladies) no. 6 or 7, the point
is either bevelled & open or better pointed & bevelled with
opening a little way up this ^{needle} can be introduced
painlessly - The "butt" of needle instead of
terminating at foot of socket "A" should be
continued up as in "B" so that lumen can
be seen & cleared by "operator". In addition to
this especially for intra venous Work there should be
a silver wire vide "C" the exact length of needle
from Stop to Point "d-e" which will after first
introduction of needle act as a guard against
injury to Vein Walls by sharp point & further if
dipped in an alkaline solution will help to
prevent formation of blood clots at point & in lumen.

A still further advantage of "butt" as seen at "B" is, that in using "minstrua" when evolution is not perfect particles have not nearly so much chance of passing into lumen of needle & blocking it or worse still of being driven through needle into the tissues - Using a fine needle of this description well kept & undried antiseptic for use I have "injected parenchymatous" most remedies in vogue and have found that if medicine is good well diluted & thoroughly dissolved the operation is painless & rapid not to say that a little experience gives me great confidence in "estimating" the results. I have injected deeply into a sensitive Innomma medicines which are generally regarded as irritant but used them dissolved & diluted consequently there were no bad effects.

I certainly acknowledge that deeply injecting ether into the thigh for Sciatica gives rise to intense burning sensation & a little alarm but the relief is great & a second dose is rarely objected to, it is certainly in many cases superior to the painless injection of Morphine with its train of sickness etc

Blood-letting like Mercury went out of fashion but unlike the facile principes of "Alteratives" it has not been re-juvenated in a common sense fashion. This may be explainable by the fact that in a measure drugs such as Aconite, Spica, Lunaria, Antifebrine etc give results in the estimation of some better than Blood-letting & with less trouble.

The term Blood Poison or Sepsis is at the present day a common^{one} in every School of Pathology; this practically means that in cases of General Pyrexia arising from some ascertained local cause or the result of some obscure source of irritation the condition of the blood is one of danger to the patient. With Pathologists the idea seems to prevail that ^{the} active cause of the mischief lies in the "leucocytes" or "white corpuscles" of the blood - either that they passing thro' the blood in a state of "active infection" give rise to symptoms, or that disintegrated & dying in a rapid manner they in a short time convert what was a "healthy body" into a "general necrosis" accompanied as all "necroses" are in the first instance by exalted Temperature & Pulse followed by death "local or general"

If, in such cases usual remedies such as Aconite
Antifebrine etc will not afford the necessary
amount of rest & quiet to allow the condition
of the Blood being improved by internal anti-
septics, or its wasted state improved by nourishing
diet then it seems rational enough to remove
at least some of "the poison" by direct abstraction.

The old objection "that however much blood was
with drawn, in a few hours the bulk was restored, only
in a poorer condition" doesn't in these days hold good.

We all know that with our present knowledge
of Dietetics and Antiseptic Remedies that if
we can only get some little time of rest when
the patient's assimilative powers can act, there
is no reason why the "new fluid" which supplies
the place of the abstracted serum & corpuscles
if not as good as healthy blood is decidedly
better for the patient's prospect of recovery than
that which has been cleared out by Venesection.

Of thirty-five cases of what seemed to
me beneficial "blood letting" two are here
recended one "artificial" the other "natural".
Case A.A. was brought from School suffering from Intense
Headache, Shivers, & Sickness; I saw her 16 hours afterwards
found Temp 105.4 Pulse 130. Slight delirium, Scleroscope

showed harsh sounds ^{over} large area base Right Lung, all the symptoms of Pneumonia, Poultices & usual Antipyretics used. Patient died 24 hours after coming home.

Highest Temperature recorded by house $106^{\circ}4 F$.

A few hours after death a dark purple punctiform eruption came out all over skin. Diagnosis, "Subformed Scabellum Indolens"

M.A. on Sat-21 a married sister of the young arrived in house shortly after death & assisted during sister etc. Was taken with "labour pains" and put to bed in same room (but another bed) when sister died.

On my arrival "labour" was so far advanced that it was only after "delivery of Placenta" that I was able to have her removed to another room - This was done & whole of her "parts" carefully disinfected. Sixteen hours severe Rigor occurred Temp. $103^{\circ} F$, no Abdominal tenderness, Lochia not established; 24 hours Temp 105° ; Pulse 138 hard, - low muttering delirium, face dusky crimson - 48 hours Pulse 140? Temp $105^{\circ}6$ Delirium continues - A faint appearance of a dark subcutaneous petechial rash; Aconite, Antifebrine & Sodae Sulpho Carbol freely pushed. Fifty six (56) hours Pulse 140 very hard Temp 105.6 Delirium continues Rash not developing. Removed ^{Blood} 3xii from Right Arm & administered 15 gr Sodae Carbolate with

3 $\frac{1}{2}$ Bromidia, slept 4 hours - Strong nourishment
taken. Throat-symptoms mild. Sixty-four (64) hours
Temp 103.2 Pulse 120 (countable) Patient still takes
nourishment - A little sleep Delirium less. A
faint appearance of Lochia. Seventy-two hours (3 $\frac{1}{2}$ day)
sudden recurrence of Temp. 105 $^{\circ}$ F Delirium markedly
increased Opened Left Jugular & with drew 3 $\frac{1}{2}$ oz bloody
not quite so dark as before - Sulpho Carb etc repeated
Slept for five hours. Took copious nourishment,
The Temp remained above 101 $^{\circ}$ for three other days
but after this Patient convalesced steadily. In this
case as much as 90 to 100 m of Aconite were given
in first 12 hours without softening the Pulse, after
the first Venesection Temp went down & skin
became a little moist but the Pyrexia soon
reasserted itself - after the second (Jugular)
relief the Schile symptoms abated & never returned
to any degree alarming - the patient going on to
full convalescence - Without going into details
it is only right to note that in another case
of Puerperal Scarletina and in a doubtful
case of Puerperal Small Pox I used Venesection
with benefit - The Small Pox Case tho' doubt-
ful had a very traceable source of origin
occurring in a dwelling where Variola had been shortly
before -

Case II This not strictly Puerperal is so allied in nature of what I considered the "natural cure" that I venture to record it. M.C. aet. 23, unmarried, above average physique was seized Rigors & Pain in Right Side - I saw her 6 hours after first symptoms Found Temp $104^{\circ} 2$ Pulse 128 Respirations 32 Darkly flushed Face. Breathing greatly embarrassed Auscultation revealed extensive Pneumonia in posterior & lower parts of Right Lung. A small purge having been already given The usual Poultices were applied and directions to push Aconite. The Breathing was however so laboured that I determined to Bleed if relief did not occur soon. Six hours afterwards I saw her & found Menstruation had set in so severely as to counterfeit a regular "flooding" Temperature barely 102° Pulse 116 Respirations 24 to 28 Dusky colour of face greatly improved Aconite was stopped - Temperature at Bed time $101^{\circ} 6$ Menstruation very full - at 4 A.M. a sudden cessation of menses occurred with no explainable cause Temp at 6 A.M. again rising to $103^{\circ} 6$, at 8 A.M. 104° Dusky colour returned - In my visit I ordered warm moist flannel to be applied over the Abdomen & round Thighs - blood flow was

again fully established in course of an hour Temp. shortly falling to 101° . Practically unaltered - local conditions going through usual course. The Catamenia continued in a modified fashion for other two days Temp. reached 99° on fourth day followed by complete recovery. In this case the patient seemed at first to be literally "felled" by the severity of the onset. Rapid relief of some kind being urgently demanded - I question if Aconite would have had much effect. The Temp. record as kept by a careful nurse undoubtedly showed a relation between rapid withdrawal of blood and sudden decrease of Pyrexia, a return to a "high reading" when the "flow" was stopped & again a fall on "discharge" occurring. I should mention that in both instances the establishment of "discharge" was followed by profuse "diaphoresis". In this case there was no suspicion of "miscarriage" or other abnormal uterine condition Patient having menstruated healthily 25 days previous to attack. The circumstances of this case seem to me to establish a "rationale" for smart "bleeding" in certain puerperal cases - when a sudden hyper-pyrexia occurs combined with cessation of Lochial discharge and

where as in recorded case the patient is being apparently "filled" by the severity of symptoms

As regards Bleeding by means other than Lances (I mean Leeches & Wet Cupping) it is unreliable & useless except for very local conditions -

The quantity of Blood removed can never be accurately gauged. I have tried again & again with Leeches to establish the average amount "drawn" by each animal - but the quantity sucked & the after flow from "bite" almost invariably vary, due doubtless partly to activity of leech on one hand & susceptibility of patients skin to the bite on the other.

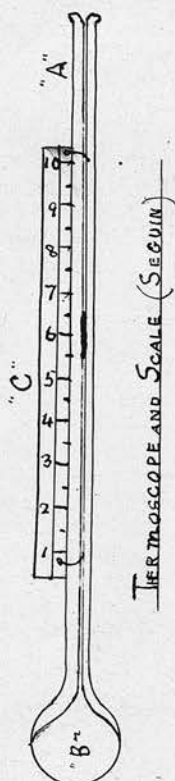
That such a remedy as Venesection is so completely neglected seems a pity, its former abuse is no reason for now ignoring it.

The manual dexterity even in Jugular Cases required to perform it is small and in suitable cases the results are satisfactory.

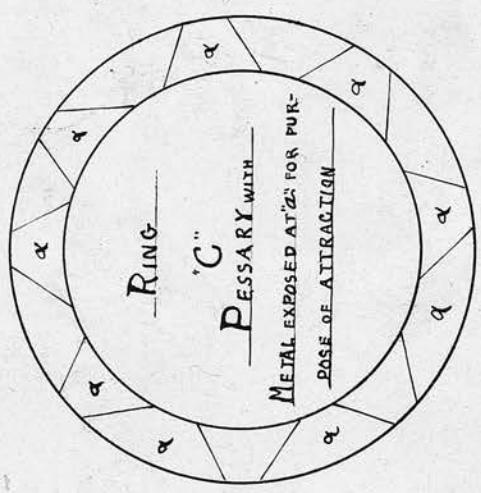
The objection previously mentioned that in a few hours bulk of blood is restored but poorer in quality - may be answered by saying that by proper "medication" the new blood is purer and by suitable "dietetics" may soon be made as rich.

Thermoscope In a note on treatment of Enlarged
Breasts by Potass Brom I mentioned the
importance of frequent observation of the
Temperature of the two Breasts. To save time
and as being less expensive (in case of accidents)
instead of the Surface Thermometer I use Seguin's
Thermoscope a little modified vide Fig.

It consists of a glass tube 7 ins long bore $\frac{1}{4}$ of a line bore "A"
with Bulb at end "B" with an adjustable Scale "C"
To prepare for use heat Bulb short time over lamp or in water
with draw & quickly plunge open end about an inch
into cold water retain only long enough to allow a drop
to enter, this if operation done smartly will run up
to near Bulb & forms the Index - now fix on Scale "C"
so that Index is at Zero. A little twisted paper will
protect it from heat of operators hand & it may now
be used by applying sag to Breast - In 10 to 15 secs
Index will attain its maximum but it is of interest
to compare rate of rise on healthy & affected sides
by noting height at 5, 8, 12 & 15 secs by watch.
This little instrument will show the centre of a
suppuration & by its use I have been able to
anticipate the direction of Wandering Erysipelas
12 to 16 hours before any Redness showed in skin
It was invented by Dr E. Seguin New York.

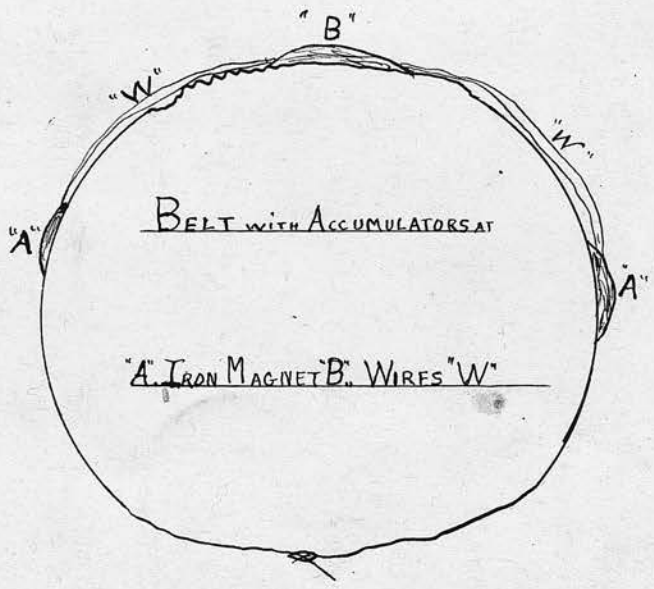


Thermoscope and Scale (Secuin)

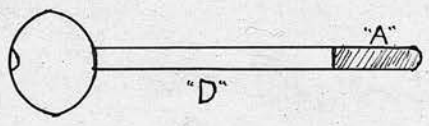


ELECTRO-MAGNETIC PESSARY

FIG. V



STEM PESSARY WITH STEEL TIP "A", INTRA-UTERINE



An Electric Magnet Pessary. Displacements do not exactly come under the head of Puerperal maladies but are so frequently the result of conditions caused by Child birth that I have ventured to describe here a Pessary which has stood me good stead when others failed - The principle of action is the known fact that Electricity acting on soft iron converts it into a strong magnet. The Pessary is constructed as follows (vide fig), a comfortable belt is fitted to Patient at the back of this are attached to small "electric accumulators" A in the front but adjustable anywhere is placed a flat piece soft iron horseshoe shaped B connection is made between this & the accumulators by wires in substance of belt - The Womb being restored to position a watch spring pessary C is introduced in this part of the steel spring is left uncovered D the connection by wires between the accumulators & iron plate is now made & the amount of magnetic attraction will be found sufficient to retain a womb up in the most relaxed Vagina - In case of Flexions a Vulcanite Intra Uterine stem^{"D"} may be used having a steel tip - here according to direction of flexion the magnet is placed in front - behind or at side A lady has just written me from Paris saying that she has been travelling for a year with the "Ring support" & is happy previously no kind of support kept her Womb in its place.

In concluding these remarks the result of personal observation I would do so with a plea to "those in power" for the better equipment of Senior Students or Young Practitioners to enable them carry out in their daily work observations in regard to the relations of Disease & Drugs, which may not only be useful to themselves but others.

The old apprentice system had the tendency to foster this faculty or equipment, but in these days we can return to that happy & lucky method.

It seems to me that to make a successful Medical Man a ~~student~~ student should be supplied with opportunities to acquire a knowledge of Therapeutics equal at least to those afforded in Anatomy, Physiology, Pathology, etc.

Anatomy has the charm of Directing room dexterity
Physiology its Practical Class with "Vivisection"
as far as it is instructive & beneficent

Pathology has the Post-Mortem Theatre with lesions ready to the eye, with the semi-legal study of Med. Jurisprudence has its thrilling stories & lessons in Toxicology; but it is left to the Professor of Materia Medica to make what should be perhaps the keenest interest.

of all out of a hundred class lectures.

With the present provision made for the teaching of this subject by the Medical Council of Examinations it redounds purely to the credit of the Professors that Students possess a knowledge of Therapeutics at all. The information gained at the Dispensary is in a Practical Class where the work is confined to making up "black board prescriptions" can only be of an evanescent nature. Unless there is some connection established between the Remedy & the Malady, the interest excited will be trifling.

In such a School as the Edin^{ho} University with the Clinical Wards attached, what stands in the way of establishing a Practical Class in the Infirmary? A Class both for Dispensing & Investigation; here the Student under the Professor's Assistants care would dispense prescriptions which had been thought out by the first most Clinical Authorities, here they could follow out effect of the Remedy on the Disease, here the interest excited by such work might result in original observation. Until some such help is afforded the Prof of Mat. Medica Students will pass on not so ignorant as uninterested in the Great subject of Therapeutics.