

like growth on right labium, treated as cancer allopathically by sulphate of copper. In nine months the growth had reappeared; painful to the touch, bleeding easily, preventing walking. Examination refused. *Thuya*²⁰, a dose once a week, cured in six weeks. (A. Berghaus, Trans. A. I., 1872, p. 339.)

Mammæ.

Phytolacca dec. in Mastitis. C. W. Biggers, of La Grande, Oregon, says in the *American Journal of Medical Sciences*: The following cases are stated as the result of my experience only with the remedy in question, and I trust that others may try it and report the result.

Case First. Mrs. H., on third day after labor with her second child; mammæ commenced swelling after an accumulation of milk. Did not see her until the symptoms were so urgent that there could be no mistake about the commencement of an abscess.

I pursued the antiphlogistic treatment, both general and local, until there was no promise of improvement; on the contrary, the case was continually getting worse. I then prescribed fluid ext. *Phytol. dec.*, gtt. xx., every three hours in water. A very marked improvement took place in twelve hours, and in thirty-six hours the patient was well. There was also a suppression of the lochia, which was also re-established.

Case Second. Mrs. B., whose child died a few hours after its birth, was attacked, after the secretion of milk took place, with inflammation of the mammary glands, from over-distention, and had the milk withdrawn very regularly, yet the case continued worse, threatening an abscess. I prescribed fluid ext. *Phytol. dec.*, gtt. xx., every three hours. Marked improvement in ten hours, and a complete recovery within thirty-six hours. There was also a suppression of the lochia in this case, which was re-established with the cessation of the mammary inflammation.

Case Third. Mrs. G., at the fourth month of pregnancy, was attacked with inflammation of both mammæ, severe pain, swelling, and very great heat, with severe rigors, amounting to a distinct chill. I prescribed fluid ext. *Phytol. dec.*, gtt. xv., every three hours in water. The symptoms all subsided, and the patient fully recovered within forty-eight hours, with no other treatment.

I have used the remedy above named in many other cases of

mammary inflammation, and it has never yet failed in a single case.

Mammary Abscess. In cases of mammary, and other forms of abscess, characterized by the usual throbbing and great restlessness; in children, peevishness, *Ars. jod.* is of decided benefit. (Williamson, M. I., v. 10, p. 147.)

Mrs. —, æt. 32, bilious, sanguine temperament, mother of two children. Breast suppurated and was opened twice under allopathic treatment. Had not rested for forty-eight hours, was feverish, right breast hard, swollen and tender. Applied *Apis* oil externally and gave mother tincture internally, giving every third dose, *Acon.* In twenty-four hours all hardness, soreness and pain had disappeared. (P. S. Duff, O. M. and S. R., v. 7, No. 4.)

Hard and painful lumps in the mammæ reduced by *Conium*^{1m}. (N. A. J. H., v. 21, p. 553.)

Mrs. T., æt. 40, small painless tumor in the breast near the nipple. *Conium*³. Cured. (J. H. Nankivell, H. W., v. 8, p. 79.)

Cracked Nipples. Bathe the breast with lukewarm water, then sponge it with tannin, one grmm.; glycerine, ten grmms. (Quoted by R. J. McClatchey, H. M., Sept., 1873, p. 89.)

Obstetrics.

Vomiting during Pregnancy. (S. Lilienthal, N. Y. J. H., Aug., 1874, p. 273.)

Vomiting of Pregnancy. Mrs. M. has three young children; second month of gestation; constant nausea, rejects everything; so weak as hardly able to sit up; very nervous; pulse quick and feeble; spasmodic uterine pain; had at one time tenesmus with dysenteric stools. *R. Cupr. ars.*, every two hours. Rapidly cured. (J. H. Marsden, H. M., Jan., 1873, p. 262.)

Cupr. ars. cured spasmodic uterine pains during pregnancy, with general debility. (J. H. Marsden, H. M., Jan., 1873, p. 264.) p. 264.)

Pruritus during Pregnancy. A woman was tormented with pruritus of the whole cutaneous surface, without eruption, during two pregnancies. Nervous spasms were induced by the itching; various treatments were unsuccessful; at length pyrosis and dental neuralgia were added, and smoking of tobacco was resorted to with complete and speedy success on both occasions. One cigar was

smoked every night, and sleep and comfort returned. (B. J. H., 1873, p. 383.)

Treatment of Abortion. By Prof. Dohrn. (N. A. J. H., v. 21, p. 489.)

Uterine Hemorrhage and Abortion. Read before H. M. S., Penna. (By W. D. Hall, H. M., July, 1873, p. 556.)

Protracted Gestation. Mrs. E. had three gestations of normal length, the first, third and fourth, but the second, fifth and sixth occurred on the two hundred and ninety-fourth, three hundred and eleventh and two hundred and ninety-eighth days respectively. The last delivery was hastened with the colpeurynter and Barnes's dilator. Children healthy, from two to four pounds heavier than those of normal gestation. (J. T. Talbot, N. E. M. G., Jan., 1873, p. 23.)

Protracted Gestation. Case of gestation for three hundred and four days. (A. R. Thomas, A. J. H. M. M., v. 6, p. 349.)

Reproduction during Gestation. Cases in evidence of. (R. C. Allen, A. J. H. M. M., v. 6, p. 347.)

Pregnancy in the Aged. (*Lyons Medicale. Phil. Med. Times.*) Dr. Meynart has communicated to us the following case which has fallen under his own observation: A lady died at the age of eighty-five having had four accouchments. The first took place at the age of forty, the second at forty-eight, the third at fifty-one, and the fourth at fifty-six. Five girls were born, of whom three are still living, the two twins being seventy-seven years old, and the youngest child seventy-one. These three persons, the two eldest of whom have been married, and have several children, still enjoy the most excellent health.

Tests of Dr. T. J. Hutton's rule of prediction of sex in utero, that "when the foetal pulsations number 144 per minute, it is a female; when 124 per minute, it is a male; five or six beats either way not influencing the result, providing the examination be made during the ninth month of pregnancy," with doubtful results. (S. Swan, A. J. H. M. M., v. 6, p. 308.)

Pulsat. in Malpresentations. In thirteen cases of foetal malposition, *Pulsat.* has produced evolution and head presentation.

In May, 1870, examined Mrs. C., then eight months pregnant; found a breech presentation. Gave *Pulsat.*³⁰, five pellets in half a tumblerful of water, one spoonful to take every six hours. Evolution was accomplished in a week, and the child born at full time by the head.

March 2d, 1871, examined Mrs. H., who was expecting her con-

finement in a week; found a trunk presentation, back in front, head to the right. Gave *Pulsat.*³⁰, as before. She being out of town, did not see her for five days, when I found the evolution so nearly accomplished that no further anxiety was felt. Continued the medicine, and on the 10th she was delivered by the vertex of a fine, healthy girl, after a short and favorable travail.

March 15th, 1871, examined Mrs. McL., who expected her confinement daily; found a breech presentation. Gave *Pulsat.* In three days found vertex presenting. She was delivered on the 23d, with a very rapid labor; nurse said the head presented. Did all these changes occur from natural causes? *Sepia* will bring a prolapsed uterus into place, sometimes in a minute, when recently fallen. I used *Sepia* instead of replacing with the hand; why may not *Pulsat.*, contracting two sets of uterine muscles, change the foetal position? We ask the profession to falsify or verify this theory. (Mercy B. Jackson, H. M., Jan., 1873, p. 274.)

On the Uses and Abuses of the Waters in Labor. The uses of the waters so called in labor are varied and important. They subserve different offices in the different stages. In the first stage they serve—

First. To shield the child from direct contact and pressure of the uterine walls, and the uterine walls from direct contact and pressure of the salient portions of the body of the child. Considering the average duration of this stage, even within the definition of natural labor and the liberty of body movement granted to the mother, and the intensity and caprices of her emotions in this stage, this office of the waters has an importance we can scarcely appreciate.

Second. They float the cord for this most protracted stage, and therefore preserve it from danger of compression between the womb-walls and the salient parts of the foetus.

Third. They keep the uterine wall at the seat of placental connection outspread, and thereby defend the utero-placental circulation from a dangerous degree of constricting force and consequent curtailment of the utero-placental currents. Every pain interrupts more or less the in and out flow of these currents even with the waters intact; but when the uterus is emptied of its waters, the interruption is very decided, and in labors of protracted first stage, is the only rational explanation of the still-born births so common.

Fourth. They act through the bag of membranes, which they force down within and through the circle of the os, mechanically to assist the process of dilatation.

Fifth. They make possible and practicable and comparatively safe manual manipulation in utero.

On the completion of the first stage they begin their proper office in the second stage. Assuming their enclosed membranes become broken at this time, they subserve other and no less important purposes.

First. Trickling down in the intervals and spurting down during the pains, they cool and lubricate the soft parts, liable to become heated and dry and tender by the pressure and friction incident to the progress of this stage.

Second. Their gradual withdrawal thus from the cavity of the uterus give to its fibres increased power, and thereby shortening the duration of this stage.

Nature's ideal of the functions of the waters in labor is fully realized only when they remain intact until dilatation or dilatibility has been fully attained, and when at the inception of the second stage their membranes break and they gradually draw away and become spent only with its close, signalized by the birth of a living, perfect child.

Their abuses also are various and entail on child or mother loss, injury and danger:

First. Breaking them anterior to full or near completion of the first stage. For except to correct presentation or position, or for artificial delivery, or except in the exceedingly rare cases of abnormal quantities of the waters, or of hemorrhages or convulsions, or intractable uterine inertia, or impending powerlessness, or for the induction of premature labor, this is unfortunate, and may prove calamitous. It is true they sometimes break spontaneously before this, as they sometimes do before labor is begun, from varied causes, from inherent weakness of membranes at some point, from unequal pressure, from irregular or violent uterine contractions, from faulty presentation or position, or faulty decubitus or violent co-operative, voluntary effort, some deflection from the normal relation of the axes of the womb in the axes of the superior strait. Yet, from whatever cause, occurring spontaneously, it is an accident and not a conservative expedient or alternative of nature.

Therefore, voluntarily to break them in the exercise of obstetric art, anterior to the near completion of the first stage, except in the exigencies mentioned, is an indisputable abuse for which the impatience or discouragement, or pleading for an aid on the part of the parturient woman or her friends, or hosts of business engage-

ments on the part of the obstetrician, is and can be no satisfactory apology and expiation.

Second. In case of their breakage sooner than the near completion of the first stage, to grant to the patient such liberties of movement and position as will prematurely draw the waters away—as for example, promenading the floor, taking position on her knees, straining on the commode, or protractedly sitting or rocking in her easy chair. This is a very common and very reprehensible practice.

Third. Deferring their breakage until the second stage is far advanced or even completed. This is sometimes unavoidable from one not being in time; but it does sometimes occur in the presence of the obstetrician, from want of attention or misjudgment as to the rate of the progress of labor. As a result of obstetric negligence or misjudgment, it is an abuse full of peril both to child and mother; for, besides the loss to both of the great advantages of their breakage at the proper time, the sudden emptying thus of the womb of child and waters together subjects the mother to the risks of hemorrhage and shock, and the child to asphyxia.

Fourth. Though broken at the proper time, not securing their proper escape in the progress of delivery in sufficient quantity to cool and lubricate the parts, or materially lessen the distension of the womb, until it is emptied by the delivered child. It is by no means an unusual occurrence for the circle of the cervix to so firmly grasp around the advancing part of the child, or the advancing part to be so firmly ensheathed in the soft parts within, and at the outlet of the pelvis, as to effectually bar the escape of the waters until simultaneously with the completed delivery of the child. Such a condition involves the dangers just named, and demands the interference of obstetric art, to the extent of gently pushing back the advancing part in the intervals of the pains, joined with such changes of the patient's decubitus as will facilitate this manipulation, and aid the accomplishment of the end to be attained. (J. C. Sanders, Proc. H. M. S., O., 1873, p. 89.)

Disease as Modifying Labor. By weakening the system, the pains though often distressing from the hyperæsthesia present are weak, and produce very slight contraction. This latter fact distinguishes this state from retarded labor caused by malpositions or deformity. Here ergot often fails. Another cause of delayed labor is protracted mental or bodily exertion. Ergot fails; rest is the remedy, secured by the appropriate medicines. Rigid

os is best treated with *Act. rac.*, *Gelsem.*, *Lobel.*, Barne's dilators and chloroform. (J. H. Marsden, Proc. H. M. S., Penna., 1873.)

Pathological Conditions and indications for treatment in cases of irregular actions of the uterus during labor. (W. Owens, M. A., p. 530.)

Cim. rac., will hasten parturition; cardiac neuralgia. (Kirkpatrick, H. M., April, 1873, p. 447.)

Secale in Labor. Wernich experimented with ergotin and found in all cases the bladder filled to the utmost. We must, therefore, examine the bladder before applying the forceps, and catheterizing after the use of *Secal.* is always a safe precautionary measure. (N. A. J. H., v. 22, p. 275.)

Placenta Prævia. When the os is dilated, force through the placenta, deliver with instruments. If the os is rigid, use the tampon until dilated, then deliver by version or instruments. (M. Friese, Proc. H. M. S., Penna., 1873.)

Hemorrhage, Abdominal in Complicated Labor. Mrs. —, æt. 32, in primipara. Has enjoyed generally good health.

An examination per vaginam, after slight pains had existed for four or five hours, revealed the os uteri dilatable with reasonable prospect of a good labor. Palpation of abdomen revealed the co-existence of a large tumor, apparently attached to the uterus by a narrow pedicle two or three inches long. The tumor could easily be moved around in the abdomen, but could not enter the pelvis because the gravid uterus excluded it. The patient had supposed her's was a case of twin pregnancy.

At an examination two hours later the os uteri was found more soft and dilatable, some of the liquor amnii had passed away, the vertex presented in the first position (left occipito-iliac) and all was passing along harmoniously, except that there seemed to be but little expulsive power.

Two hours later her pains suddenly left her, and she became faint and very sick at her stomach. Her abdomen seemed bloated, her pulse feeble, quick, scarcely perceptible, a cold perspiration covered the skin, and she complained of general "distress," with ringing in the ears. From this state she did not rally, but continued to sink until within an hour and a half, from the time her labor pains first subsided life became extinct.

At the *post mortem*, as soon as an incision was made through the parietes of the abdomen, blood gushed out forcibly and in large quantities. Clots were also found in the abdominal cavity. A *fibroid*

tumor, with its long diameter from above downwards, revealed itself, attached to the right ovarian ligament by a small pedicle nearly three inches in length. Tumor weighed five pounds. The uterus was found intact, with no signs of rupture. (L. Pratt, U. S. M. and S. J., v. 8, p. 237.)

Metrorrhagia a quarter of an hour after delivery, the placenta still remaining. Blood in large clots; the womb dilated, soft. After the removal of the placenta, the flooding still continues; the woman has fainted away, is pale as death; pulseless, and extremities cold as ice. *Crocus*, twenty drops of the tincture in half a glassful of water; a tablespoonful in short intervals brought on contraction of the womb and cessation of hemorrhage. (Camillo Lederer, H. Kl., 1873, p. 97.)

Post-partum Secondary Hemorrhage, occurring not earlier than the third day after delivery. Dangers arise from the absence of premonitory symptoms, septicæmia from putrefying clots, metritis, etc. Causes are portions of retained placenta, preventing uniform uterine contraction, and hence that of the maternal vessels. I prefer not to remove the placenta if firmly adherent, thinking its retention the lesser evil. If hemorrhage is severe, inject solution of perchloride of iron. When coagula are the cause, *Pulsat.*, *Secal.*, etc., are generally preferable to manual operations. Emotions, derangement of innervation, disturbances in the equilibrium of the circulation are also potent causes. (J. H. Marsden, Proc. H. M. S., Penna., 1873.)

Ustil. maid. In several cases of menorrhagia, and in one case of abortion where the flowing had lasted several days, *Ustil. maid.* diminished the hemorrhage, which ceased in six hours. (H. K. Bennett, N. E. M. G., Sept., 1873, p. 413.)

Uterine Hemorrhage. Hot water, used as an injection, is particularly efficacious in preventing the flow. (F. H. Mann, A. J. H. M. M., v. 7, p. 130.)

Puerperal Fever. Cases illustrating the diseases as an epidemic in connection with erysipelas. (G. C. Pitzer, A. H. O., April, 1873, p. 205.)

Puerperal Convulsions. Remarks on sixteen cases. (J. Ellis, A. H. O., April, 1873, p. 211.)

Puerperal Melancholia. Case cured by *Ignat.* and *Cimic.* (A. F. Hobbs, A. H. O., April, 1873, p. 210.)

Puerperal Hysteria and Mania. Mrs. X., æt. 25, short and fleshy; a little while before had lost a child a few months old. Was

talking incoherently about things on which evidently she had been brooding; would speak to her dead child as though he were alive and present; would make gestures as though she were clasping him to her. She would scream and clutch her breast or some other part of her body as though in pain; again she would laugh sardonically, or would push her husband away with looks, gestures or words of disgust, or would toss about the bed so violently that she could hardly be held there. *Cimic.*, five drops in a half glass of water, a teaspoonful every fifteen minutes. In an hour the patient was asleep. The remedy was continued at longer intervals as improvement continued for two days, when she was well. (W. W. Tufts, M. I., v. 10, p. 294.)

Puerperal Convulsions. Mrs. A., primipara, æt. 25, nervo-sanguine temperament. Found her suffering from excessively keen preparatory labor pains, with nervous excitement. *Coffea*⁶ quieted the pains from morning until 3 P. M. Pains returned with flashes of light before her eyes. Pains regular and sufficient, face flushed, pulse strong and somewhat quick. *Bellad.*³ was given, labor progressing favorably until head reached perineum, when a violent convulsion ensued. Family became greatly alarmed, and the husband hastily brought two allopathic doctors.

Meantime the child was born, placenta removed during short intervals between three more quickly succeeding convulsions. The allopaths drew a half basin full of blood. Still the convulsions occurred regularly, and after a second bleeding they were as violent as before. Brain growing more and more congested, face livid, breathing heavy and no return of consciousness between paroxysms.

After two hours the allopaths left the woman to die. I took tincture of aconite root and dropped twenty-five drops over the scalp. Convulsions ceased, the natural color of face returned and consciousness was restored. Puerperal insanity succeeded for two weeks. In four weeks she was about the house. (H. Ring, M. A., July, 1873, p. 280.)

Puerperal Convulsions. A stout woman after cathartic pills had convulsions during labor. Skin moist and warm, rush of blood to face, vessels resembling cords, eyes rolled up and back, head and spine curved backward, pupils were much dilated, abdomen thrust forward and upward; trembling, shuddering, groaning, then contortions, jerkings of dreadful clonic spasm; thumb and wrist inverted; spasm lasted five minutes, followed by deep coma; no

spasm during expulsive efforts, but several minutes after, true labor-pain during free intervals. *Bellad.*²⁰. No spasm for an hour, pain increases; child born in two hours; only one more severe spasm. (O. P. Baer, Trans. A. I., 1872, p. 221.)

Puerperal Convulsions, before and after delivery with forceps, coming every ten minutes; unconscious during intervals, or delirious with swearing, obscene language; condition lasting for about seven days. Very gradually relieved by *Bellad.*². (R. B. Bush, Trans. A. I., 1872, p. 208.)

Puerperal Convulsions. Spasms commenced with rigid contractions, mouth drawn downward to one side, head turned far back and to the right; later, jactitation of limbs and body; livid face and frothing at mouth; stertorous breathing, tongue swelled and bloody. *Opium* tinct. relieved; after *Bellad.*³⁰, *Opium*²⁰, *Opium*³⁰. M. S. Briry, N. E. M. G., Aug., 1873, p. 348.)

Puerperal Eclampsia. Mrs. T., æt. 29, after confinement has pain in left side of head and eye, then blindness and unconsciousness; later, anguish about the heart, face leaden in hue; thick saliva; peculiar sensation at the root of the tongue; paroxysm passed off with a sigh after several minutes; paroxysms became more frequent and lasted longer, coming during sleep or when awake. The "spells" cause mental terror at the time, is conscious during the paroxysm, but cannot move, eyes open and immovable. *Coccul.*⁶, in water, three times a day for three days. In four months cured all but occasional reminder of old symptoms. (O. B. Gause, Trans. A. I., 1872, p. 1872.)

Puerperal Convulsions. Mrs. —, æt. 28, sunstroke two years previous to confinement from which she had ever since been confined to her bed. Convulsions two hours after delivery. After twelve hours patient comatose, great heat in occipital and cervical regions; no moisture in mouth; pulseless. *Laches.* sol., 6th or 10th. Relief. (E. P. Colby, N. E. M. G., July, 1873, p. 315.)

Puerperal Convulsions. A woman, æt. 18, very stout, primipara, after cathartics, had puerperal convulsions not ceasing after child was born. Pulse 120, pallor, sunken eyes, pupils much dilated; muttering; borborygmus; comatose; spasm; throws legs and arms about; stretching legs and arms at right angles with body; trembling; pulse working rapidly; eyes turned inward and upward; head bent back over to left; left hand and foot turned to left side; tongue quivering, coated dirty yellow, unctuous; the spasm would scarcely relax, when it would run into another; more than thirty