

# THE CANADA MEDICAL RECORD.

VOL. XVI.

MONTREAL, OCTOBER, 1887.

No. 1.

## CONTENTS.

<b>ORIGINAL COMMUNICATIONS.</b>		The Treatment of Varicose Veins of the Leg.....	14	Treatment of Dysentery.....	19
Uncontrollable Vomiting of Pregnancy	1	The Influence of Tea, Coffee and Cocoa on Digestion.....	14	Delivery after Death.....	20
<b>SOCIETY PROCEEDINGS.</b>		The Use of Indigo as an Emmenagogue	15	Treatment of Late Cases of Puerperal Infection.....	20
Medico-Chirurgical Society of Montreal.....	3	Treatment of Cholera Infantum in the New York Infant Asylum.....	15	<b>EDITORIAL.</b>	
<b>PROGRESS OF SCIENCE.</b>		The Proper Selection of Ether or Chloroform as an Anesthetic.....	16	Lindsay and Blackiston's Visiting List.	20
The Advantages of Antifebrin.....	7	The Comparative Action of Artipyrim and Antifebrin.....	17	The Canadian Medical Association....	20
Implantation of Teeth—Younger's Method.....	8	The Treatment of Colds.....	18	International Medical Congress.....	21
A Clinical Study of Antipyrim and Antifebrin.....	10	The Value of Haemorrhage in Treating Wounds.....	18	Fresh Air.....	21
The Therapeutical Value of Blood-letting.....	11	A Point in the Treatment of Chorea... ..	18	The Eighth Volume of the Index Catalogue.....	22
The Proper Employment of Prepared Foods for Infants.....	12	Iron and Sodium Salicylate in Rheumatism and Rheumatic Affections.....	19	The Illustrated London News.....	22
		Incubation of the Infection of Measles.....	19	LITERARY NOTES.....	22
				PERSONAL.....	22
				REVIEW.....	23
				Obituary.....	24

### Original Communications.

#### UNCONTROLLABLE VOMITING OF PREGNANCY.

DELIRIUM, INDUCED ABORTION, RECOVERY.

By A. LAPHORN SMITH, M.D., M.R.C.S., England, F.O.S., London, Professor of Medical Jurisprudence, Faculty of Medicine, University of Bishop's College, Consulting Physician to the Montreal Dispensary.

I was called to attend Mrs. — on the 16th Oct., 1887. *Previous History.*—I had attended her once before for painful dyspepsia accompanied with severe vomiting about a year ago, which was readily cured with bismuth and morphia. She had one child two years ago, and when she became pregnant with it, she vomited *nearly* everything she took during the first and second months; but she was able to be up a part of each day. She informed me that she had a severe labor, which was followed by puerperal fever and abscess of the breast, which kept her in bed several months. She suffered so much with this, her first pregnancy, that her husband generously resolved to abstain from any further sexual intercourse. In this resolve he persevered for two years, although with considerable difficulty, when one day he mentioned the matter to a friend, who told him he could have connection without endangering her life, provided he withdrew before emission. He had partial connection in this way several times in August, without fecundating her, for on the 21st August she menstruated as usual. His business then called him away until the 19th September, when he returned; but he unfortunately forgot himself, and the result was that she did not menstruate on the 21st Sept. A few days later she

commenced to vomit so severely that she took to her bed and sent for her family physician, who during the next three weeks tried a great many remedies without avail.

*Present condition*—Very much emaciated. Pulse very weak—100. Temperature normal. Does not sleep more than an hour at a time, and has a haggard look. She moans and retches almost constantly night and day, bringing up mucous and bile, and sometimes a little blood. Does not dare to take any food. Has severe headache. Complains of a loathsome taste in her mouth. She is positive that she is not pregnant because of the precautions taken; but a bimanual examination of the uterus shows that it is gravid. It is somewhat enlarged; the body has an elastic feeling, and the cervix is pulpy, and the os slightly open. A specular examination reveals a granular erosion, the size of a 10 cent piece, on the cervix, which presents a dark, purple hue; the vagina is almost slaty in color, and the external organs are very red and sensitive. The breasts are not enlarged and there are no areolæ.

*Diagnosis.* Although her tongue was red and coated, and although she had already had dyspepsia with vomiting, and in spite of hers and her husband's assurance that she could not be pregnant, the feeling and appearance of the uterus made me feel sure that she was, and that this was a case of vomiting of pregnancy.

*Prognosis.* This was serious enough. Most of the usual remedies had been tried by her family physician during three weeks without avail, and I was convinced that unless I could put a stop to the incessant vomiting which prevented her from keeping down either medicine or food, and which