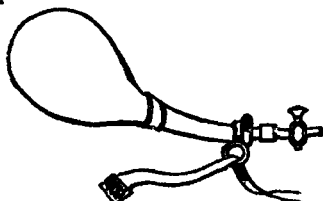


"raised more and more, and when the flow has ceased, let it be gradually lowered again. Such is the treatment I now advise after fifty-two years of hard earned experience and a great deal of reading and reflection, as the very best for a case of this kind. Subsequently the woman should have nourishing diet, and a portion of wine with two grains of iron-by-hydrogen three times a day after meals. Should the flooding, however, be many weeks before the maturity of the fœtus, and the loss of blood be deemed so great as seriously to threaten a fatal conclusion, measures should be taken for ridding the womb of its entire contents.

"When in imminent danger or in actual labor, the safety of the patient is very much a question of time, for when a woman expels a child with one or two pains, she will not die before the subsequent contraction of the womb puts an end to the flooding; but if in labor twenty-four hours she will probably succumb either before or very soon after its conclusion. The treatment, therefore, consists in getting her out of trouble as soon as possible, . . . this is to be done by delivery by the feet, regardless of the presentation. I trust the student will never dare to force an undilatable os, and I am equally confident that no wise, prudent man, will wait for the dilatation. It is not dilatation that he is to expect, but dilatibility, two ideas that are as widely sundered as the poles, and this can be speedily accomplished when not present, by means of Dr. Braun's Colpurynter, which is a gum-elastic bag fitted into a horn with a stop-cock, as here represented.



"This is to be introduced empty into the vagina, and afterwards gently filled with cold water at 60°, 50° or 45°, until the patient complains of the distension. The cervix uteri is thus pulled open by the upper end of the vagina, which you know arises from the whole outer circumference of the neck. The bag when filled should be kept full about as long as the duration of a very long labor pain, and no longer. I have injected the sac until of the size of a child's head, and in so doing have felt quite sure that I was not only aiding in the process of expanding the os uteri, but was employing a tampon with the salutary therapeutic agent, cold, for the checking of the flooding. Indeed so effective is this method that when a woman is thus seized, without any dilatation of the os, a colpurynter, continued about four hours, generally opens the mouth of the womb sufficiently to allow the hand to pass within and explore for the feet, thereby saving a large proportion of the blood that must inevitably be lost where twelve or fifteen hours are required thus to advance it. Let him now take the time of a labor pain for the dilation of the sphincter vaginae where the only difficulty exists, since the hand once passed through this outer firm ring meets with no further vaginal resistance. Having accomplished this object, the fingers may be used

"by insinuating them one by one between the womb and placenta, keeping the dorsum of the fingers against the former. It is a very desirable thing to get the hand quite above the margin of the placenta, detaching it as little as possible, and keeping outside in preference to breaking into the amniotic sac, as the presence of the waters renders turning so much easier, and prevents the anaconda grasp of the womb about the fœtus. If both feet be found they may be seized, and in the absence of pain, brought down into the vagina; but it would be wrong to lose any time in searching for a second foot, since the child can be well, if not perhaps better, delivered by one foot than by both. If caught by a pain, wait until it has nearly gone off. Forceps should be at hand to deliver the head in case of its delay within the vagina; this is important to recollect, for it is not the first quart of blood but the last ounce that kills; the physician may often thus save the precious ounce. The next most valuable precaution is the decubitus. It was a great many years ago that, being called in consultation, I found a woman nearly dead with flooding; I took away the pillows, raised the foot of the bed so that the body was inclined some 15°, and lifted, so to speak, the child from out her womb. How could she faint and die with her encephalon thus replenished with blood? She recovered. Attention should be paid to the state of the bladder during labor, and the urine be taken away by the catheter. No muscular exertion of any kind should be allowed, and as for the flowing blood let it flow since it cannot be safely stopped by means other than those I have pointed out. The proper position for turning is with the patient upon her back, and supported by women each side, steady her bent knees."

Want of space has prevented the insertion of the author's curiously told cases and remarkable phrase in illustration of his ideas; the whole book, indeed is replete with them, and bearing out as they each its own practical fact, we can readily realize the lasting and beneficial effect they must produce upon the mind of the student. Here is one of them: "To show how necessary is such a precaution (not to leave a patient) I may say that many years ago we had here in Philadelphia three physicians—the celebrated Prof. Dewees, Dr. Eberle, and Dr. Jno. Ruan—each of whom had a considerable share of the obstetric practice of the place. Dr. Eberle had under his care a lady in Market Street, two and a-half squares from his own house, Dr. Ruan lived a square and a-half off, and Dr. Dewees, three squares. After Dr. Eberle had made the diagnosis of placenta previa the flooding having been suspended, he engaged the husband of the lady to send off three messengers as soon as the attack should come on again, one for Dr. Ruan, who was nearest, one for himself, and one for Prof. Dewees, hoping in this way to secure prompt attendance of at least one of the three. Now the student will, doubtless, applaud such a wise precaution, and yet the hemorrhage came on not long afterwards, and proved fatal before their arrival. Be watchful then, and do not leave your patient when at the term."

His observations on puerperal fever are peculiar, and those on the conduct of a labor really rich—single reading being worth alone the price of the whole work.