

soreness of skin. Cannot be continued long. Sudorifics are useful. Hot-air bath; introduce hot-air under the bed-clothes, free perspiration, then cover with plenty of clothes. Care must be taken not to produce prostration. Dover's powders, liquor ammonia acetatis, pilocarpine the active principle of jaborandi.

Punctures, in case of excessive distention of skin and genitals, must be superficial, and not draw blood. The quantity of water which can thus be drawn away is surprising. If erysipelas is prevalent do not puncture; the punctures are apt to be attacked with erysipelas. Look out for uremic symptoms, and treat them actively. They are indicated by somnolence, coma and convulsions; use active purgation and hot-air baths, if they come on. Skim milk treatment is good in all forms; best in large white kidney. Hygienic measures, change to a warm climate and warm woollen clothing. Overtasking of mind or body, exposure to the vicissitudes of the weather, the use of alcoholic liquors, must be interdicted.

#### WEID OR EPHEMERAL FEVER.

Read before the Medico-Chirurgical Society, Feb. 5, 1884.

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MR. PRESIDENT AND GENTLEMEN,

In looking over a number of reports of cases of puerperal fever, I found several relating to that condition known as weid, or, as it is sometimes called, ephemeral fever. It has occurred to me to bring this subject before you, as it is not without considerable practical importance from the possibility of mistaking it for that grave obstetrical disease, puerperal fever.

In the different text-books on midwifery but little more than mention is made of the condition vulgarly called weid. Indeed, nearly all these works include it with milk fever, evidently regarding it as an exaggerated state of that disorder. Having, when in charge of the obstetrical department of the Western Hospital met with several severe forms of weid, I have been led to look upon it as something more than an exaggerated milk fever, and something entirely apart from the graver disease, puerperal fever. As a matter of common experience, the first flow of milk is in many cases accompanied by some feverish disturbance, and this is usually termed milk fever. The symptoms and sequence of weid are, however, of such a decided character, that the ordinary denomination of milk

fever does not appear to me a sufficient definition, but rather indicates a mere passing disturbance. On the other hand, the occurrence of a weid with its pronounced stages is apparently an indication that some specific occurrence has been induced.

Older authorities gave the subject some importance, but modern authors, I think, err in assuming its non-existence, some consigning it to oblivion as a "legend no longer to be believed in." No doubt our improved treatment of lying-in patients, and better knowledge of the physiological requirements of lactation, gives us fewer opportunities to observe such cases, for I am sure the older members will agree with me that it was much more common in the earlier days of their practice than it is now. The term Ephemeral Fever is misleading, unless remembered in this restricted sense, because we find the word used in other than obstetric authors to indicate a febricula, or slight fever occurring in children and young persons. The word weid is so widely used by experienced women to designate this specific fever that I am surprised not to find any definition of it in Thomas' New Medical Dictionary; and Dunglison defines it only as "Mastitis or inflammation of the breast, or what is vulgarly called a weid."

I would define a weid as a specific ephemeral fever occurring in women of nervous temperament during the earlier periods of lactation, commencing by severe chill, and ending in profuse diaphoresis, such attacks seldom exceeding twenty-four or thirty-six hours.

That character and temperament favor its development is shown by its occurrence chiefly in patients of the nervous class—such patients, when weakened by loss of blood, want of nourishment, or exhausting labors, to which may be added mental depression, being mostly liable to it. And just such cases are met with entering Hospital or amongst the poor. For the same reasons I have met with it most often from the third to the fifth day coincident with the fluxion occurring in the mammary glands, but under other circumstances I have seen it at much later periods, when the functions of the breasts were fully established. An attack is generally attributed to some exciting cause, such as cold, mental emotion, or some derangement of the stomach or bowels, though usually the patient exhibits some inquietude or slight feverishness for a few days previous, yawning, and stretching, with pains in the limbs and soreness of the breasts. The attack commences with a marked chill, beginning in