

resistance of the patient. Patient rallied, and recovered very slowly, fainting taking place for week after, on any endeavour to sit up in bed.*

23. Mrs. L.—Gush of hæmorrhage, without pain, following expulsion of placenta; arrested by ergot and pressure.

24. Mrs. G.—Feeble pains; uterus flaccid, after expulsion of fœtus, with no disposition to expel placenta; gave ergot; placenta separated shortly after, followed by hæmorrhage, without pain; slight syncope; applied cold and pressure; hæmorrhage subdued.

25. Mrs. R.—Free and constant flow of blood following the extraction of the placenta; no pain; uterus flaccid. Gave ergot; applied cold and pressure. Hæmorrhage arrested, with only slight syncope.

These instances occurred in 180 cases, extending over a period of two years and three months, and will therefore aid in showing the comparative frequency of cases of hæmorrhage after delivery, as well as to illustrate the principle of treatment which I have advocated.

ART. X.—*Cases of General Dropsy treated by Saline Cathartics and Diuretics administered alternately.* By A. O. KELLOGG, Esq., M.D., Mariposa, C. W.

As sequelæ of the remittent and intermittent fevers incident to certain localities in this country, there are no diseases we encounter more frequently than general anasarca and ascites.

These periodic diseases, when neglected, or badly treated, are prone to leave behind them, as is well known, certain lesions, or obstructions of the liver and spleen, which impede the circulation of the vena portæ, and hence we have dropsies as a natural consequence of venous obstructions. In many cases the evidences of obstruction of the abdominal circulation have preceded the dropsical effusion for a long period. There has been pain or tenderness of the right hypochondrium, pain of the right shoulder, jaundice; the stools have been clay-coloured, the urine scanty and high coloured, depositing the lithic acid sediment, and perhaps varicose veins may be seen ramifying upon the abdomen.

Among the first indications of treatment in these cases, is the establishment of an active drain upon the portal circulation, thus unloading the congested condition of the organs to which it contributes its blood, and assisting to place them in a better condition to resume the performance of their healthy functions.

To accomplish this indication I have found nothing to answer so well as a judicious combination of vegetable and saline cathartics, alternated with diuretics and stimulants, particularly when the patient has been much debilitated by the persistence of the disease. But to accomplish anything by these means, the treatment must be thoroughly active. For a long time the debility spoken of deterred me from administering cathartic medicines as actively as they will be borne. But experience, and the result of a fortunate accident, to be related presently, have convinced me

* This case was the nearest to a fatal termination I ever attended; and the patient required iron and other tonics for some time, before complete recovery.