

done in those who are subject to flooding, and in those who are so out of health that they seek medical relief. I have found no difficulty in carrying out this plan, for those who are liable to flood are very glad to carry out any method which will prevent it. It is to this that I attribute the fact, that I have never had a fatal case of *post partum* hæmorrhage amongst my private patients, although I have unfortunately seen several in the practice of others.

As regards the treatment of hæmorrhage, the remedies are of two kinds—those which are immediately available, and those which require time and circumstances for their development. Ergot has been put prominently forward, and I have seen it answer admirably sometimes; but it is always somewhat uncertain in its action, and it may throw the uterus into a state of spasm. It has appeared to me on several occasions that, where the uterus has been shy and lethargic, it would have been better to leave it alone rather than to hurry it by the hand and ergot; but I do not think any positive rule can be laid down on this subject. Every accoucheur carries about with him nature's *tourniquet*: the human hand applied to the uterus is not only the most available, but the most efficacious of agents; and, if this do not answer, it is not difficult to transfer the pressure to the aorta, a proceeding which I have often seen of great service; then cold may be added as an excellent assistant to pressure; in certain cases, opium is a valuable remedy. The precise position which a solution of the perchloride of iron will occupy in the future, I cannot tell; it has not, in my hands, appeared to be so innocent an agent as, from what has been written about it, I had supposed; but, as my experience has been limited, I give no decided opinion.

I have written briefly, because I send herewith a paper on this subject which I had the pleasure of reading at the last meeting of our branch; in this, I have stated the result of my experience on this very important subject.—*Obstetrical Journal*.

#### TEDIOUS LABOUR FROM DEBILITY, AND ITS TREATMENT.

By Hugh Miller, M.D., Glasgow.

The remarks in this paper had reference solely to cases in which delay was due to enfeeblement or failure of the natural powers of the organs specially called into action during parturition. The writer held that the element of time should not be considered in the classification of labours, that it was unscientific to do so, and that uncomplicated labours should only be assumed to be unnatural when the pains were no longer active, and the labour non-progressive. After considering the powers of expulsion in a healthy woman, the author referred to the forces at work which prevented a high standard of health from being maintained in city life, and said that, in proportion as it was wanting, labour was prolonged in many cases. Labour in cities was thus frequently tedious from constitutional debility, so that, even while it might be regular and its progress certain for

a time, the pains either lingered or became arrested through exhaustion taking place before the labour was completed. When symptoms of acute fatigue set in, the pains were short and sharp, and they recurred more frequently. The general indications for treatment were to support the strength before labour set in, and during the first stage, and, as soon as the pains indicated debility, to deliver with the forceps. The timely application of the forceps was preferred to ergot, because it seemed more reasonable to assist a weakened organ by giving help from without, than by applying a stimulant to an already overworked one. This practice, instead of inducing flooding, helped to prevent it, through preserving the power of the uterus from becoming exhausted; it also prevented inflammatory diseases of the passages, and the death of the fetus. In his private practice, he found one case in every twenty-six labours show symptoms of debility; and, since he had adopted the early application of the forceps, not one of the children so delivered was still-born.—*Obstetrical Journal*.

#### CONVULSIONS DURING LABOUR. FORCEPS. BROMIDE OF POTASSIUM.

By Mons. le Dr. Jalabert.

Last year the author was called to a primipara who had been in labour since the morning, and in whom convulsions came on at noon, continuing every quarter of an hour, without any return of consciousness in the intervals. Another doctor had bled largely in the evening with no result; the inhalation of ether also proved unavailing.

At nine o'clock the woman, alternately comatose and convulsed, was delivered by the forceps of a dead child. Fearing some spasm of the uterus the placenta was removed by the hand, which was followed by contraction; no hæmorrhage of any account. From this time she remained comatose, but without any convulsion till eleven o'clock, when another occurred, followed by an hour's rest, and a second attack at twelve o'clock. She was then given the bromide of potassium in fifteen-grain doses every quarter of an hour. The attacks ceased. The woman remained comatose till five in the morning, when she showed signs of returning consciousness. Up to this time she had taken over 150 grains of the bromide, the doses having been given at longer intervals, and they were continued during the day. Abdominal pain now being complained of, the bladder was found to be full; a large quantity of dark-colored urine was drawn off, and all pain ceased. The patient regained her consciousness fully in the morning, and her recovery was uninterrupted. Is the bromide of potassium responsible for this happy result? It must not be forgotten that convulsions during labour are divided into three classes. In the first category the attacks are in nowise modified after the birth, the patient succumbing; in the second the attacks continue, but are less intense and more rare, a cure following; in the third the attacks cease. Can the bromide increase the number of cases in the two latter classes? Statistics alone