

practise is malarious and as a positive diagnosis is not always possible, the patient is given the benefit of the doubt and quinine administered. When the diagnosis is made, quinine is discarded, except in a few cases in which our usual method of reducing temperature is not applicable or objected to, when large doses are administered in the manner recommended by Wilson of Philadelphia, after the evening exacerbation has reached its height. The bath treatment was resorted to only in a few cases in which the fever ran high, the prevailing prejudice against it and its impracticableness in most houses prevents its general use; however, when it was applied, the results were excellent. But in the great number of cases the temperature was controlled by the systematic and regular use of iced whiskey or iced water and whiskey, the whiskey overcoming the popular prejudice of taking cold, applied to the outer surface of the body with a sponge; the use of a fan at the same time will greatly assist in the reduction of the temperature. By these means we have never failed to keep the temperature in the mouth or rectum ranging from 100° to 102° F. It is often necessary to prolong the sponging process and sometimes resort to it very frequently, but the benefit derived fully recompenses the trouble, irksome as it sometimes proves to the nurse. It is perhaps needless to state here that it is necessary that the attendant be properly instructed in the use of the thermometer.

The disturbances of the nervous system are often peculiarly trying. The headache and delirium of the first week may be alleviated by cold applications, the menthol point, cutting the hair, or if very distressing, the use of the bromides and chloral hydrate. Insomnia and its resultants—typhomania and coma vigil—may often be prevented by controlling the temperature from the first; but if these symptoms should supervene, alcohol, hydrate of chloral or opium may be required, for a fair amount of sleep must be secured in all cases. Alcohol we use only when failure of heart is threatened or to increase nerve energy, as indicated by tremor or delirium. And in those cases where the surface of the body is pale, the tongue dry and brown, with sordes, alcohol by paralyzing the vasomotor system in the periphery of the body overcomes this condition, relieves pressure in the internal organs, and does great good thereby.

The only medicine that we use routinely is nitro-muriatic acid, well diluted, given because it is usually well borne by the stomach, aids the digestive process and favors the assimilation of food. Whether it has any specific antiseptic action or not is yet an unsettled question. I might add, in conclusion, that frequent examinations of the urine and lungs are important, as albuminuria and pneumonia, which sometimes complicate typhoid fever, might be overlooked at their invasion, unless searched for.

HEMORRHAGE AFTER ABORTION*

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Having had a number of cases of uterine hemorrhage followed by a dangerous septic condition, I thought a consideration of the following cases would be of interest. It requires a very accommodating conscience to ascribe every fatal case to circumstances over which we have no control, and to attribute every successful case to our interference. Robert Liston said, "We must learn to look boldly on the open mouths of arteries;" we must learn to keep cool where we cannot see the arteries.

CASE I.—June, 1879. Miss A., æt. 19, aborted at third month. Found the patient blanched, having lost an immense quantity of blood; did not see the fœtus, as it had been disposed of. There was bilateral laceration of the os; removed placenta. In this case I injected a solution of ferri persulph. and plugged the vagina. On the third day there was a chill, fœtor of the lochia; temp. 102°. By washing out the uterus with acid carb., 1-20, this subsided; the patient made a slow recovery. In this case a solution of ferri persulph. was used, but, as has been shown by Paul Broca, it requires about thirty seconds to coagulate; but from the streams of blood from the sinuses, it could not coagulate it.

CASE II.—Mrs. S., æt. 32, hæmorrhage from organized clot, which was removed three weeks after abortion at about two months. The hæmorrhage in this case was not very free, but continuous, until the patient was becoming weak. In consultation, it was decided to remove what appeared to be organized clot, in amount about equal to a small walnut, and my friend, Dr. Moorhouse,

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