

depart from this procedure when attending a case of labor. I am also particular that the nurse should be equally careful about herself. I absolutely forbid her ever to use a sponge, or a soiled piece of linen or rag. I am aware that many practitioners advise the use of an antiseptic vaginal douche before delivery. I am not in the habit of doing so. They do it for the purpose of removing those microbes which are normally found in the vaginal mucus, so as to prevent their possible entrance into the system through rents and abrasions of the vagina.

After delivery, every portion of placenta, membrane, or clots, should be entirely removed and firm uterine contraction secured. A careful inspection of the vulva for lacerations should then be made, and if any exist, even though small, they should be carefully washed with a weak perchloride solution, and brought closely together with sutures. This point in practice cannot, I think, be too rigidly insisted on; for I feel satisfied that the neglect to repair lacerations is frequently the cause of puerperal infection. By immediate stitching we secure primary union in the large majority of cases, and we seal up those open-mouthed vessels that so rapidly absorb all poison brought in contact with them. I also wash out the uterine cavity with a 1 to 5000 solution of mercury, when for any reason I have had to introduce my hand within it. The after-treatment consists in the use of disinfectant douches every four hours, for just as many days as there seems to be need for them.

I will venture the opinion, in concluding this short monograph, that the physician who scrupulously follows out antiseptic midwifery in all its details, will very rarely indeed have to contend with puerperal infection.

The summary of the whole is this: Firstly—Puerperal fever is a preventible disease in the large majority of cases. Secondly—By strict antiseptic precautions the spread of the disease may be prevented. Thirdly—I believe it to be reasonably safe to attend a fresh case of confinement even when we have a case of puerperal septicæmia under treatment, provided before going to the bedside we change all our clothing, and thoroughly wash and disinfect our hands and instruments in a solution of perchloride of mercury. Fourthly—I am of opinion that the most fre-

quent channel of infection is *through rents and abrasions* of the maternal passages, and too much attention cannot be given to secure primary union in all cases of lacerations, even when they are small.

## Selections.

### CHLORAL HYDRATE, ERGOT, AND NITRIC ACID IN THE TREATMENT OF WHOOPING COUGH.

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The observations of which the following remarks give a short summary were undertaken about seven years ago, during my residences in the City of Glasgow Fever Hospital, with the object of ascertaining, as far as opportunity offered, the efficacy of these drugs in cutting short the duration of whooping-cough, in reducing the severity and number of the paroxysms, or in favorably modifying the course of the attack in any way whatever.

The notes were made in part by myself, and in part by trained nurses who had been associated with whooping-cough for many years, and were therefore familiar with its different aspects. The patients were kept under observation for eight or ten days without special treatment; the drug to be tried was then administered and continued for two to three weeks, and finally the medicine was stopped, and the patient passed through the last stage of his illness without any treatment of a medicinal kind. The day was divided into two parts, from eight a.m. till eight p.m., and from eight p.m. till eight a.m. Every cough was marked on a card provided for the purpose, and the medicine was given at regular intervals both day and night. When a child had several sharp paroxysms in rapid succession, these were reckoned a single cough. Lastly, as a case progressed, notes of the severity of the paroxysms were made by myself.

Sixty cases were treated with nitric acid, a method of treatment introduced by Amordi, of Montreal, Can. The preparation always used was the dilute acid of the British Pharmacopœia made up with syrup of oranges and largely diluted with water.