

After the eighth month a little thin mutton or chicken broth or veal tea may be given, carefully freed from all grease. After twelve months the child may begin to take light puddings, well-mashed potatoes with gravy, or the lightly boiled yolk of an egg; but no meat should be allowed until the child be at least sixteen months old. Every new article of food should be given cautiously, and in small quantities at first, and any sign of indigestion should be noted and a return be made at once to a simpler method of feeding.

During all this time the child should be kept scrupulously clean, and his nursery should be well ventilated and not be kept too hot. He should be washed twice a day from head to foot, once with soap. The air of his bed-room should be kept sweet and pure during the day, and at night, if the weather does not allow of an open window, a lamp placed in the fender will insure of a sufficient exchange of air. The child should pass as much of his time as possible out of doors, and while every care is taken to guard his sensitive body against sudden changes of temperature, he must not be covered up with too heavy clothing and shut off from every breath of air for fear of his catching cold. A child ought to lie cool at night, and the furniture of his cot, although sufficiently thick to insure necessary warmth, should not be cumbersome, so as to be a burden. If the above directions are carefully carried out—and the mother should herself see that they are attended to—few cases will be found to present any difficulty in their management. Exceptional cases, however, are sometimes met with where special sources of embarrassment may arise. These I propose to consider in a future paper.—*Sanitary Record*.—*The Sanitarian*, Jan., 1875.

THE TREATMENT OF ABORTION

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Abortion is an occurrence to which every pregnant woman is liable. Though generally the result of accident or conditions over which the woman has little control, it is frequently brought about intentionally by those who wish to avoid having children. The practitioner is constantly being brought into contact with such cases, and as they may be looked upon to some extent as emergencies, I am led to believe that any contribution, however small, to the management of abortion, may be of some interest.

What follows will have reference to premature expulsion of the ovum at any time from the first to the end of the fourth month. The discussion of causes will be purposely omitted from this paper. It would appear on first thought, that a thorough knowledge of the causes of abortion would be necessary, in order properly to comprehend the treatment; but such knowledge applies more directly to the prevention or the removal of the causes of this accident. So far as the simple management of the expulsion of the ovum is concerned, the subject can

be fully understood without any special reference to etiology.

It should be clearly understood that abortion often takes place without there being any necessity for interference on the part of the physician. Although an unnatural occurrence, the vital powers are sufficient in some cases to accomplish the work without the aid of medicine or surgery. On the other hand, there are several ways in which danger may arise, which calls for the most active treatment. Indeed, in the great majority of cases the physician is called upon to either guard the patient from danger or relieve suffering.

The point to settle, when a case of this kind comes up for consideration, is the diagnosis. Firstly, is the patient threatened with abortion? Secondly, can it be arrested, or must it go on? To answer the first, it is necessary to make sure that the patient is pregnant, a diagnosis which is not easily made with certainty. All men of experience will acknowledge the difficulty of diagnosing pregnancy in the earlier months, and on this account I hope to be pardoned for deviating from the main topic, in alluding to the signs and symptoms of pregnancy, which are supposed to be perfectly familiar with every one. I refer to this matter for the purpose of calling attention to a classification which I believe has the advantage of being more easily remembered than that given in text books.

First. Symptoms manifested by the general system—**PRESUMPTIVE**.

Second. Signs and symptoms manifested by the reproductive organs—**PROBABLE**.

Third. Signs manifested by the foetus in utero—**POSITIVE**.

Under the first head may be classed all the constitutional symptoms: sympathetic derangement of the digestive and nervous systems; morning sickness, or nausea and vomiting, eructations, heartburn; craving for particular articles of food and loathing others; constipation, salivation, and various neuralgic pains. Either or all of these may be present or absent. At the same time that the patient may have all these symptoms, the general health appears to be good; that is, nutrition and circulation are normal.

Under the second head are classed all the changes occurring in the pelvic organs and mammary glands: suspension of the catamenia, increase in size of the uterus, as observed by prolapsus at first and then ascent; fluctuation or elasticity of the uterus; change in colour of the mucous membrane of the vagina; changes in the mammary glands.

The third division comprises ballotment, the placental souffle, foetal heart, and foetal motion.

With the best skill and the greatest care, the diagnosis of pregnancy is not always certain; and it is especially difficult when an examination of the pelvic organs cannot be made.

When a patient presents the usual symptoms of abortion—hemorrhage and pain—we are told in books to make an examination of the uterus; but I am sure to make this an invariable rule is unwise practice. If the symptoms are not severe, active