ON THE IMPORTANCE AND DANGERS OF REST IN PULMONARY CONSUMPTION.

An interesting paper on this subject, by Dr. Berkart, has drawn from Dr. Horace Dobell a communication on this topic, which appears in *The British Med. Jour*, of Nov. 22. He says: "The rules for the cautious application of localized rest in lung-diseases which I recommended, as dictated by a consideration of the nature of tuberculosis, and justified by the results of my own practice, are as follows:

"1. If one lung, or a portion of one lung, or a portion of each lung, has become diseased, under circumstances which make it certain that there is no constitutional cause of lung-disease, then it is safe to secure localized rest for the diseased part, and to throw the extra work upon the sound parts; but even then it is necessary to be cautious that the extent of the lung so rested is not too large in proportion to the extent of sound lung upon which the extra work is thrown. If there is any question about this, rest of the whole body must be secured in addition to the localized rest of lung, so as to save the sound lung from as much work as possible.

"2. If there is a constitutional cause of lung-disease, but only a small area of lung at present suffering, and that on the upper lobes, while there is a capacious chest with large areas of lung in the lower portions quite sound and insufficiently used, then it is safe to secure localized rest for both upper lobes, and to make the lower portions do a fairer proportion of work; but even under these circumstances the respirations should be kept at as low a point as practicable.

"3. If a portion of lung has become disintegrated, under the influence of constitutional causes, and remains obstinately unhealed after all constitutional symptoms have been arrested, and, for some time past, no other portions of lung have shown a tendency to yield, then I think it is quite safe to secure localized rest for the disintegrated portion, so as to give it a fairer chance for healing; while an amount of air and exercise may be allowed to the patient, for the purpose of improving his reparative powers, which could not have been permitted while the damaged lung was exposed to the same amount of action as the sound parts. But even here the utmost caution is required not to carry the exercise beyond a very limited amount.

"4. If the constitutional tendency to lung-disease—the abnormal physiological state—is strong, and signs of impending mischief in the lungs are scattered, no localized rest should be attempted, but every means should be brought to bear upon the important object of maintaining respiration at its lowest point consistent with life and nutrition, until the constitutional tendency has become passive and the local symptoms have been removed.

"In conclusion, to prevent misapprehension on so vital a point, let me remind my readers that, in urging 'the importance of rest in consumption,' I am referring to cases in which the lungs are already damaged, or in which the constitutional disease has declared itself in sufficient force to render tuberculization imminent. If the symptoms are only what are commonly called premonitory, that is, if they are those of commencing tuberculosis, and no reason or sign is discoverable which justifies the suspicion that tuberculization has commenced; if a sufficiency of fat remains without calling upon the albumenoid tissues, the principles of treatment are quite opposite to those detailed."

ANTICIPATION OF POST-PARTUM HEMORRHAGE.

Dr. Ewing Whittle maintains (*Brit. Med. Journ.*, Sept. 27, 1873) that post-partum hemorrhage may be diagnosed beforehand by the peculiar pains during parturition, and being diagnosed may be prevented. The peculiarity of these pains is that they are "strong and quick; they do not gradually culminate into a strong pain and subside again, but they are sharp, quick, and cease almost suddenly; and the intervals between the pains are long in proportion to the length of the pains. In an ordinary case, for one or two hours before the completion of labor, the intervals will average about three times the length of the pains; *i. e.*, if the pains last each from fifty to sixty seconds, the intervals will average a little less than three minutes. Now, if the pains last each only from forty to fifty seconds, and are of the sharp character I have described, with intervals lasting five or six minutes, though the labor may proceed steadily and the head advance a little with every pain, you will be sure to have hemorrhage after delivery is completed, unless you anticipate it by altering the character of the pains, in making the pains longer and the intervals shorter. It is very easy to understand how this comes to be the case; the uterus is contracting sharply, and then becoming fully relaxed; after the child is born, a relaxation follows: one or two sharp pains expel the placenta with a gush of blood, and the uterus again relaxes, continuing the same tendency which existed before the delivery of the child."

In such cases Dr. W., as soon as the os is dilated, gives a full dose of ergot, and if this does not improve the character of the pains at the end of an hour he repeats it. "In dealing with primiparæ, caution is required, first, not to administer ergot until the soft parts are pretty well dilated as well as the os uteri; and the drug should be administered in much smaller doses, as it sometimes acts with unusual energy in primiparæ. Generally, in about twenty minutes or half an hour after the ergot has been administered, the pains increase in length and frequency, and when the labor is over, the uterus maintains a good contraction. The ergot which I use is a liquid extract twice the strength of that of the *Pharmacopœia*, of which I give a teaspoonful when I think a full dose is indicated.

"I have pursued this practice now for more than twenty years. During this time I have attended 3,750 labors, and among them I have had one case of *post-partum* hemorrhage; that case occurred about three o'clock one winter's morning, when I happened to have no ergot with me."