

that is no guarantee that the next parturition will not be a complicated one. The tendency among multipara is to struggle along to term, to attribute their bad feelings to their condition, and perhaps having experienced something similar before, to patiently await relief in child-birth. This comes, and with it, uremic convulsions, the woman having failed to notice the prodromal symptoms. Or an unusually large abdomen is considered as a case of twins or hydramnios. The doctor is much puzzled, never suspecting an ovarian tumor grown since his last attendance. On the other hand, the primipara, through modesty, or because she has no regular family physician in whom to confide, keeps her condition as long as possible a secret. She has, perhaps, treated herself to the best of her knowledge. If so, it is almost certain to have been irrational, rather through an exaggerated fear of what must not be done, than overdoing what might safely have been done. She enters upon her first labor in an anæmic state. Her veins are engorged with asphyxiated blood, and her whole system is loaded with fetal detritus—a condition wholly inadequate to obtain the rapid and complete involution of the uterus so necessary for her future comfort. The child also is endangered, and runs fully as much risk as its mother. Many children have been sacrificed by operative procedures consequent upon the necessity of rapid delivery in eclampsia. Many first children have been weak and sickly their whole lives long because their mothers failed to consult a physician before their birth."

Further on the writer suggests, as guides for the practitioner, the following points to consider in connection with each case:

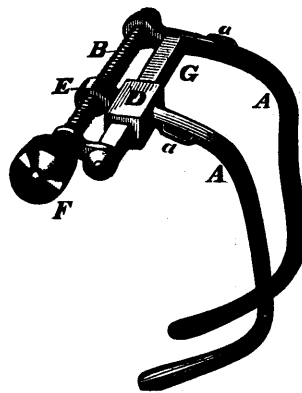
"1. The general health. Inherited and acquired disease. 2. The diseases due to pregnancy. 3. The shape of the pelvis. 4. The abdomen and vagina. The position, condition, and number of fetuses." If the practitioner cannot have a supervision of the case during the whole period of pregnancy, the author says: "Much can be done in a month in building up the general health and alleviating concurrent affections. For this purpose one visit a week will usually be sufficient. Let one of the first calls be, by appointment, an evening call, and let the patient be in bed. If now the attendant make a careful measurement of the pelvis and examination of the vagina and abdomen, we are certain that much advantage will accrue to himself and the mother when labor begins."

The author concludes his paper with a reference to the objections which may be urged against the practice which he advocates, but thinks that the chief ones, which are: Extra labor and expense, together with ignorance on the part of the mother, may gradually be overcome and the custom established. The profession, he thinks, ought to advise against early marriage. During the period of pregnancy the urine should be examined for albumen;

the presence of which has some connection with the development of eclampsia, as well as attacks of cerebral and pulmonary apoplexy, acute mania, paraplegia and affections of the eye and ear. Measurements of the pelvis are of great importance, and it is renewedly urged that one of the most potent ways of reducing the rate of child-bed mortality is by the "proper preparatory treatment for the tremendous strain of labor."

A NEW TRACHEOTOMY DILATOR.

Dr. Briggs, of St. Louis, has invented an instrument for use in tracheotomy, which is deserving of more than a passing notice. Surgeons who perform frequent tracheotomy operations have long felt the need of some practical substitute for the different forms of tubes which have heretofore been used. An instrument which could be more easily introduced, and that would retain itself in the trachea, one that would require less watchfulness and care on the part of the attendants, and was not liable to become clogged by the mucous or false membrane, and that did not of itself cover so much of the wound, and above all, something which would admit of dilation of the lesion if such became necessary. The Dilator is provided with loops (a, a) for the insertion of tapes to keep same in its place, but as the instrument is self-retaining by the form of the blades it will be rarely necessary to use the tapes.



The instrument as shown in above cut, consists of two narrow blades (A. A) of solid steel, curved as shown in the engraving and convex on the outer sides, the inner side of each blade being made flat, (so that they may approach each other more nearly when closed,) one of these blades, the left, is stationary, while the other slides by means of box D, upon the bar G receiving its motion from the screw B, through the screw nut E; the screw is provided with a milled head which renders the adjustment of the blades a rapid and easy operation. It is inserted and used as follows: The blades of the instrument should be screwed up in close contact to each other