

become the expulsive efforts, until when the head well dilates the vulva it appears impossible for the mother to check the full force of her propulsive powers; uterus, abdominal walls, diaphragm, all unite in one steady push until the head passes. Looking at this, I was struck by the likeness of the movement to that seen in the passage of feces by the rectum or the swallowing of food by the oesophagus—distinctly reflex acts; and this irresistible conclusion forced itself upon my mind: In labor the child's head is the natural stimulus to the vagina, and through it to the uterus; the action, commencing as an automatic one, becomes a mixed automatic and reflex one as the head advances, and the greater amount of vaginal surface pressed upon the greater amount of reflex force is called out to assist. The second fact I noticed was this: that if you can succeed in getting the woman to bear down during the whole pain, more progress is made during the last portion than during the first.

Suppose a case of the first kind I have mentioned—a restless, irritable woman surrounded by ignorant, prejudiced nurses with a nervous horror of draughts, forceps, etc. I think you can unostentatiously, quietly, without causing observation, hasten your case. I know and can understand the objection that will be raised to the word "hasten," and I deprecate from the first any wish to hasten the labor merely for our own convenience or for any other reason than that of the advantage of the mother and child: but this, I think, is best consulted in some cases by cautious interference.

Now, in considering these protracted labors and their probable end in exhaustion, the question is not "where is the obstruction, and how can I remove it?" inasmuch as if there is any amount of obstruction the case is entirely removed from this category; but rather, "what natural powers have we? why are they not sufficient? and can I do any thing to *augment them* now, instead of substituting something for them when they are used up?" The answer has so far been, with one exception, "Yes, by means tending to augment the automatic action of the uterus—ergot, pressure externally by hand or bandage." I say, by all means; though with regard to ergot we all know how uncertain a remedy it is; use bandages externally, if you like, and have a nurse you can depend on. But in addition to this you have the power of exciting a reflex action of the uterus—a method of bringing on, elongating, strengthening the pains—a method which responds to your stimulus in exact ratio to your application of it, and one which may always be relied on, because it follows the lines of nature, the eternal teacher of us all.

I said that the child's head was the natural stimulus to the maternal vaginal fibers. As it descends it involves more and more peripheral ends of nerves in its pressure; reflex currents are excited, and the uterus contracts more and more strongly. Can we imitate this? I think we can. If you pass two fingers of the right hand into the vagina, and place the tips slightly divergent upon the posterior wall,

wait for a pain, and, when it begins, slowly and with measured force make gradually descending pressure upon the rectum, passing downward over the perinæum, and so to the vulva. As the pain abates, gradually take off your pressure, and during the interval do not press at all. In this way you cheat the uterus, you cheat the patient into acting as though the child's head were lower than it really is. Members may smile, but I can assure them that over and over again, by adopting this expedient, I have found the nervous cry and the useless shrink of these nervous patients disappear, and, instead of drawing back and as of set purpose deliberately thwarting the natural efforts, the patient has settled down to her work and been saved from forceps. I firmly believe that in this way the forceps have often been rendered unnecessary, where but for this plan the patient would have exhausted herself, and the use of instruments would have been unavoidable.—*E. Stanmore Bishop, M. R. C. S., L. R. C. P., in London Med. Examiner.*

#### CLINICAL LECTURE ON THE RATIONAL TREATMENT OF TYPHOID FEVER.

Delivered at the University Hospital, by WILLIAM PEPPER, A.M., M.D., Professor of Clinical Medicine in the University of Pennsylvania.

T. A., a sailor, aged 25, a native of Canada, was always hale and hearty until last summer, when he had an acute attack of dysentery, which lasted ten days. He fully recovered from this, however. On November 23, while cruising about Boston, he was taken ill a second time, and went to his bunk on the 24th, complaining of dizziness, general weakness, and aching in his bones. He was admitted to the hospital on November 27. His cheeks were flushed, his temperature  $103\frac{1}{2}^{\circ}$ , and his pulse 130. There were slight bronchial râles over his chest, and some cough. His tongue was yellowish-white; his bowels quiet, but easily moved. His belly was tympanitic. At first no spots showed themselves. There has been no epistaxis from the beginning of the attack. There was creeping fever in the morning, and always a considerable rise of temperature towards night. I began the treatment by the administration of full doses of quinia, thirty grains daily, at the rate of from five to ten grains every two hours, up to the production of marked cinchonism. This treatment, to my great surprise, had no influence whatever upon the fever, his temperature running up to  $102^{\circ}$ ,  $103^{\circ}$ , and  $103\frac{1}{2}^{\circ}$  on November 30. At once it became evident to me that this was a case of typhoid fever, and my treatment was accordingly modified.

On December 10, the eighteenth day of the attack, the temperature was as high as  $104\frac{3}{4}^{\circ}$  in the evening, and the characteristic rose spots were out all over the abdomen. From the beginning of the fourth week, however, the improvement was rapid and the temperature made a steady "dead drop," until on December 15 the thermometer in the mouth marked  $99\frac{1}{2}^{\circ}$ . On December 17 the pulse was 72, and the temperature  $98\frac{1}{2}^{\circ}$ . The mind was clear, and but very slight nervous symptoms were present. On