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## *Original Communications.*

### CASES IN PRACTICE.

BY CASEY A. WOOD, C.M., M.D., M.C.P.S.O.

ATTENDING PHYSICIAN TO THE WOMEN'S HOSPITAL, PROFESSOR OF CHEMISTRY MEDICAL FACULTY OF BISHOP'S UNIVERSITY.

On the third of August last I was sent for in great haste to assist a midwife in a case of confinement. On my arrival at the house I was informed that the patient had begun to lose blood at the very beginning of the labor, and that the hemorrhage had continued until the time of my coming. Having satisfied myself that the amount of blood lost was not as yet very considerable I made a digital examination and found the edge of the placenta extending almost to the os, which was soft, distensible and dilated to the size of a half-dollar. The presentation was that of the head in the first position; the pelvis was roomy, and everything pointed to a favorable termination of the labor. The pains had not been very strong, so I gave 3ss of fluid extract of ergot, punctured the membranes, and, as I expected, the head settled down closer to the os, the pains increased in regularity and severity, and the bleeding soon lessened and finally ceased.

The woman, I ascertained, was forty years of age, had had a large family of children (about eighteen months having intervened between the birth of the last two) and her health for the previous four months had not been good. She

seemed to be of medium size, fairly well-nourished, and there was nothing special about her appearance to lead me to suspect the existence of any serious disease.

Her pulse was about 110 and rather weak, and I noticed then what I did not until afterwards pay much attention to, viz: the beats were ill-defined and inclined to be irregular. At the time I attributed this condition of the pulse to the excitement she was laboring under, consequent upon my being called in. The labor progressed rather quickly; the child was born; the placenta came away; the uterus contracted nicely, and I do not think that, during the last stage, a more than usual amount of blood was lost. Moreover the patient shortly afterward expressed herself as feeling quite comfortable, though rather weak. I remained for a while, and was about to take my leave when the midwife requested me to remain a little longer, because, after the woman's previous confinement, which she had attended, the patient had "gone off in a faint," from which there had been some trouble in resuscitating her.

Thinking it well to take precautions against a possible repetition of this fainting, and particularly since a more than usual quantity of blood had been lost by the patient, I lowered her head, had hot water bottles placed between her lower extremities and at the soles of her feet. The room was well ventilated and kept perfectly quiet. As a matter of further precaution a tumbler of hot brandy and ginger tea was prepared, a bottle of ammonia sent for, and every-