

DIRECTION FOR CASES OF EMERGENCY.

Eclampsia.

Use mouth-wedge at once.

Give hypodermic of morphine at once, half-grain, also another hypodermic, quarter-grain, in half an hour, and a third hypodermic in one hour if convulsions are not controlled in the meantime.

See that patient is kept very quiet, and protected from cold and drafts.

If the patient becomes conscious, give calomel, 3 grains, as soon as possible, and magnesium sulphate, 2 drachms, every half-hour.

If not effectual within two hours, order, 1, 2, 3 enema (Epsom salts 1 ounce, glycerine 2 ounces, water 3 ounces), and also continue salts by the mouth until bowels are well moved.

After bowels are evacuated, administer high enema of salt solution, one pint every hour until three pints are injected, or use colon irrigation, if directed by attending obstetrician.

Apply hot packs on kidneys.

HEMORRHAGE BEFORE OR DURING LABOR.

Keep patient absolutely quiet.

Elevate foot of bed.

Give hypodermic of morphine, quarter-grain.

Repeat hypodermic of morphine, quarter-grain, in fifteen to thirty minutes if necessary.

Give adrenalin 1-1000 solution, M. 10 by mouth or M. 5 hypodermically. If serious bleeding continues, and membranes are unruptured, plug the vagina, keep pressure over fundus uteri, and give three salt solution enemata, one pint each, at intervals of one hour.

HEMORRHAGE AFTER LABOR.

Massage fundus uteri so as to express clots.

If uterus cannot be well contracted, and hemorrhage is alarming, introduce the gloved hand into uterus, clear out clots, and irritate uterine walls with finger-tips, and massage externally.

If the uterus is well contracted, and serious hemorrhage continues, look for bleeding-points in lacerations of perineum, vulva, pelvic floor, other parts of vagina, and cervix.

USE OF FORCEPS.

No house physician shall use the forceps without the permission of an attending obstetrician.