Notes on
Practical Therapeutics & Treatment
of
Puerperal Women

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April 1891
In the following notes the expression Therapeutics has been used in its wide or perhaps old-fashioned sense. The science of Therapeutics in the present day has been gradually and insensibly separated from the old materia medica and elevated into a position of its own. That this has resulted in the greatest possible benefit to the profession no one can deny. The study of the action of drugs physiologically, pathologically, and experimentally is however only the privilege of a lucky few who constitute what in these days we understand as Therapeutics proper. The separation of the subjects has not however proceeded far but that there remains to the General Practitioner a province in which the careful and steady observations of daily practical work are of value of no mean order. Indeed with the present tendency to accept facts from literature and data from laboratories it does seem a pity that the sources of information

information which so amply supplied our predecessors with lines of original treatment should be left to investigation only in the laboratory.

It is partly from a practical source that the present notes are derived, there is perhaps accordingly an absence of bibliographical references. This is due to the fact that any statements made are the result or have been confirmed by personal practical experience; in some instances have felt biased towards opinions, treatment by old clinical teaching, in such cases, I have endeavoured to acknowledge the source.

Of late years the great advances made in the application of Therapeutics to Medicine, the result of the works of Ruprecht Loew, Fracé, Wood (Philadelphia), not to speak of Continental Writers, have in a measure left obsolete Therapeutics, some which behind the age.

Observations on the use, value, of drugs even on the uterus, itself largely coming from outside sources.
This stand still condition may be fairly enough accounted for by the great wave of enthusiasm for surgical surgery which has lately passed over this department of science, creating a belief in the effectiveness of surgery by the knife which leaves other remedies out of sight. The brilliant results attained by this form of surgery has probably attracted the active energies of many who would otherwise have employed these energies in investigating remedies of a less heroic nature.

Doubtless however a few years will re-establish the balance and we will have biological therapeutics worthy of being compared with the philosophical teachings of Simpson etc.

In this paper the actions of the various remedies are confined to one main cause or necessity. They are not classified by such designations as Amytocics etc. but much arranged them in an alphabetical form. The only variation from this being that the latter part of the paper is reserved for notes on
on remedies applied externally or through mechanical means.

It would have been a satisfaction (in a longer paper) to have added some notes on the Dietetics of Pregnancy and Child Birth. In no class of cases is the practitioner especially the young general practitioner, more obstinate ignorance, and determined prejudice, almost amounting to superstition than happens after "delivery". The articles, methods of diet that have been in vogue for generations are landed not only landed but unless very firmly and are carried out.

What has been said as regards ignorant superstition in dietetics also still applies in a modified form concerning the condition of cleanliness or afebris in which a woman is left after delivery —

Sanitary morality is however improving and in the latter years in which I have been connected with midwifery work in the country the aphorism which I used daily to impress viz. "that after Child birth the Colloids should be left as clearly as the Countess" is beginning to be believed in, acted on, and almost appreciated —
Aconite

In the shape of the ordinary B.P. Tincture or a Fleming's Tincture is a most valuable remedy for those numerous cases of sudden febrile symptoms which take place in the peripartum condition immediately after "labour."

Such attacks occur so suddenly and may yield to treatment so rapidly that (unless in protracted and often fatal cases) it is extremely difficult if not impossible to diagnose whether we have to do with one due to circulatory or hepatic disturbance or the more serious one of Blood Poison.

Luckily, however, Aconite is useful in all these cases.

The shorter the time such symptoms appear after birth the more difficult is the differential diagnosis. Equally short is the time left for applying the drug to its greatest advantage, for if not used early and effectually...
effectually some of the advantages which would accrue from its use are lost.
Cases occur where a sudden high Temperature and Pulse, without any local symptoms such as icterus of
Lochia etc. would indicate merely a febrile disturbance, here Aconite well
pushed will often suffice by perhaps a few hours sleep after which a small
drizzle Placenta n. Blood Clot will be expelled naturally, or removed by the
Medical Attendant. The few hours sleep afforded to the patient is here invaluable
giving the strength in such cases to repel an invader which in a very few more
hours would have given rise to dangerous
symptoms –
Not only however in temporay
fleeting symptoms of a general nature
or those associated with a quickly removed
local cause is Aconite useful, but
while the conditions are much more
prolonged as in Puerperal Sepsis,
Fever, Diphtheria, Maniacal Conditions
etc. In the latter description of cases
cases the drug well pushed will not only reduce the temperature quickly, but also
induce a state of sleep. Indiscriminately used at night time will act as a "narcotic" and as a "narcotic",
of the most desirable nature in producing
but loo or without any of the disagreeable
symptoms peculiar of morphia, chloroform,
In all cases of puerperal symptoms after
Child Birth, Aconite should be tried
as long as the type of fever is "choleric"
and as long as there is absence of some
local cause giving rise to pain.

In one case of Small Pox (Puerperal),
under my observation where there was
delirium and delirium, gentle doses of the
Tincture produced complete and patent
indeed I have never seen it completely fail.
In cases however where there is pain
such as from throat or from the
Aconite as a "narcotic is practically useless.

The Administration of Aconite presents
no difficulty in the shape of either of the
preparations mentioned at the beginning of
this note, but it. Dosage is a matter
which has only of late years been
As regards its importance—

Sharon has had such an uncommon advantage.

As for Arthur, he is very sorry to have to call attention to the fact that the hospital is closed for the day due to the absence of the doctor. The case of the patient, however, is not serious, and it is expected that he will make a complete recovery.

I have done nothing that has been of any value. I frequently receive complaints from the patients, but I have always been able to handle them effectively.

Personally, I think the treatment is quite mild. I have seen hundreds of patients, and in all cases, the results have been satisfactory. We do the best we can with what knowledge we have— and in every case with thoughtful care.
In cases of first administration if the case is very clearly a purely "febrile attack" single drop doses every five minutes till 10 to 12 minutes have been taken (repeated if necessary after five or ten hours) is generally sufficient and in most cases gives excellent results. But should the symptoms mean more acuteness, should there be delirium and no local pains complained of the dose of Aconite must be decidedly increased.

Under personal care or with the help of a skilled nurse the Aconite should be given in instance commenced as before noted - at the end of two hours if no improvement has been made - carefully continued doses may given every 10 to 20 minutes till pulse softening and patient falls into a quiet sleep.

In all cases where not present at administration the nurse must be warned to keep a quick watch observation of the sensations of the tongue. This is however not
not an infallible guide, the least appearance of muscular tremor must be carefully watched for. In one case of purplish scarletina in the earlier stages of which Aconite gave both mental quiet and sleep the suppression of those symptoms with accompanying increased delirium apparently hastened the termination of the crisis. Sensations of warmth increasing in rate and pitch the dose had produced muscular tremors - no ill effects occurred, but the patient an hour after wards with a clear head and mind around one that there was none of the tingling sensation which she had noted one night after an increased dose. In observations on Aconite would lead me to depend on it as a help to "diagnosis" i.e. all men's pulcitals (which sometimes last 20 or 3 days) will yield to its use in twelve hours. In cases of high temperature and delirium, as long as conditions are Slater, Aconite as a sedative is not sufficient.
packed at present, indeed with careful supervision might be given in large doses than those suggested –

**Actea Racemosa.** The introduction of Salicin, Salicylic Acid and its derivatives in the treatment of Rheumatism put this remedy (Act Rac) under a cloud in its very infancy so far as British therapists were concerned. It is now the less an agent of considerable value in a class of cases where Salicin does not seem to suit.

During pregnancy there occurs in women who are bearing children late in life a form of Rheumatism which comes to take the place of the "subjective arthritic pains" so frequently seen. This form of malady chiefly if not alone takes place in women of a full habit, about fifty years of age and frequently with a "familial heredity."

In some of the cases there is a premonitory
Peculiarly, fever, Pulse and Temperature are both slightly raised - with quaddled pains in joints, chiefly of knees and ankles. There is no local swelling, redness, or tenderness, except in hysterical cases when there is the usual "hyperesthesia", typically preceding or accompanying the Rheumatism, there is great Stomachic derangement not like that of a "Pregnant Woman" but one of an inflammatory gastric type with moderate but frequent attacks. In such cases Salicin etc. not only fail to relieve the articular pains but aggravate the stomachic symptoms - Alkalies give partial relief. Chloricum if given to the joints, and does good but in weekers. Ancient diuretics, diaphoretic, mercurial quinacidin and purification of Action will be found of great help - forty drops of the tincture given early in the morning followed by 15 to 20 wekhour till 420-140 mgm. or for drafts, or cased established will in each case heal even fail - If not in 2 to 3 m. does alter meals should be continued for a week.

Apart from Pregnancy the use of this drug in Rheumatism especially...
associated with certain forms of rheumatism, but the subject of which an authority as Dr. George Balfour and it seems an open question had the Scythians not practically swept it from the market before it had a fair trial of claret. Racemose would not now have been one of the least appreciated remedies in certain obscure "rheumatics." As this as it may, "Racemose" will be always found a great assistance if not complete cure in those cases where in pregnancy some distressing digestive, nervous or circulatory disturbance gives rise to pains in almost every respect resembling rheumatism but in which other remedies useful in ordinary Rheumatism are of no use.
Carbolic Acid, a remedy closely associated with a temporal evolution in surgery, the effects of which have equally if not in a higher degree extended to Obstetrics.

As an antiseptic in Obstetrics, there are some (of whom I am one myself) conservative enough to uphold the equal if not superior efficacy of Carbolic even against such formidable rivals as Chemic Sublimi.

This is especially the case in making use of an antiseptic in the Vaginal_Tract.

The oily clinging nature of the Phenol (however much diluted with water) seems to give a greater protection against the presence of the skin carrying septic material than its later rivals.

To all Obstetricians, whether Specialists or General Practitioners, the introduction of antiseptics as a guard against the conveyance of Childbed Fever is especially interesting. No one can read the history of epidemics of Postnatal Fever (often confused with fatal puerperal toxicity to the practice of one man) without feeling deep, solemn, sympathetically.
sympathy, and almost purely curiosity. Authors' trustworthiness in every respect, whilst years that even in this practical science seeking generation could almost convince us that the "Evil Eye" had been in the unhappy Accouché.

This the more so that in many cases, the Obstetrician was "a man ahead of his day", and the ignorant of antiseptic agents made a leading principle of his life "cleanliness", which is really after all the basis of antiseptics.

As an explanation of this peculiar individual fatality, some adopted the theory that it was due to the great difference that exists in the skin's functions in individuals when not properly protected. We know from physiologists that an unconscious perspiration is going on in our skin at all times; this, in a much greater degree in some than in others. When the condition is exaggerated the skin pores are more patent; therefore in intervals of rest (from perspiration) men often to receive "sphygmic particles."

Personally, I rate the "chymotic habit" sufferer intermittently from this exaggerated perspiration when engaged as a student in the Academy.
And so I frequently observed that whenever carefully I washed & disinfected my hands, that, on any exposure even after the lapse of several hours I would detect the "cadaverous" odours. Along with a friend I continued these observations in the Pathomatom Theatre where we both would handle foul-smelling through cadaver specimens then thoroughly each disinfected our hands. Twelve hours after this same exposure would reproduce a foul odour in my hands; these of my friend smelling quite "sweet." the aseptic odour was faint but it was there. We repeated a verified the experiment by using oil of Rosemary, Paraffine etc. with similar constant results. Accepting this as the possible cause of aseptic infection it soon occurred not only to protect the hands by a thorough antiseptic cleansing but also to apply some antiseptic which will in the time being exclude this "pool" where mischief may be lurking.

Carbonized oil of Vaseline will in a measure effect this purpose but I have found it better to stiffen / harden the Vaseline by the addition of Lardoline so that an artificial antiseptic glove may be made for the hand - this will
will not melt off even though the delirium is precipitating fully a condition which every one who has had many tough cases will acknowledge frequently occurs.

Eternally applied as a caustic carbolic Acid has had too little recognition; it is painless but it is weak, many hold, but I think erroneously. It is certainly painless a great advantage but if applied by soaking a piece of necessary size applying to part then covering with 'vivid jaconette' cure acid again of necessary in 2, 4, 6 hours and in either changes ulcers, Dog-bite or Poisoned Wounds it will be found most efficacious. In a case of Dog-bite while I was in consultation the Acid applied as above had in four hours formed a clump of skin as thick as two penny pieces. The clump separate very slowly but as a rule the mark left is much less marked than with P. L. Forn's alum Carbolite.
Chloroform— Writing on the use and action of this agent in the surgical state at this time of day seems almost presumptuous— the initial discoveries or observations of Sir J.H. Simpson followed up as they have been by his then assistants. Few succeed along with many others leave little to say.

In practical work the use of Chloroform has been singularly fortunate. Question of there is yet record of a fatal case.

Physiologists have divided the conditions of a patient inhaling this drug. For practical surgical purposes they may be described as follows: first. A condition resembling alcoholic intoxication then varying in the individual. Second. Voluntary muscular action is present under imitation, reflex is modified or possible, in the deeper degree of this stage reflex action abolished. In this stage if all is well the patient should merely present the appearance of a deep sleep with breathing a little heavy owing to relaxed condition of Pharyngeal muscles.
Third stage - a condition of deep narcosis in which at one moment breathing is electrotonous but seems to disappear so that the faintest sigh can be detected - such a condition plainly calls for prompt, systematic, effective treatment.

First by clearing lungs from Chlophor Vapour, Artificialised Blood in S urge, pass Artificialised Blood into Brain -

To do this Tongue must be drawn slightly forward, faces cleared from mucus etc. and Artificial Respiration induced by 9 or 10 movements in usual way.

The patient should now be drawn over table or out of bed so far as hips. The head of body lowered to a moderate angle. Keep head in a line with body which will permit continuance of Art. Respiration.

At same time the Jugular Veins may be stroked from above downwards - the position of the Jugulars will almost for certain have been impressed in the mind from their marked pulsation in the earlier stage of administration. The Brown Erythematosis in most cases can be...
best used as owing to the muscular action of training in the earlier stages of administration they are likely to contain more venous or vitiated than arterial blood. In cleansing out the lungs warm air seems to be more effective—on one occasion I saw a simple bellows used which was fitted over a heated iron plate and then blown into patient’s nostrils with the bellows. The remedies that are applied for the heart’s action such as Hot Hold Bouche, with Salvarsan better are well known.

Its seems worth mentioning a misadventure which so far as known is an anecdote in the history of Chloroform. A Corpse in assisting me at a case in grasping the tongue with finger, finger’s moved it but of caught and split a branch of the Ramiing artery it wasn’t noticed at first but the sudden embarrassment of the bleeding soon alarmed us, luckily the artery was easily tied. The accident is one worthy of attention as it occurred in the hands of a most careful “anesthetist” since then both he and I have used “guarded finger” and the split
splint in the cavity in this case occurred for back fast rarely reached as could the
light for examining the mouth been deficient, the consequences might have been most serious.

In Hælæctics the practical decision was with Chloroform is to keep the patient in the balance between the first Second
stages previously described i.e. normal pain but have reflex action or for as possible unimpaired - There is however a certain
class of “pampare” in which it is difficult to carry this out. They are a
rule almost by nature women but occasionally sensitive to pain with considerable
power of self control - In these cases Chloroform seems quickly to abolish
reflex action” in each women there found the following phenomena take
place. When labour first sets in their
self control allows it to proceed to certain
stage without checking but when the
pains get severe the excessive effort
seems to have a sort of control over the
uterus by exerting the voluntary muscles
muscles was only allowing first part of pain to be effective. A continuation of this condition soon gives rise to an irritated, friable, and inflamed condition of the "tears." Chloroform would here seem to supply the necessary relief. Unfortunately in these very cases, Chloroform seems to paralyse reflex action completely, so that when the patient is in which would be a satisfactory state in most cases, here "labor" comes to a "stand still." Under such circumstances Shaw found the following procedure useful in success. Watch behavior of patient under each pain, and you will soon discover by your eye or by P. I. F. 3am. the point where refusal is put on attempted, at once administer the anesthetic, but only continue it as long as pain lasts, between the pains it is well to let patient completely recover consciousness. After three or four administrations in this way "reflex" sometimes re-establishes itself and full, useful pain act in allowing use of drug in the ordinary way. Often this does not
enceed and uterine muscle, necessarily there is nothing left but to put patient deeply under and means for dilatation such as Bowes bags, etc. Often free may the forceps.

The term "frangible" which is used in connection with the condition of the "DS" as a result of frangible conditions is not a strictly pathological one, but is very descriptive. I first heard it used in this sense by Prof. A. R. Simpson and have frequently recognized its justice in clinical accuracy. As a result of prolonged "first stages" it is a frequent cause of "frangure" which may give rise to immediate serious and dangerous symptoms in immediate condition of a truly painful nature. Should such a case be described and I have no hesitation in advising a trial of the anaesthetic in the pregnancy way before using forceps but at the same time if there is the slightest doubt of the "DS" in getting "frangible" delay as regards instrumental assistance is not a good treatment.
Digitale. In regard to this drug in the
Pregnant or Perplexed state I can only refer
it as and hypodermically or internally.

In all cases of "weak heart" in Child bed
when Chloroform has to be given it will
be found to have from a "loaded syringe" for the
intravenous injection of Digitale. This is
especially the case when Ergot has had to be used
for stimulating in actual haemorrhage - In such
a case where the patient suddenly exhibits
symptoms of collapse with pale, pale face, cold
lips and clammy skin a hundredth of a grain of
Digitale in an ammoniacal solution injected
into the jugular will act as a vile marvellously.

The primary dose should not be more than one
as there is danger of causing too cheap
or "evaporate" of the ventricle. The syringe
should, however, be retained in the vein (see
Hyper der Jafet) till the dose is well saturated
with all symptoms have passed away. In such
circumstances, the dose may be cautiously increased till
a twentieth of a grain has been given.

In the alarming after-pains occasionally
associated with "cervix during labour"
Digitalis should never be lost sight of. Injecting into the jugular with a 1 to 100 dose of Pilocarpine is most helpful. Carefully watching condition of heart the amount of dose of either drug may be increased without the patient being alarmed - the Digitalis does not act on the kidneys but as a cardiac stimulant the relief comes from the draught like action of the Pilocarpine.

In cases where Digitalis increases appetite and prevents diaphoresis a cause can be found when used externally if applied as the shape of a "mask" over the kidneys its action is much marked doubling or tripling the excretion of urine in a few hours. When this mode of application does not act rapidly enough the use of 3 or 4 "dry caps" on the loins followed by a Digitalis mask poultice will almost invariably give good results.

Sir William T. Seward's demonstration of the close anastomosis of the arteries of the kidneys a infiltration of the surface gives the practitioner an established "sausage cloth" for this form of treatment.
Ergot. Perhaps no other drug in use in Atherics is subject to so many changes of opinion and this in regard to all its preparations as Ergot.

Some standing by it on its "price resistance" for years, others (among whom I count myself one) considering it either useless or value lost in time. Every reason to at least use it with great care.

This variation may be due to the different results occurring in a healthy patient or in the (generally anaemic) practically susceptible to tonic influence.

In the second place, the unreliability of practically all the preparations as regards strength and keep for any length of time as if the preparation agencies treat over 87.7 in its manufacture.

In subjects with a weak heart and anaemic, Ergot seems to be used with great care. Again and again there were uncomfortable symptoms arise after its use in such cases — once a day or could be practically judge the result was fatal.
The case was as follows. Mrs. Smith, aged 35, a married lady with uterine highly strung nervous system, had an easy confinement of her eighth child. Chlorophyll given in the last stage. Placenta came naturally twenty minutes after birth. Previous to this patient had been given 3 1/2 of fresh infusion of rose. Everything went well under my supervision, but she was taken to a sister of 82. I left her with orders to hurry to repeat dose of 3 1/2 of any flooding; there was a fainting (but was within 10 minutes back). The nurse (a trained woman) gave the eight 3 1/2 for a timed flooding attack an hour after I left with good results and repeated it on her own responsibility in half an hour for a recurrence. Shortly after second dose patient became less restless. Complained of numbness of limbs, felt asthmatic tinnitus of limbs, the lips became livid, pupils dilated, perfectly unconscious, complained of great sense of constriction around chest. Stimulants, Alcohol, Ammonia, Digita, were given, but in half an hour patient died, the
the teats in nurses' hands were very cracked at the
base. Patient had never been saved from the
accustomed position after "delivery." The action
of heart was extremely irregular, thumping with
all symptoms of embarrasment.
Post Mortem (partial exam. only allowed)—
severe into hands. Throat followed by very little
bloody oozing. The surface of lungs almost
pure white. The Pulmonary loops vessels were
swollen & distended with blood but on making
a section of lung a sharply defined line was
almost apparent between the white pellucid
& the dark congested center. Womb was fairly
firmly contracted with small clot at cervical end
in thin of stomach. Bowels rather pale otherwise
normal to naked eye. Brain not examined.
I carefully examined all the "muphine" which had
been used & calculating these as regards blood
then I judged the amount lost was com-
paratively trifling besides the condition of
vessels except milksaps showed no great
bleeding had occurred.—The amount of Erythrina
by this time myself was in all barely 3 or
of the infusion this during two hours.
The infusion was freshly made & had been
carefully watched in its preparation the water never quite reached boiling point. One case comes very little conviction but some this unhappy one have been again. Again in pellagra anemic women. They give rise to similar but less grade as severe symptoms. It may be that the fever has some action on a weak heart but it seems much more likely that the weak heart is unable to drive the blood through the arteries contracted by the fever. In latter cases there got excellent rapid relief from symptoms by injections of数字化 and aluminum and in one case Nitro-gluteine was of great help.

As regards the unreliability of preparations of fever in strength even under the later forms such as Typhoid Fever etc. Some most practitioners will witness to the fact. I have thought it possible that in making these preparations the heat used may have exceeded 210° F. which will destroy possibly some of the "fungoid properties" of the Pyro-Glu. Of this at least I am sure that the infusion prepared under my own eye where the water was never allowed to reach over 200° F. has proved much more reliable and
and constant in action than the various forms supplied by Dariusse. Unfortunately the time
Trouble required for such lapses in every case will
prove most treacherous from continuing the use
of the old fashioned "tea"

The "Danger" of eight as described in the
first Books such as Death of Child, Fever
in Rupture of Uterus, and Hues; Glass Contraction,
are not the least I believe were; and this is
chiefly interesting from not any immediate
danger as that. it generally precedes the
introduction of whole hand into "Wound" with the
possible risk of "cellulosis"

The undoubted fact however that large
doses of eight frequently cause Hours; Glass
Contraction seems to me to effectively a possible
theory as to its means of action. Physiologists are pretty well decided a touchstone
Eight acts entirely indirectly on Brain and
Spinal Cord or indirectly on the "arterial
ganglia" and in the Case of the Uterus on
the so called fascial or teniae ganglia and the
if the Central theory is adopted
there would be required proof of a separate
nerve supply for the higher & lower zones of the "bomk" - the nerve supply to the uterine nerves well traced out from the Lumbar and Sacral Plexuses, but no differentiation shown separating the uterine zones which would account for a drug acting centrally causing contraction in one part while others were relaxed.

In adopting the theory that the action is peripheral it seems to be explainable in a practical way, thus, Eegot has been shown to act more forcefully on a pregnant undisturbed womb than on a virgin one - i.e. where there is any so to speak abnormal stimulus present.

When Eegot is given the peripheral or plexyomatous ganglia are acted on the greater distance of the upper part of the womb supplies just the difference to cause action to commence their finish.

The most prolonged the "labour" the longer is the period in which the upper ganglia muscular fibres are kept excited. The plexus or cycling stimulus passing over the region of lower ganglia at a later period probably for a shorter time has the muscular tissue is left in a condition
condition to fulfill the contraction which should take place through the whole organ while the upper zone in spite of the remaining stimulus in charge of the placenta is left in a state of exhaustion.

Applying the same theory to hemorrhage it is not possible that the clot (to a particular degree according to its quality) in the lumen of the artery may supply to the vaso motor ganglia which have been stimulated by Egyt, the stimulus needed to cause contraction and cessation of bleeding.

In cases of sub involution it does of Egyt are given which we know would cause contraction of arteries in Bleeding from Stomachs, Stomachs, Ulcers where a clot is present but where this is absent we do not find any mischief arising from local gangrene except perhaps in regular cases of Egyt in non-consummatory Countries. In these localities the people are poorly fed, with sluggish circulations, and also anemic, all conditions favorable under certain circumstances to the formation of clots in the circulation—In the case of passion occurring where the prevalence of the Pyrex
in the Rye is increased the nutritive qualities of the cereal are reduced as in proportion as the tendency to anemia increased as it also necessarily the consumption of "Egob Rye" the result being an Epidemic of Scurvy.

Hydropyema Egol in the shape of Scurvy is useful in cases of engagement of the breasts whose child has died or for other reasons it is desired to control milk flow via Hydropyema.

In America the equivalent fungus to Egol which is found on Maize is sometimes used as an oxytomic for those have no experience but two Summers past I had the opportunity of testing expermentally the action of the fungus or "Smut" on our native Wheat. The circumstances were as follows. A friend had two valuable bitches both in such a large dog and as he thought they would die in puerperia he spoke to me about the matter—Warning him as to its untried nature got his consent to try Wheat Smut. I gave to one "bitch" the whole produce of an ear of wheat every grain of which was affected by the "fusigo" in four hours 3 puppies were born, all dead I believe but the mother recovered perfectly.
This bitch had carried her puppies for more than eight weeks—ten is the full period—in the second case the animal was larger than first. In the first part her eight week—I gave an active dose here I waited for two hours but there was no symptom except unconsciousness. I repeated an equal dose. Returning in about three hours saw five pups delivered, the recovery here again being good. I repeated three experiments on two rabbits with same effects but in a pregnant cow the results were nil though I gave her the produce of six ears all omitted. I regret that absence from this country last summer prevented me carrying out my experiments.

The smell of wheat has the smell & taste of Rye Egot in an exaggerated form but otherwise physically it is suitable for administration.

It has sometimes been to me a matter of surprise that it has not fallen under the notice of the specialists the curiously analogous actions of Egot compared with the depressions of Barley Wheat & Maize as well as the Stigmates of Maize—Egot gives relief in hypochondriacal conditions of uterus, Barley etc., in similar conditions of Bladder & Stomach.
have further noted that when Barley was used to make its infusion in a natural or unheated state its action was more efficient - an old fashioned Scotch preparation called "Sowens" made by formulato of the husks of Barley this most unpalatable is of great help in that chronic congested state of the Bladder seen in old people. Thers facts seem to me to point to the possible existence in Black Bryce etc. of some similar active agent excepts in Trypt which as yet has not been traced out.
Examine the action principle of Cathartics, for it is not much in use as a "cholagogue" but in certain conditions in pregnancy it is of great use. There are cases where the pregnant woman suffers from constipation apparently stomachic in origin but where renal irritation seems to do work. Here, Examine too so malignant as to be used hypodermically, & locally, injected into region over diuret will be found to relieve nausea when all other remedies have failed. In other cases where acute hepatic symptoms prevail not so severe as acute yellow atrophy but still alarming Examine, used as above is most effectual.

In the pronounced nephralmia so common in very young children and often communicated to the mother, the same nephralmia is greatly helped by Examine, applied locally. These cases, with "pus dripping" lids and conjunctiva swollen with Athopia longued yield in a short time to Examine used as a lotion alone or combined with Alum in Dr. Argyle Robertson's suggestion) initiate
Silver applied around eye as a counter-irritant—in using this latter in infants when a solution or paint has to be applied (the solid stick being) always have some salt & water at hand in case paint gets inside lids.

Essink relieved "intraocular tension" equally with Atropia but in an opposite way and the relief to photophobia given by the curtain formed from the contracted lids equal. The sensitive Retina is now clear and the patient will permit to a judicious elevation of the eyelids—by which pur will escape—treatment can be carried out healing will go on.

In certain stages of Conjunctivitis where there is great pain & surfaces are dry & stuffed much a waking excretion Essink is not much but whenever "pur" has formed in the acute symptoms modified it is invaluable.
Pilo-carpine, a derivative of Salicylaldehyde, is now well known as a most efficient "diaphoretic" in cases of Pulmonary Dropy, and allied diseases. Its action on the skin is frequently accompanied by purgative effects. The two actions generally hold a direct comparative ratio as regards amount.

In pregnant women, while "sickness" has continued into late months, Albumen in urine, edema, and legswellness, to oppose if Pilo-carpine injected hypodermically is of great service and if remedy has not too disturbing action or reach it should be premed. The copious sweating is followed by relief of nausea, flushing, the drains occur of purifying, and decomposing. Often the urine is greatly improved. Where the continuation of "drug" has been determined on it is well to strengthen the heart by use of Digitalis.; in Digitalis thin, if necessary dose can be increased 0.-1/3 grains.

Pilo-carpine is in the few cases, where tried of a use put adjunt to the remedies in threatening in the earlier stages of Meconium Consulsions during labour.
In a "suspected case" or the look-appearance of "twitching" or "protruded face with hand helps one eighth of a grain should be given hypodermically at once, the uterus being relaxed in tissues 4 dose increased till full effects produced—In case of any trouble with heart it is well to have prepared ready at hand doses of Digitalin & Atropine which can be administered through same syringe

Pilocarpine may be also of use where pregnancy is complicated with diabetes—In a case under my notice where organ was abundant as to crush underclothing the discomfort generally & local "pruritis" was so great that I found suicide. Pilocarpine was the first remedy that gave relief and its continued use with Bethesda Water (aids Wate) caused the case to a successful termination
Permanently Dried of Potash — the action of this drug on the uterus though undoubtedly that it is still so undetermined as to its mode of doing so that it may not eventually or in a case in which its action could be compared with Epsot.

Case — M. R. was brought to me for operation for Persistent Hyphym — the hymen was thick and sticky and slightly distended to size of a full term pregnancy.

To tone uterus, indeed 3 g. of extract Potash 3 x daily, and a Potass Phumany Wash for some vaginal excitation — after three days patient told me that shortly after each dose of Potash there were pressing pains but they soon passed off. There was no bulging of hymen or denudation of secret of blood. Epsot was increased to 40 mls. 4 times daily. Three days afterwards the patient called down patient suffering from severe pressing pains. Hymen bulging and uterine walls harder than before. Proceeding how much Epsot had been used the phial was brought me and I found that by mistake 32 doses of Solut Pot Phumany — 91 x 74 had been given for nearly three days in all about 20 to 30 grains I stopped all medicine in some days then.
assumed Ergot - action as before coming on
sharply after administration but casing in a
few hours. After another interval the
Pyramid - was assumed 9"i 3½ daily in
water (Pill had not at this time been introduced)
by the time 10°s were given the uterine
pressure was severe and steady uterine
clot made out. Hymen tense Thrusting
I divided the flexible hymen with a thoro-
cantile removed a slipped considerably more
than a gallon of thickening fluid + blood clot. The
Womb though the walls were greatly attenuated
contracted well & a perfect recovery was made.
1½. The internal "land marks" of the Womb i.e.
05, Cervix, Forceps etc were completely back in
this case the whole resembling a huge sac.
The comparative action of the two drugs in
this case seem to show that, as compared
with Ergot the Potash salt is too slow in
its action in Labour Cases as also when
its action is set up the contraction produced
is too continuous freely to the fetales
In cases, however such as Sub-involution
Fibroid or some of the Fibroid growths in
the Womb the properties of Potash
Purpurea are decidedly inferior to those of Egypt. Since the before-mentioned case occurred the properties of P.P. Purpurea have been well demonstrated as regards Acremonium but as far as I have seen the continuity of its action as compared with Egypt has not been noted.

After the operation in this case I used pouches of Cordy's fluid but has sometimes seemed to me likely that the condition of contraction which remained after operation may have been in part at least due to the "fleck" as well as the general action of the drug.

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**Bromide of Potash**—The value and mode of action of this medicine (bromides) has long been known as a general remedy of great importance—It has in addition however in my experience a local effect of some worth. In common with the Alkaline Salts, Bromide when in the process of dissolving reduces surrounding temperature by absorption this reduction varying but generally amounting to several degrees. In certain local inflammations after Child birth especially congestion & edema.
of the breasts may be alleviated unchecked by the use of "cold." This may be done by use of ice which is however generally too instantaneous to cope with severe indurations frequently caused too much heat. Instead of ice the following method may be tried: Cover affected breast with pure jasccum over this place a double ply of lint between folds of which powdered Bromide has been spread. Pissalin with a little water. The subjacent tissues will be quickly but thoroughly cooled & a little attention will carry the process on without the shock to the patient a pass to the mass of ice bag. Bromide is now no longer cheap & it may be freely used in this way as less cold than other refrigerators.

Observations of the effects may be made by the use of the Thermoscope (Seguin) and the heat in the affected breast as compared with its neighborhood closely noted—vide Thermoscope...
Water as internally used in pregnancy
will only refer to in one instance
that in the use of Bethesda Water in
cases of Pregnancy complicated with Diabetes.
When a Diabetic Woman becomes "measuring"
her suffering were of course greatly aggravated
and if once as a rule it is impossible unless
in early stages to visit any of the mineral springs.
Such a case lately came under my notice
the lady was a diabetic, a strict dietary
dieter who had taken many cures
from Cadaia onwards. She visited Carlisle without
much benefit became pregnant. Bethesda
Water was here tried and with benefit.
the aggravating subjective symptoms disappeared
& the amount of Sugar was reduced to a trifle.
The patient at full time had a healthy child.
Bethesda Water which is now bought over from
the U.S. seems to me of all "spa" waters to have
taken its virtues in transplantation. Its cost is
not great & its benefits are sure. A elderly lady
recently under my care who visited the
Wells on two occasions states that he derives
as much benefit from the imported water
as he got at the Springs in America.
Fig I

Vulcanite tube see 'V' 

Bulb to start siphon action B
Clip or cock to regulate flow C.

Pail tube nozzle etc. for prolonged vaginal douching
Rubber Bed Pail for Douche with Outlet Pipe
This pail should have been shown as Slipper Shaped
Water in Pregnancy is facile principle the agent as vehicle for employment of douches. Of late years for vaginal a better uterine one the old injection has been replaced by various modifications of the cistern—The one seen most frequently in the Instrument Stores is dejecting acting thus a tern metal pan attached this has two disadvantages it needs constant replenishing it is clumsy to use with. In some years there was a modification of their scheme Hand Siphon which first made by Mr. Young of Edin bur—It consists of simple siphon tube with U shaped tube (see Diagram V), near lower end is a “bulbar expansion” B below this is a “stop cock or chip” C then finally the stout but flexible rubber celluloid nozzle. To act with ease the weighted and is placed in port “stop cock closed” then “bulb” emptying made twice that action is established which can be tested by opening cock as compared with setting up the flow in a Hand Siphon this simple & cleanly.

In addition to using the douche for a short time say 5 or 10 minutes I have frequently kept up its action for hours & days continuously—This is in cases of severe acute after poisoning.
Before days of modern Antiseptics - Injections was successfully used to surgery in cases where Sepsis or Tetanus threatened. Many to the position of the Womb we cant effectively apply many new antiseptics but by a combination of injection with Antiseptic excellent results may be got. To do this, take Fig 1 (6 to 10 gals) is filled with some mild antiseptic & hung conveniently close to bed (in the practical place on head of bed, etc). The Euphor is put in action, the nozzle (clip closed) is comfortably introduced into Vagina and India rubber bedraid catheter is now placed close up to Patient's hips with escape tube over edge of bed and now clip is slowly opened allowing gentle flow of liquid antiseptic fluid to pour over intra vaginal parts. With fair care this can be continued for days without a sheet being wet or patient inconvenience (after first few hours). In two cases of Rupture of Uterus (one of great severity) and in many cases where fragments of Placenta had given rise to Sepsis I have attributed the recovery of not only patient but of Uterus to a healthy state to the soothing antiseptic action of a Continuous Douche.
Fig. III

Hot Bag for prolonged Poulticing.

Supply Tube B

Corner Screw AA

Discharge Tube B

Section of Bag.
Boiling Water as the means of applying a constant instant curative treatment is well known. Combinations however cool soon. Poultices smell very troublesome. The Hot Water Bag is not heavy but feels very hot against constant re-application which means exposure to patient—in cases of severe Peritonitis & Ulceration of the stomach where it was often unnecessary that patient should not be moved much and all have found the following modified Hot Water Bag do splendid service.

A Rubber Bag (Fig 3) with thin walls loosely corrugated like an cushion is fitted with two screw taps (A) at opposite corners to each of these are fitted two small rubber tubes which are removable about 6 feet long—one the supply being fitted with rubber filler and the other with lead weight for keeping in order. The bag is applied as follows:—The patient having been placed comfortably on a two pillows, with the necessary size and placed over the abdomen covered with flannel. Over this the Bag is filled next as far as will leave it filled with Water about 120°F is placed. After a
a few minutes to let Bag settle into place the tubes B are fixed in sockets at A with a little management it is now easy to let the cooler water run out. A new supply can from the filler a Fair above till temp becomes as hot as patient can stand. The upper tube is very closed by a Clip D the nurse can remove from below the Cocks at convenience.

If when renewing the water a Thermometer is placed over Bag it's rising observed a capital index will be given to nurse as to heat of water she requires. After patient has established a tolerance for the heat temp should never be allowed to fall below 110°-112°. This has taken a long time to describe but the whole process in gone through in a few minutes & is a great help to nurse. Apart from Pregnancy in cases Umbigo where it is agony for suffer to move this bag acts splendidly.

In all these notes as regards the physical use of Water in Pregnancy the Siphon principle has come into play this principle may be further extended to Rectal Injections by use of a Siphon in bad cases of Stoppage of Bowels have succeeded in
introducing pain lessly. Further excellent results only a gallon of Soap & Water.
In speaking of the Vaginal Syphon a douche it should have been noted that in advising
patients as to its use its is important in the
case of married women to warn them against
its use in the last hours of the day.
Conds. Sublimite 1. 12.000, Acid Carbolic 1. 2000,
Alcohol, Zinie Sulphate etc. in varying pro-
jections are fatal to the activity of Spermalge
and used as vaginal douches may easily act as
an unsuspected cause of "Sterility."
Diabetic Sugar and the results (and of its
decomposition have also destructive to sper-
malsage. In one of the cases previously mentioned
"conception only took place after the use
of a Bronie Acid followed by pure
Warm Water douches. Sterility having existed
for four previous years of marriage..."
Hydropneumatic Injection. The magnificent results and rapid relief given by this mode of treatment place the Profession and the Public under great obligations to Mr. Aleck Wood than we generally recognize. Hydropneumatic injection may be practically used to be done in these ways. Subcutaneously, in which the needle is inserted obliquely through the true skin and "agent" injected into the subcutaneous tissue. This method, though still largely common, is generally used has great objections. It is painful. The amount of material that can be introduced is small and consequently generally concentrated. It has one advantage if subcutaneous occurs it is superficial.

Pneumothorax or Deep Injection is performed as follows: If there is no "seat of election choose skin over large muscle (obturator) in outer border of thigh or arm; stretch skin tightly between fingers, then plunge in doubly vertically to depth of 1 1/4 to 1 3/4 inches and inject fluid slowly. This operation is practically painless, the amount of fluid need hardly be injected in large (thick injected 220 ml) this allows insoluble and irritant substances to be largely diluted.
**Fig IV**

**NEW NEEDLE**

**WIRE WITH STOP FOR**

**"c" INTRAVENOUS INJECTION**

**NEEDLE ON SYRINGE**

**OLD NEEDLE**
Should it be desirable to retract does the needle may be left in situ for some time.

The danger of deep suppuration can generally be avoided by clean apparatus, small puncture needles and antiseptic "monoderm".

For venous injection should always be performed with a short fine needle. The vein (in choice jugular) is compressed by an assistant. The operator when a little edema has taken place compresses vein between thumb and fingers, then obliquely inserting and pushing towards head till he feels it point free in the vein, a little movement forward will free the wire. With a "stop" on Fig 4 shall now be passed through lumen of needle to clear possible clot at point then remedy very steadily injected. If the needle is not to be removed once the wire with stop should be dipped in solid iodine sulph. A jetted into needle up to stop thus clear all clots. I have found no untoward circumstances occur in this operation beyond what may be noticed in the Perinymphomatosus. In other method when using such remedies as Atropine occasionally it is noted that immediately after injection...
injection there is a sense of fleeting itching over skin especially in substernal region this is followed by fullness in head, throbbing heart, almost sense of impending death, these symptoms pass off in few minutes with no uncomfortable sequelae as far as I have seen.

As a rule the misadventures in hypodermic work are the result of bad tools in the needles are either awful tools or for their purpose.

In some years there had a needle made after following pattern vide Fig. 12. length 1¼ to 1½ ins. size that of a sewing needle (ladies) 60, 61.7 the point is usually twisted. To make a better pointed tool with opening a little way up this can be introduced point by point. The "butt" of needle instead of terminating at foot of socket should be continued up as in "B" so that bur may be seen released by operator. In addition to this especially for intravenous work there should be a silver wire vide "C" the exact length of needle from Stop to Point "d - e" which will after final introduction of needle act as a guard against injury to vein walls by sharp point. Further if dipped in an antiseptic solution will help to prevent formation of blood clots at point. For human
A still further advantage of "butt" as seen at "B" is, that in using "menstrum" where solution is not perfect particles have not nearly so much chance of passing into lumen of needle blocky it or worse still of being driven through and into the tissues—using a fine needle of this description well kept & undried antiseptic for use there "injected painlessly & accessibly" most remedies in vogue & have found that if medicine is good well diluted thoroughly dissolved the operation is painless & affid not to say that a little experience gives one great confidence estimating the results. I have injected deeply into a cancerous mamma mediines which are generally regarded as inert but fused them dissolved & diluted consequently there were no bad effects. I certainly acknowledge that deeply injecting Ether into the Lungs for Scivation gives rise to intense burning sensation & little drowsy but the relief is great & a second dose is rarely objected to, it is certainly in many cases superior to the painless injection of laudanum with its train of sickness etc
Blood-letting like Mercury went out of fashion
but unlike the facile principles of Autolysis
it has not been rejuvenated in a commencing
fashion. This may be explainable by the fact that
in a measure drugs such as Aconite, Thorazine
Antifebrin etc give results in the estimation of some
better than Blood-letting faultless trouble.

The term Blood Poison as Sepsis is at the
present day a common in every School of
Pathology; this practically means that in cases
of general Pyrexia arising from some ascertain
local cause or the result of some obscure source
of irritation the condition of the blood is one
of danger to the patient. With Pathologists
the idea seems to prevail that the active cause
of the mischief lies in the "Leucocytes" or white
corpuscles" of the blood—either that they
passing thru the blood in a state of "active
infection" give rise to symptoms, or that
disintegrated & dying in a rapid manner
they in a short time convert what was
a "healthy body" into a "general necrosis"
accompanied as all "necroses" are in the
first instance by exalted Temperature &
Pulse followed by death "local or general"
If, in such cases usual remedies such as Aspiric, Antifebrine, etc. will not afford the necessary amount of rest & quiet, to allow the condition of the blood being improved by internal antiseptics, a diet which shall be improved by nourishing diet shall seem rational enough to remove at least some of the poison by such abstraction.

The old objection that however much blood was withdrawn, in a few hours the bulk was restored, in a fever condition doesn’t in these days hold good.

We all know that with our present knowledge of Dietetics and Antiseptic Remedies that if we can only get some little time of rest when the patients assimilated powers can act, there is no reason why the “new fluid” which supplies the place of the abstracted serum & corpuscles, if not as good as healthy blood is decidedly better for the patient’s prospect of recovery than that which has been cleared out by Venesection.

Of thirty-five cases of what seemed to me beneficial “blood letting,” two are here encased in “artificial” the other “natural.”

Case A.A. was brought from School suffering from intense Headache, Shivers, & Sickness; I saw her 16 hours afterwards found Temp 105.4, Pulse 130. Skinf觉得 delirium, Suffocope
showed laceration of large area base right lung, all symptoms Pneumonia, Porphyria & renal antisyphilis used. Patient died 24 hours after coming home. Temperature recorded by nurse 106.4°F.

A few hours after death a dark purple streak from orifice came out abdomen. Diagnosis Subacute Section Hydroce
e M. A. aged 21 a married sister of foregoing arrived home shortly after death. Assisted during sister's delivery, taken with “labor pains” and placed to bed in same room (but another bed) when sister died. On my arrival “labor” was so far advanced that it was only after delivery of Placenta that I was able to have her removed to another room. This was done 1/2 hour of her death. Carefully deinoected 8th hour severe fever occurred Temp. 103.4°F. no Abdominal tenderness, toxemia not established.

3½ Bromidé, slept 4 hours — Strong nourishment taken. Throat symptoms mild. Sixth four (64) hours Temp. 103.2 Pulse 120 (countable). Patient still takes nourishment — A little sleep Delirium less. A faint appearance of Lochia. Seventy-two hours (3 day) sudden recurrence of Lochia. 105° F. Delirium markedly increased. Opened left Jugular Vein drew 3 fluid blood not quite so dark as before. Sulpho Carb etc repeated slept for five hours. Took copious nourishment, the Temp remained above 104° for three other days but after this Patient convalesced steadily. In this case as much as 90 to 100 m of Aconite were given in 12 hours without softening the Pulse, after the first Venesection Temp went down Fekin became a little moist but the Papusia soon reasserted itself — after the second (Jugular) relief the Throat symptoms abated. There seemed to my degree alarming — the patient going on to full convalescence without going into details it is only right to note that in another case of Paraphrenal Scarletina and in a doubtful case of Paraphrenal Small Pox I used Venesection with benefit — The Small Pox Case this double had a very traceable source of origin occurring in a dwelling where Variola had been shortly before
Case II. This not strictly Perineal is so allied in nature to what I considered the "natural cure" that I ventured to read it. M.C. aged 23, unmarried, above average physique was seized with a pain in right side—began his 6 hours after first symptoms found Temp. 104.2, Pulse 128, Respiration 32. Darkly flushed face. Pulsating deeply embossed. Auscultation revealed extensive pneumonia in posterior lower parts of right lung. Ammonia having been already given, the usual poultices were applied and directions to take Acute. The breathing was however so laboured that I determined to bleed if relief did not soon come. Six hours afterward, saw her. Found investigation had set in so severely as to constitute a regular "floating" temperature back 102°, Pulse 116, Respiration 24 to 28. Darkening face greatly improved. Acute was stopped. Temperature at bedtime 101°, in the morning very fair. At 4 A.M. a sudden coaction of sense, occurred with no explainable cause. Temp. at 6 A.M. again risen to 103.6. At 8 A.M. 104° darkly color returned. On my visit ordered warm moist flannel to be applied over the abdomen, round thighs—blood flow was
again fully established in course of an hour Temp.
shortly falling to 101°. Breathing elevated-loud
conditions going through usual course. The
Calamemia continued in a modified fashion
for other two days Temp. reached 49° on
fourth day followed by complete recovery. In this
case the patient came at first to be literally "fally"
by the severity of the onset. Rapid relief of some
kind being urgently demanded - Injection of
Aconite would have had much effect. The Temp.
record as kept by a careful nurse undoubtedly
showed a relation between rapid withdrawal
of blood and sudden decrease of pyrexia, a return
to a "high reading" when the flow was stopped
again a fall on discharge occurring. I should
mention that in both instances the establishment
of discharge was followed by profuse diarrhoea
in this case there was no suspicion of miscarriage
or other abnormal uterine condition. Patient having
 menstruated healthily 2-5 days previous to attack.
The circumstances of this case seem to me to
establish a "rational" for such bleeding
in certain purpurale cases - when a
sudden hyper-pyrexia occurs combined
with cessation of lochial discharge and
where as in unusual case the patient is being
apparently "bled" by the severity of symptoms.
As regards bleeding by means other than Guncel
(Syring Leech or mere Cuffing) it is unreliable.
Furnish except for very local conditions.
The quantity of blood removed can never be
accurately gauged. Have tried again and
again with Leeches to establish the average amount
"drawn" by each animal- but the quantity
enched & the after flow from "bite" almost
invariably vary, due doubtless partly to activity
of Leeches on one hand & susceptibility of patient's
skin to the bite on the other.

That such a remedy as Incision is so
completely neglected seems a pity, its former
abuse is no reason for now ignoring it.
The manual dexterity even in irregular cases
required to perform it is small and in suitable
cases the results are satisfactory.
The objection previously mentioned that in a
few hours bale of blood is restored but poorer in
quality- may be answered by saying that by
by proper "medication" the new blood is pure
and by suitable "dietetic" may soon be
made as rich.
Thermoscope In a note on treatment of Engorged Breasts by Potas Bronn mentioned the importance of frequent observation of the temperature of the two breasts. To save time and as being less expensive (in case of accident) instead of the surface thermometric type Seguin's Thermoscope a little modified with Fig.

It consists of a glass tube Fig long bore A of a line bore A with Ball at end B with an adjustable Scale C. To prepare for use heat Bulbo short time over lamp - - water with charcoal quickly plunge open end about an inch into cold water when only long enough to allow a drop to enter, this if operation done eminently will run up to near Bulbo forms the Index - make a Scale C so that Index is at Zero. A little twisted paper will protect it from heat of operator's hand. It may now be used by applying dog to Breast. In 10-15 secs Index will attain its maximum, but it is instructed to compare rate of rise on healthy unaffected sides by noting height at 5, 8, 12, 15 secs by watch. This little instrument will show the center of a subfebration & by its use I have been able to anticipate the direction of Wandering Epilepsy 12 to 16 hours before any redness showed in skin. It was invented by Dr E. Seguin new York.
FIG. V

STEM PESSARY WITH STEEL TIP "A" INTRAUTERINE

RING "C" PESSARY WITH METAL EXPOSED AT 2 & 9 TO PARSE OF ATTRACTION

BELT WITH ACCUMULATORS

"A" IRON MAGNET "B" WIRES "W"
An Electric Magnet Pessary. Displacements do not exactly come under the head of gynecological maladies, but are frequently the result of conditions caused by childbirth that have ventured to describe here a pessary which has stood me good stead when others failed. The principle of action is the known fact that electricity acting on soft iron converts it into a strong magnet.

The pessary is constructed as follows (vide fig.), a comfortable belt is fitted to patient at the back of this are attached to small electric accumulators. A connection is made between these accumulators by wires in substance of belt. The womb being desired to position a watch spring pessary C is introduced in this part of the steel spring is left uncoupled. A connection by wires between the accumulators to iron plate is now made. If the amount of magnetic attraction will be found sufficient to retain a womb up in the most relaxed vagina in case of flexions a Vulcanite hot water bottle may be used having a steel laced harness according to direction of flexion the magnet placed in front behind, and side.

A lady has just written me from Paris saying that she had been travelling for a year with the "Ring each foot" it is happily previously no kind of unfruit kept her Word.
In concluding these remarks the result of personal observation would do so with a plea to "those in power" for the better equipment of Semin Students or Young Practitioners to enable them carry out in their daily work observations in regard to the relations of Disease. Things, which may not only be useful to themselves, but others.

The old apprentice system had the tendency to foster this faculty of observation, but in these days we can return to that happy-go-lucky method. It seems to me that to make a successful medical man a student should be supplied with opportunities to acquire a knowledge of Therapeutics equal at least to those afforded in Anatomy, Physiology, Pathology.

Anatomy has the charm of Directing your attention to those afforded in Anatomy, Physiology, Pathology its Practical Class with "View-section" as far as it is instructive and beneficial. Pathology has the Pot-Motion, the microscopical readiness to the eye, with the semi-legal study of "medicolegal" evidence: has its thrilling stories of lesions in toxicology; but it is left to the "Professor of materia medica" to make what should be perhaps the keenest interest.
of all out of a hundred class lectures.
With the present provision made for the teaching of this subject by the Medical Council Corporation it redounds purely to the credit of the Professors that students possess a knowledge of therapeutics at all. The information gained at the Dispensary, or in a Practical Class where the work is confined to making up "blackboard prescriptions" can only be of an evanescent nature. Unless there is some connection established between the Remedy and the Malady the interest excited will be trifling.
In such a School as the Edin. & University, with the Clinical Wards attached, what stands in the way of establishing a Practical Class in the Infirmary? A Class both for Dispensing & Investigation, where the student under the Professor's Assistant's care would dispense prescriptions which had been thought out by the foremost Clinical Authorities, where they could follow out effect of the Remedy on the Disease, and the interest excited by each work might result in original observation. Until some such help is afforded the Prof of Med. Sd. Students will pass on not so ignorant as an interested in the great subject of Therapeutics.