Thesis
of
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Introduction.

When considering on what subject I should write my Thesis, the question arose in my mind whether it would be better to choose one particular theme, and endeavour to write an exhaustive paper on the matter, most of which would be borrowed from different authors, or to write on several cases and points that have occurred in my own experience, and try to make my thesis of some practical value and so add a small quantum to our knowledge, however small and however trifling that addition might be.

I have chosen the latter course because I felt that however much I might have looked up authors, and collected facts, and put them together, yet I knew by that means I should not add one iota to the knowledge already known on
on any particular subject I might choose, for all I can find in authors is already well known to the Professors of my University, as I will know from the really magnificent lectures I had the pleasure and the privilege of listening to when an undergraduate, and which will never be forgotten by me. Although I have set myself a harder task to write "Notes and Remarks" for nothing would be easier than to look up authors and write a Thesis accordingly, yet I do so in the hope that my experience and personal observations may prove of some slight value to the advancement of knowledge in the Profession to which I have the honour to belong.

It is my present intention, should it please God to spare me, to write a book later on in my life containing facts etc. observed by myself, useful hints to young practitioners and such like details, as a work of that sort is in
in my opinion greatly needed; besides which I cannot help remarking that advancement in medical knowledge does not progress as rapidly as it should do, especially as regards what one may call Specifics for certain diseases, because Medical Men do not as a rule give to the profession the benefit of their experience, but keep it to themselves either because they will not take the trouble to communicate their observations, or for other reasons.

The above remarks do not refer to our Lecturers who I am sure give us every information in their power, but to the general mass of Medical Men whose experience must be most valuable if they would only let others have the benefit of it. There is undoubtedy a lot of information that it is quite impossible to convey to another person: for instance, one frequently diagnoses a case and treats it with certain remedies with excellent results;
results; and yet if asked for logical reasons for your diagnosis or treatment you really could not give them—shall I say common sense or instinct has guided you in such cases?—at any rate a certain mental condition exists which enables you to draw conclusions from presented objective and subjective facts, which conclusions might not be drawn by another individual, or if they were he would have obtained them in a different way.

Intuitive knowledge of this sort cannot of course be explained to others, and is useless except to the individual; and doubtless the more deeply read and the more logical one is, the less our conclusions are arrived at by intuition, and further, I have frequently noticed that the gentler sex often come to their conclusions very quickly owing to their doing so by intuition, and not by logical argument, the result of which is, that when dealing with difficult
difficult subjects their conclusions are frequently incorrect, and thereby render themselves unfit for certain avocations of life which some of their own sex at the present day are anxious they should take part in.

But there is knowledge which we can, and which we ought to communicate to others — we find certain diseases benefited or cured by certain treatment — that there is a fact, and a useful one; if we can explain the why and the wherefore such treatment is beneficial all the better, but if not at any rate the fact is worth recording and worth making use of — some say such treatment is empirical and condemn it accordingly — it is empirical, but what of that? our duty is to benefit mankind — if you can do so logically all the better, but if you cannot find out the reasons why a certain drug cures a disease it is nevertheless undoubtedly our duty to use it.
In this Thesis I shall endeavour to record a few observations made during the past few years, and should my comments on some subjects be short, I must ask for your indulgence as my time is so taken up with the duties of a large London Suburban practice.
Combined Midwifery Forceps
of
Sir James Simpson & Dr. Barnes.

The first subject I wish to bring forward is that of a modified form of Sir James Simpson's Midwifery Forceps, which although I had made more than five years ago I have never described simply because I was anxious to first write about them in my Thesis to my University. With this Thesis I beg to forward a pair of the "Combined Midwifery Forceps" (as they are now called), and to offer them for acceptance to the University.

After having them made I showed them to several friends, among others to Dr. Galabin, Obstetric Physician to Guy's Hospital, London, who highly approved them, and now a very large number of this form of Forceps is sold by Messrs. Down Bros. of St. Thomas's St. Borough.
Borough, London, in fact they sell for more of this form of forceps than of any other.

At the time I brought them out I was holding the appointment of Resident Obstetric Physician to Guy's Hospital, London, and I had these Forceps made in August 1880 by Messrs. Krohne & Seseman of Duke St., Manchester Sq., London; this, I would wish to say on passing, was before I had spent my second year of residence at Edinburgh, that is to say I had passed my Final examinations for the Membership of the Royal College of Surgeons of England and for the Licentiate of the Royal College of Physicians, London, and also my 1st and 2nd Professionals for the Degree of M. B. of the University of Edinburgh, but had not then gone through my courses of lectures for my final M. B., and therefore had heard nothing of Professor Simpson's admirabletraction.
Fraction Forceps; in fact I fancy the course of Midwifery Lectures I attended in the winter months of 1880 and 1881 was the first course in which Professor Simpson mentioned those particular instruments.

My attention was drawn to the subject of Midwifery Forceps because I was not quite satisfied with either Sir James Simpson's or Dr. Barnes' (these being the two forms almost entirely used).

As regards Dr. Barnes', my great objection was to the handles; you had nothing you could get a firm hold of, consequently you could not pull with sufficient strength for your hands were apt to slip — the handles were also of a bad shape.

Sir James Simpson's handles on the other hand were all that could be desired; a good size, firm to hold, impossible to slip, and further having the two hooks which enabled one to get a good grip, and exercise any amount of
of traction without unduly compressing the fetal head.

As regards the blades — I considered the anterior curve of Sir James Simpson's a trifle too great, and I preferred a blade more like Dr. Barnes', but with slight modifications, which it is difficult to describe, but can easily be observed on comparing the two, one detail being that the greatest width of my blade is 3 1/6 inches, whereas that of Dr. Barnes' is 3 inches.

Then there was a fault I had to find with both, namely, in any cases that were at all high the forceps locked inside the bulva; consequently I came to the conclusion that if I had a pair of forceps made with handles & lock like Sir James Simpson's, but from the lock upwards (with slight modifications) like Dr. Barnes', including the ring which I think of great value when combined with Sir James Simpson's hooks, I should get a forceps as nearly perfect as
as possible; but so as to prevent any chance of the lock being inside the valve in high cases, I had my Forceps made 9 2\(^\text{nd}\) inches from lock to end of blade, whereas Dr. Barnes' are 9 1\(^\text{st}\) inches and Sir James Simpson's 8 1\(^{\text{st}}\) inches; mine being 7\(^{\text{th}}\) of an inch longer than Dr. Barnes' from the lock to the top of the ring, the shanks the same length, and my blades 7\(^{\text{th}}\) of an inch longer than Dr. Barnes'.

Description of the Forceps.

The handles and lock are the same as in Sir James Simpson's.
The ring above the lock is similar to Dr. Barnes' but 7\(^{\text{th}}\) of an inch longer.
The shank is the same as Dr. Barnes'.
The curved portions of the blades are similar to Dr. Barnes', but are 7\(^{\text{th}}\) of an inch longer (viz: 7 inches), and 7\(^{\text{th}}\) of an inch broader at the widest part.
The fenestrum is 1 5\(^{\text{th}}\) of an inch at the widest part.
The interval at the ends of the blades is the same as in Sir James Simpson's, viz: 1 inch.
The length from the end of the handle to the end of the blades is:

- In Sir James Simpson's 13\(\frac{3}{4}\) inches.
- In Dr. Barnes' 14\(\frac{3}{4}\) inches.
- In The Combined 15\(\frac{1}{8}\) inches.

These Forceps were accordingly made for me by Messrs. Krohne and Seesman, and very excellent I found them.

At the end of September 1880 I went to Edinburgh for my second year of residence, and then heard Professor Simpson describe his Axis-Fracture Forceps.

The advantages I claim for these Forceps are:

1. Their length.
   - They never look inside the pelvis.
2. They combine the good points in both Sir James Simpson's and Dr. Barnes'.
3. Simplicity, as compared with the Axis-Fracture Forceps.
4. Fracture is able to be exerted in the proper
proper direction, as it is with the Axis-
Traction Forceps.

By using the ring in combination
with the hooks you are able to
direct your pull in whatever
line you like; for by passing
two fingers of the left hand
into the ring and pulling in a
more or less backward direction,
at the same time as you pull
in a downward direction with
the right hand by means of the
traction hooks, you get the
resultant of these two forces
acting in a line with the axis
of the inlet of the pelvis, the
outlet of the pelvis, or of the
varying axes of the cavity of
the pelvis, according to as you
may desire, as the head progresses.

I do not pretend to say that the
traction is exerted in nearly so
perfect a manner as with
the Axis-Traction Forceps, that
It certainly is not, but what you lose in this respect you more than gain in simplicity of application and removal.

I do not claim for these Forceps superiority over Professor Simpson's Axis-Traction Instruments, which I consider perfect from a theoretical point of view; but with all due deference, I do think that these Combined Forceps are better from a practical point of view.

My reasons for this conclusion are:

1. The Axis-Traction Forceps are undoubtedly complicated. The Axis-Traction Forceps would not be, and possibly are not, complicated to anyone who is constantly using Midwifery Forceps, as an Obstetric Physician would be; and for those practising in that speciality they undoubtedly could not do better than use them; but I am considering the great mass of Medical Men, that is to say, the General Practitioners.
Now how about them?
A general practitioner who gets 150 confinements a year has a very large practice, i.e. 3 a week; the majority of our profession does nothing approaching that number, nevertheless for the sake of argument let us take the average of 100 accouchements a year for a general practitioner; this would average, say 4 Forceps cases in 12 months, consequently if he used a very complicated instrument he would be liable to forget details concerning it, and consequently endanger the mother or child; and, again, Midwifery Forceps are not like many other instruments we use for operations, which we have time beforehand to read over how to use them; quite the reverse, you must have thorough knowledge in every detail as regards the use of your Midwifery Forceps at your fingers ends, for you never know when you may want to use them; and I think the best proof I can possibly bring forward how
details are apt to be forgotten by the general practitioner cannot be more fully exemplified than by the very fact that Professor Simpson himself considers it necessary to have stamped on the handle of the left forceps "Left — Sower — First". What more convincing proof can you have that details are forgotten when it is necessary to stamp that on the handle — a detail which one would think would show the greatest ignorance of the most elementary knowledge in connection with the forceps; and yet I quite agree with Professor Simpson in thinking such a precaution is necessary.

But when you put the Axis-Fracture Forceps into the hands of men who require such details as that to be written down under their very eyes, think for one moment what risks Mothers and children run when the fixation-screw has to be fixed at "a point that will " secure a degree of compression at once safe
"safe and sufficient. If the compression be
too great, the child's head will suffer; if
it be too slight the forceps will slip."

(vide paper on Axis-Traction Forceps by
Professor Simpson, page 14, lines 32, 33, 34 + 35.)

This danger of the fixation-screw I freely
admit is nil in the hands of an experienced
and constant user of the Forceps; but is it,
can it be nil in the hands of General
Practitioners who use it but seldom?

Let me however repeat that in the
hands of an experienced man, and I
mean by "experienced" one who is constantly
using the forceps, I consider Professor
Simpson's instruments perfect, both
theoretically and practically, but that
for the Profession generally I cannot
consider them perfect from a practical
point of view.

2. Danger in using the Axis-Traction
Forceps in certain cases.

There is another danger to which I wish
to draw attention, and which is not
imaginary on my part. Professor Simpson's
"Rule
7th Rule of the Preliminary Rules mentioned in the publication above referred to is "Anaesthetize the patient."

Now in private practice it is a very exceptional proceeding to administer chloroform to apply forceps for several reasons, among which I will mention two:

(a) Private patients, as a rule, would object to pay another fee for another Medical Man to give chloroform, simply because forceps were necessary, unless there was some specific reason, such as the patient being of a highly nervous or sensitive nature; for we have now educated the bulk of the population upon looking at the application of the forceps as nothing formidable whatever, and it is a great mercy and a grand professional triumph that we have been able to so educate them; and my own practical experience has taught me over and over again that the popular objection to chloroform is far greater than to the application of the
the forceps, and this is only natural, for I myself must admit that although the danger from Chloroform is exceedingly slight, still there is less danger per se in the application of the forceps, as I look upon that obstetric operation as being almost dangerless per se in even moderately experienced hands, and it must be remembered that our masses are not wealthy, and if you add on another Professional fee to the already heavy outlay entailed by a Confinement the practical question of money has unfortunately to be taken into consideration.

(b) One frequently is unable to obtain the help of a Professional brother to give Chloroform owing to distance, even in the British Isles, not mentioning our Colonies and Dependencies. And as regards both giving the anaesthetic and operating oneself, doubtless many will not disagree with me when I state that it is my most emphatic opinion
opinion that such should not be done unless absolutely necessary; I mean of course the giving of Chloroform so as to render your patient insensible, and not the partial administration one sometimes uses to relieve the great suffering experienced by some women during their pains.

This is a point I feel very deeply on, as I consider it one man's duty to administer the anaesthetic and attend to the patient whilst in an unconscious state, and I never will (unless under exceptional circumstances) give Chloroform and operate as well; for you either have to divide your attention between your patient's condition and the operation, or hand over your insensible patient to the tender mercies of a nurse who is utterly ignorant as regards the dangers that may arise under Chloroform; I have performed the double duty, but it has been out in the country, where it was impossible to
to get help in time.

If therefore you are putting on forceps, as one generally does, without your patient being under chloroform, it is very important to have an instrument which you can slip off very readily and quickly, and I ventured to think I could remove Sir James Simpson's or the Combined Forceps in a shorter space of time (and seconds are of importance in such cases) than the most experienced would remove the Axis-Fracture Forceps, and I am quite sure I would do so when the Axis-Fracture Forceps were in the hands of any General Practitioner; and it is in these very cases where rapidity means the patient's life that simplicity is of the greatest importance, and apart from the fact that the fixation screw has to be released, and the right rod set free which would take time, especially the latter performance in inexperienced hands, you have the disadvantage
disadvantage of the traction rod on the Right blade, and the traction rod and handle on the Left blade liable to catch in the bedclothes etc., and so impede your removing the blades when your patient was moving and wriggling about the bed.

I am sure it has been in the experience of all of us to have cases of this sort where the promptest action in removing the forceps was necessary in order to prevent the patient doing herself great harm and injury.

I wish it to be clearly understood that my objections to the Axis-Traction Forceps do not apply when used by experienced men with professional help at hand to give Anaesthetics, but only apply to General Practitioners, who however make up the bulk of our profession.
I felt great diffidence and timidity in bringing up and discussing this subject feeling how unworthy I was to do so; but I also felt it my duty, and therefore have not flinched from stating my opinions openly, knowing that they will be received in the same spirit in which they have been written, viz.: an honest desire to increase our knowledge and a wish to benefit mankind.
A simple form of Binder.

The want of a really good binder in Midwifery cases has frequently occurred to me; a binder that would be efficient, cheap and easily made; and such points I venture to think will be found in the one which I am now going to describe, and a pattern of which I forward with this Thesis.

I have tried most of those which are sold by various instrument makers, but none have been perfect, and at last I thought of a very simple plan which as far as I know is original, and which on trial has proved most efficient in every respect, and all my patients describe it as being exceedingly comfortable, and the nurses always say how easy it is of application.

How to make it.

It can be made from an ordinary jack-towel; or material, similar to that of which the binder forwarded is made,
can be bought for the purpose.

Three measurements are required to make it a really perfect fitting binder:—

(1) Round the upper part of the thighs, the tape passing just over the pubis in front; this gives you the lower border of your binder.

I say round the upper part of the thighs and not round the hips proper, because one of the secrets of a comfortable binder is that its lower border should pass over the pubis.

The piece of material to make the binder should be about 12 inches longer than the above measurement.

(2) Round the lower margin of the ribs; this gives you the upper border of your binder.

(3) From the pubis to over the lower ribs; this gives you the depth of your binder.

Four pleats, two on each side, should be made, starting from the upper border of the binder and running rather more than
than half way down the depth of the binder, getting narrower as they go down; these pleats should be of such size that it makes the upper border correspond with the measurement round the ribs, plus of course 12 inches as mentioned above.

These pleats must be made carefully so that they are smooth on the inside.

The effect of these pleats is that the binder fits into the figure much better, and also brings all the slots (as described below) down the middle line of the body in front, and not crooked as they otherwise would be.

The pleats being made, four slots are cut about 3 inches from one end of the binder, in a line with each other along the width of the material; these slots should be taped round for the sake of neatness and strength.

The other end of the binder should now be cut into four tails, each of which should be 8 or 9 inches in length; the raw edges should be turned in and oversewn.
oversewn.

Your binder is now complete.

How to apply it.

The broad end of the pleats are, it must be remembered, on the upper edge of the binder.

The lower edge is to pass just over the pubis.

The tails are passed through the slots, pulled tight, turned back, and fastened with safety pins to the binder.

A deeper folded to about the width of 4 inches should be placed longitudinally underneath where the slots will come, as otherwise the skin would show through the slots which are stretched open a little when pulled upon.

I have put no perineal band, because experience has taught me how really useless and uncomfortable that addition proves to be, and as this binder can be readjusted with, such ease, it is absolutely unnecessary.
It has taken some time to describe the making and application of the binder, but a reference to the two diagrams below and to the binder forward will show everything at a glance.

The Binder before application:

Front view of Binder when applied:

Advantages.
Advantages.

1. Efficiency.
   It is exceedingly comfortable, in fact more so than any kind I have come across and fulfils the requisites of a binder in every respect.

2. Simplicity.
   It can be made by anyone from an ordinary jack-towel.

3. Cheapness.
   It is not necessary to buy any material for its make.

4. Easy of Application and Re-application.
   A binder to be comfortable wants to be tightened up and seen to frequently; with this binder that can be done, and the patient made comfortable, with the greatest ease; and it can be made as tight as the patient likes for there is no necessity to pass one hand down the inside of the binder in order to pull it and pull the binder tight as is requisite with most binders.

5. The Patient being able to tighten it.
up herself if necessary.
This is of importance to poor people.

Before leaving this subject I should like
to say that it is better and more comfort-
able for the patient to have a pad made
of two or three folded diapers placed on
the abdomen underneath the binder; and
it was pointed out to me by a friend
of mine, and I have found it to be correct
that the best way to fold the diapers for
this purpose is in the shape of a
triangle, the apex being placed downwards
towards the pubis.
Case of Accidental Hemorrhage.

This case occurred when I was in practice at Exmouth, Devon.

One morning, when driving through one of the poorer streets, a woman stopped me, and asked if I would come in and see her daughter, who seemed dying—on going in I found a poor woman in bed, age 24 years, the mother of 2 or 3 children, then pregnant at full time; she had not engaged me for her confinement as she purposed having a midwife.

I found her in a condition of extreme collapse; great pallor of surface, cold and clammy, sighing respiration and anxiety of face; quick, feeble and easily compressed pulse; in short, the symptoms attending very severe loss of blood; there was some what intense localized uterine pain on the left side, but no labour pains; the
bedding, including mattress, was saturated with blood, and it had also gone through on to the floor.

On vaginal examination I found the os just admitted the top of my index finger; the membranes had not broken.

It was clearly a case of typical Accidental Hemorrhage, that is to say, hemorrhage due to separation of the placenta before labour had commenced.

The only possible condition it might have been mistaken for, was Rupture of the Uterus; but this evidently had not occurred for I could feel the membranes with my index finger, get ballotement and also make out the outline of the uterus through the abdominal walls.

The history I obtained was that she had been scrubbing out a house the day before, and the loss of blood and tearing pain came on early the next morning.

It was evident that treatment would have to be immediate and decisive, or the woman would quickly die from loss.
loss of blood.

I sent off for my Assistant to come down at once with my Midwifery bag, which luckily I always kept ready with everything I could possibly want for any case that might occur.

I decided to empty the uterus at once and as rapidly as possible, that being my only chance.

During the short interval that elapsed before my Assistant came, I administered brandy, fatal syncope being imminent, and got the woman into a convenient position without moving her more than I was absolutely obliged; her pulse was over 150 per minute and dreadfully thready.

My Assistant having arrived with the bag I injected 20 minims of 1/5% ether Sulph. subcutaneously.

All the time I was carrying out the treatment described below, my Assistant kept one hand on the patient's pulse and every minute or two told me its
its condition, and judging accordingly, I ordered Ammonia with ether and a little water internally, or the subcutaneous injection of Sph. Ether. Sulph.; besides this the patient's face all the time was being sponged with Eau-de-Cologne and fanned.

The first thing I did was to insert the smallest of Barnes' Bags, and when it had done its duty, the second size, and when that had dilated the os as much as it could I put in the largest size, and it was not very long before dilatation was complete and I was able to apply the forceps to the presenting head, having ruptured the membranes as soon as the os was fully dilated.

The forceps went on very easily, and I soon delivered the child, following the uterus down, with one hand on the abdomen; with the child, or rather immediately following, came the placenta and several large clots of blood. The uterus however would not contract.
friction of the abdomen had no effect; I then poured cold water on the abdomen and slapped it with a wet towel, but that was of no avail; I then passed one hand into the uterus, and used friction with one hand inside and the other on the abdomen, but it was in vain; during this time which did not occupy me long, lots of blood was going on and the woman getting worse, notwithstanding the Ammonia and Sph. other Sulph. internally and the latter also subcutaneously; by this time the ice arrived which I had sent for at an earlier stage of the proceedings, and by means of a Higginson's Syringe injected very hot and then ice cold water alternately into the uterus with the most marked benefit in a very short time, the uterus contracting down splendidly; it had however a great tendency to dilate up again, but it never did so to any great extent owing to my using continued gentle friction on the abdomen and putting ice into the vagina; besides which, doubtless the
the Ergot which I administered also helped.

Having got the uterus firmly contracted
I handed over the care of that organ
to my Assistant and attended myself to
the patient's general condition which was
most alarming and getting worse; for
some time past she had kept on
swooning off into dead faints, and the
pulse could hardly be felt at the wrist,
notwithstanding the administration of
stimulants and the subcutaneous in-
fusions as mentioned above which she
had had from time to time.

Soon after I began attending to her
general condition, the state she was
in can be best imagined from the
fact that the pulse could not be
felt at the wrist and I had to keep
one hand over the apex of the heart
in order to tell whether it were beat-
ing or not, and for a few moments I
could not even feel that, and I looked
up to her Mother who was leaning over
the
the bottom of the bed and said "She is dead"; but the next moment I felt a slight flutter under my finger and set to work again with renewed energies, beginning by the immediate subcutaneous injection of another 20 minims of Sph. Ether. Sulph., followed by artificial respiration at once. She gradually came round and before I left I managed to get her to take a whole tumbler of Brand's Essence of Beef. Either my assistant or myself kept one hand on the abdomen for over 5 hours after this time, so as the uterus should not have a chance of dilating up again as the slightest loss of blood would have been fatal. The child was of course born dead. The good woman made an excellent recovery without one bad symptom, and was out walking about in less than five weeks, looking pale of course, but very well in health, and rapidly regaining
regaining her strength with the aid of iron tonics.

I cannot over-estimate the value of the Subcutaneous Injection of Spirit Ether sulphure in this case; it most certainly saved the woman's life. The amount altogether that was injected amounted to several drachms.

The effect almost immediate, of the alternate injection of very hot and of ice cold water into the uterus is also well worthy of notice, for it answered when all other means had failed.

The injection of Inj. Ferri Perchlor, or of the Tonic would of course have been resorted to had the above failed.

It was a case in which Transfusion of Blood would have been well worthy of trial, and I should have performed that operation if I had had the means at hand with which to do so.
Case of Accidental Hemorrhage.

Recovery.

This case occurred last month (March 1886) in my practice at Streatham, London S.W. It differs from the previous case of Accidental Hemorrhage in the important fact that there was no External Hemorrhage, and therefore the case was somewhat more difficult of diagnosis. The woman, age 33, had had several children previously; about 3 or 4 weeks before the expected date I was sent for, and found her somewhat pale, pulse 120, pains slight and far between; there was localized pain in the abdomen at the upper part of the uterus, but not at all severe.

On vaginal examination I found the Os slightly dilated and the membranes not broken; head presenting. There was no external hemorrhage at all, and the uterus very little if at all larger than it should have
have been.
On enquiry I got a history of her having been washing the day before and carry-
ing baskets of clothes from the wash-
house to the yard, and there hanging them up.
I diagnosed slight detachment of the placenta; but there was no good indi-
cation to interfere with nature, as although the pulse was 120, yet she had not slept at all for the night (it was then 10.30 a.m.) owing to the pain she was in, and I felt sure a lot of her exhaustion was due to want of sleep, so I gave her Opium and left her for a time having put on a binder so as to check further internal hemor-
rhage if possible.
On returning in a few hours she was feeling a little better, having had some sleep; the pains were going on much about the same; os a little more dilated; no external hemorrhage.
I watched her for two days during which
which time I administered Opium when necessary; the os gradually dilated without any loss of blood and her general condition rather improved than otherwise owing to the Opium giving her rest. On the second day I delivered her of a still-born child, which had evidently been dead about 3 days; I got the placenta away very soon afterwards by expression of the abdomen and with it came two or three rather large clots; she lost hardly any blood, the uterus contracting well. I ordered antiseptic injections which were continued for a week; she never had a bad symptom and made an excellent recovery.

In both these cases of Accidental Hemorrhage the detachment of the placenta was due to over-exertion, but in the one we had External Hemorrhage whilst in the other case there was none. In the second case I think interference would
would have done harm, for the woman improved during the two days she was having rest by the aid of Opium, whereas in the first case a moment's delay would have meant death.
Case of Spontaneous Version.
Recovery.

This case occurred in my Exmouth practice in Devonshire, and is interesting not only because such cases are rare, but also because it happened in a primipara and without any laceration of the Perineum; was brought about, at any rate partly, by the administration of Ergot, and the Mother made a good recovery.

The patient was a healthy, well-developed young woman, aged 22, the wife of a painter.

I was called to her in the early hours of the morning, and found the head presenting in the 1st position of Paegele; the case progressed slowly but satisfactorily, and being a Primipara I in no way hurried it, there being no indication to do so; time went on and the child was born at 9.30 a.m. after a very good labour.

Previously to the birth of the child I had
had poured two drachms of Ext. Ergot. Leg., into a wineglass with a little water, intending to give it directly the child was born; as I was anxious to get home as quickly as possible after the placenta had come away, because I knew there would be some 20 or 30 people waiting at my Surgery to see me, and therefore I did not want to remain for an hour, as is always my custom, so determined to administer the Ergot directly the child was born so that it would take effect by the time I had separated the child, expressed the Placenta etc.; consequently immediately on the birth of the child I told the nurse to give the patient the medicine whilst I was busy separating the child; this happened before I had passed my hand over the abdomen to make sure there was not another. Before I had finished tying the umbilical cord the patient had a violent pain, and on putting my hand on the abdomen I immediately felt there was another child.
at the same moment I made a vaginal examination and to my horror found a right hand and arm at the vulva. I immediately sent off for my assistant to come at once to administer Chloroform, so as to check the violent contractions of the uterus and so enable me to do whatever might have been necessary; that is to say, turn if that had been possible or evisceration should occasion demand it.

Before he had time to arrive the child was born by Spontaneous Version. The pains, or more correctly speaking, the pain, for it was one continuous contraction of the womb, was most intense, and painful to witness; I have never seen a woman in such terrible pain in my life; the case progressed rapidly and the child was born in 20 minutes after the birth of the first.

The presentation was a right Acromio-Anterior with the Dorsum of the child to the front, consequently the Head was
to the Left side of the Mother, the child in the Right Oblique Diameter of the Pelvis and the Right side presenting. Version took place as the child travelled through the Pelvis, as described by Dr. Douglas; and not in the uterine cavity as mentioned by Dr. Donman.

The Mechanism was exactly as described by Professor Simpson, viz:–

1. The child was fixed laterally and folded together.

2. The shoulders descended into the Pelvis; Descent however went on all the time.

3. The Right Shoulder descended as far as it could, that is to say until it got under the Symphysis Pubis, and then Rotation occurred.

4. The Trunk then got folded past the shoulder and the Right side of the Thorax reached the Vulva; the Breech was then born, followed at once by the legs and Body; and thereby The Trunk was disengaged and one had practically afootling presentation.

5. The
5. The head descended and was expelled as in a Breech Presentation, the Occiput being born last, flexion of the chin on to the chest taking place.

When Rotation had occurred the Body of the child was nearly in the Antero-Posterior Diameter of the Pelvis, the Right Shoulder was under the arch of the Pubis, the Head above the Symphysis, and the Breech was near the Right Sacro-Iliac Synchondrosis. The whole of the child was born very rapidly, for directly the Breech was expelled the lower extremities followed, immediately succeeded by the Head and Left Arm, the chin being well flexed on the chest. The two Placentas came away at once, and there was no hemorrhage, the uterus continuing the tonic contraction which had been present almost from the moment the first child was born. No laceration of the perineum took place beyond
Beyond that which always occurs in a primipara, namely, rupture of the fourchette; I took care to properly support the Perineum as the breech was being expelled, and also rubbed into it a plentiful supply of vaseline as well as applying hot sponges to the part.

The patient made an excellent recovery without one bad symptom.

The first twin was born alive and lived, the second twin was of course born dead. In this case we had present the three favourable conditions mentioned by Professor Simpson in his lectures, viz.:-

1. The child was small, and a second twin.
2. The child was dead.
3. The canals were roomy.

It is however worth noticing, that the case was a primipara, that no laceration of the Perineum occurred, that no bad symptom showed itself and that the woman made an excellent recovery.
recovery.
I cannot help thinking that the ergot I administered had a great deal to do with the tonic contraction of the uterus which took place; although that contraction occurred, one would think, almost before it was possible for the drug to have had time to act; at any rate, that was the first time I had ever administered ergot before examining to see if there were not another child, and it most certainly will be the last; every moment I was fully expecting rupture of the uterus to occur, and if it had taken place I should have blamed myself entirely for the occurrence.
Case of Induction of Labour.

This is a case that was under my care when Resident Obstetric Physician to Guy's Hospital, London, and is of interest because the occasion on which I Induced Premature Labour was the 11th time that the woman had had this operation performed.

The patient was aged 38, and I admitted her on August 23rd 1880.

Her History was as follows:

Bun married 17 years.

N° of full-time children, 2; both born dead.

N° of Premature Deliveries (all induced) 10; of these, 6 children were born alive, and 4 born dead.

1st Confinement was at home, and full time; Dr. Phillips (then Obstetric Physician to Guy's Hospital) was called in, Chloroform was administered, and the child was born dead.

2nd Confinement was at home, and full time; Dr. Braxton Hicks (then Obstetric Physician and now Consulting Obstetric Physician to Guy's Hospital) was called in, Chloroform was administered, and the child was born dead.
As regards these two confinements I could get no further history, all she knew was that she never saw the children and did not know their sex, and judging from this, and also from the fact that chloroform was given her, combined with the subsequent history, I think we may fairly conclude that the children were destroyed.

3rd Confinement was in Guy's Hospital; labour was induced at the 8th month; the child was born alive and livid.

4th Confinement was in Guy's; labour induced at 8th month; child born alive and lived 5 months.

5th Confinement was in Guy's; labour induced at 8th month; child born alive and lived.

6th Confinement, the same as 5th.

7th, 8th & 9th Confinements all took place in Guy's; labour was induced at 8th month; all three children were born dead.

10th Confinement was in Guy's; labour induced at 8th month; child born alive and lived.

11th Confinement was in Guy's; labour induced at 8th month; child born dead.

12th Confinement was in Guy's; labour induced at 8th month; child born alive and lived.
No further details could be obtained, as regards the method used for Induction etc.
She also stated that she nearly always had flooding; often before, but generally after, delivery; several times this had been very severe.
The date of the last pregnancy was 18 months since.
Was last unwell in the middle of December 79.
Measurements of Pelvis:

The Diagonal Conjugate was rather under 3½; deducting ½ an inch for the diagonal, would make the Conjugate at the Brim 3 inches.
The External Conjugate was 7 ½ inches; allowing 3 ½ inches for the thickness of the Sacrum and soft parts, and 1½ inches for the thickness of the Pubis, we should again get 3 inches as the measurement of the Conjugate at the Brim.
Between the Anterior Superior Spines of the Ilia the measurement was 9 inches, and between the Crests of the Ilia 10 inches.
The patient was too stout to measure accurately for an obliquely contracted pelvis, but the measurements were about equal on the two sides.
The patient has been very ill in herself for the last 4 or 5 months, passing most of her time in bed; at the present moment she is suffering from Bronchitis.

August 25th, two days after admission, I examined her at 11.30 a.m. and on abdominal palpation found the vertex on the right side just below the ribs; the fetal heart could be heard best in the Right Iliac Fossa. I turned by external manipulation and brought the vertex to the Left Iliac Fossa; after turning the fetal heart was heard best to the left of the umbilicus, was strong and 144 to the minute.

At 11.50 a.m. I passed a No. 12 male gum-elastic catheter into the uterus (without the stilette); it went in easily and I passed it posteriorly between the membranes and the uterine wall.

5 p.m. — a slight show and a few small pains.

By 10 p.m. there had been a good deal of show, and slight pains occurred at intervals.

August 26th, 9.50 a.m. The patient slept pretty well last night — pulse 80 — slight pains continue —
continue — of the size of a 5/4 piece —
catheter still in, but had been expelled
about two inches — good deal of discharge.
9.50 p.m. — very little change all day,
but the catheter has just been expelled so
I replaced it; os a little more dilated;
pains fairly strong.
11.15 p.m. — Patient feeling very weak and
exhausted, and the pains not nearly so
strong as they were a few hours ago; the
pulse is weak but not rapid; os has dilated
a little more.
11.30 p.m. As the pains were passing off and
the patient getting exhausted I decided to
interfere, so withdrew the catheter and
passed in the largest size Barnes’ bag
and filled it with water; the bag was
forced out in about 7 minutes and I
then found the os fully dilated.
Having drawn off the urine, I ruptured
the membranes and then applied the Forceps;
this I did without difficulty and soon
delivered the woman of a male child,
well developed for 8 months; the child,
as I feared, was dead, for she had not
felt it move for some hours.
I expressed the Placenta — the uterus con-
tracted well — pulse 72.

The case progressed satisfactorily in every
respect; the woman making an excellent
recovery and not having one bad symptom.

My notes of the case do not mention
reasons for my turning, and I cannot
remember why I did so, but doubtless
at the time I considered it the best
plan to pursue.
I have made recent enquiries, but she
has not been heard of at Guy's since
my attending her, so presumably she has
not had any more children.
Case of Turning after using Forceps.

This was a case that occurred under me when I was Resident Obstetric Physician at Guy's Hospital, London, in the month of August 1880.

It is of interest because Turning was performed successfully after the Forceps had failed to effect delivery.

I was sent for late one night by one of my Externs to come down to a case which was not progressing to his satisfaction.

On arriving I found a young woman, a primipara, in labour; one examination the head was felt to be presenting in the 1st position of Naegele, and from the report of the Extern it was evident progress had been exceedingly slow; the head was engaged at the brim, os fully dilated, but the pelvis was slightly contracted; pulse 100 per minute, and the patient very well; the membranes had been broken some time.

I decided to wait a little time and watch.
watch the case; the pains were frequent and strong, but progress did not take place and the pulse rose gradually to 120 per minute; I then determined to interfere.

My junior having given Chloroform I applied the Forceps and succeeded in getting the Head a little lower, but there it stuck and nothing would make it progress; after working away for some time I asked my colleague to try, which he did, but with no better result.

I now decided to see if it were possible to gently push the Head back with the object of turning should I succeed, but found it impossible to do so; owing partly no doubt to the fact that the Head was fixed at the brim, and partly because the waters had all drained away and consequently there was no room in the Uterus other than that occupied by the child and placenta, and of course I dare not use any force for fear of rupturing.
reappraising the uterus.
I now reluctantly decided to destroy the child by Perforation of the Head, but not having the necessary instruments with me I had to go back to the Hospital to fetch them; as the patient had screamed and made a terrible fuss when taking the Chloroform, and looking at the fact that by her screams she had aroused the whole street, which was situated in one of the worst slums of London and occupied largely by the criminal classes, I advised my Colleague to keep her well under the influence of the anaesthetic all the time I was away, for should she come round and make much noise again, and ultimately the case prove fatal during delivery, we should most probably have had to fight our way out of the place and have considered ourselves fortunate if we escaped with our lives.
On returning with the necessary instruments I found my colleague had done
done as I desired, and consequently the patient was still fully under the influence of the Anæsthetic.

On examination I found to my surprise that I could now push the head back by means of gentle pressure, consequently I decided to turn it possible, with the greatest care I proceeded to do so passing one hand into the uterus and aiding version with the other hand through the abdominal walls.

The attempt proved successful and I delivered the woman of a full size child, which by the aid of Artificial Respiration etc. we succeeded in bringing to life.

The Placenta came away shortly afterwards with the aid of a little pressure on the abdomen, and the woman made an excellent recovery. The successful termination of this case I consider to be due to the fact that the woman was kept deeply under the influence of Chloroform for
for some time, owing to which the uterine completely relaxed and enabled one to gently push the head back and so deliver by version. The effect of chloroform in thus allowing complete relaxation of the uterus is of the greatest importance when dealing with some forms of complicated labour.
High Temperature during Convalescence from Labour owing to Hepatic Disturbance.

This case was quite unique as far as my experience is concerned; the patient was a healthy, well-developed young woman, the wife of an estate-agent; she had had one child previously to this confinement; the labour passed off well in every respect, but on the 4th day after delivery I found her with a temperature of over 104°F; there seemed nothing to account for it, but on making a careful examination of all the organs I detected tenderness over the liver; a saline purge was administered with the result that directly it had acted the temperature fell, and soon became normal.

The same thing occurred four times during her convalescence, each attack being cured and the temperature going back to normal directly a saline purge was administered. I have never had a case like it before or since; the high temperature was undoubtedly
undoubtedly due to hepatic disturbance which was immediately relieved by Salvars, and the temperature reduced to normal; the tenderness over the liver also disappeared after the bowels had acted.
Value of Binder during Labour in some cases.

I have found in a very large number of Midwifery cases the greatest benefit follow the use of a Binder during Labour. The Binder should not be fastened, but be put round the patient and pulled on during the pains so as to increase the good done by them. Many and many are the cases which I have brought to a successful termination by this means, which had I not employed it would have required Forceps before delivery could have been effected. Its importance cannot be over-estimated, for it is a perfectly safe proceeding, simple, and helps Nature in a reallyScientific way, being a vis a tergo and not a vis a fronte. The cases in which it is of value are various, such for instance as when the Passenger is slightly above the average size, the parts a little smaller than usual, inertia.
inertia of the uterus, exhaustion of the patient, in short, in all cases it is useful, and in many it is of the very greatest assistance.

Speaking of this subject reminds me of another matter which is not attended to generally by Medical Men, and which I consider of great importance as a detail in the management of your case. I refer to the advisability of the patient having her clean bed garments put on as soon as labour commences and tucked up under her arms to prevent them getting soiled; by this means your patient has hardly to be disturbed at all when put straight after the labour is over. If this were always seen to by Medical Men I think we should hear of still fewer cases of Post Partum Hemorrhage, as much movement of a patient after delivery will undoubtedly frequently bring on this complication.
The use of a Shield in Cracked Nipples and
The value of Potass. Iodid. to get rid of Milk from the Breasts.

There are numerous remedies put forward for the cure of that very painful and troublesome ailment, Cracked Nipples.
I find no application heals them anything like so rapidly as the giving them absolute rest; this can only be done by not allowing the child to suck them, and the best means to prevent this is the use of a shield with a nipple attached for the child to suck; if this treatment be followed the cracks will be well in 3 or 4 days; a little Glycerine may be applied if desired.

In cases where the child has died, or for any other reason when it is requisite to prevent the secretion of milk, great difficulty is frequently found to stop the lacteal flow; the local application of Belladonna is often of no avail and unless the milk be drawn
drawn off trouble will follow. In these cases I have found 10 or 15 grains of Iodide of Potassium of the greatest value, and generally only a few doses are required to check the secretion.
Importance of Expressing the Placenta.

May I be allowed to offer my humble opinion as to the enormous value of this detail in the treatment of Midwifery cases.

Professor Simpson in his lectures laid very great stress on its importance, and I can never feel thankful enough to him for doing so.

Over and over again I have found of what immense service it is, and my not having ever as yet had a single case of Post Partum Hemorrhage I believe to be mainly due to Professor Simpson pointing out the great importance of this proceeding.

And I would here like to express, if I may be permitted to do so, my great admiration for the Lectures which I had the privilege of attending at The University of Edinburgh; when I passed my 2nd year of residence at The University I held the three London qualifications.
qualifications, viz.: M.R.C.S., L.R.C.P., and L.S.A., and was therefore in a position to judge of the teaching that was given me; and I have no hesitation in saying that the lectures on all the subjects were by far the finest that I had ever listened to.

I trust I shall be forgiven for the above remarks, but feeling sincerely thankful for the knowledge which I obtained, I could not refrain from taking this opportunity of expressing my thoughts on the subject.
Cure for Ringworm.

Ringworm, a parasitic disease caused by the Trichophyton tonsurans, is perhaps the most troublesome skin disease we have to treat; remedies are frequently brought forward which are said to be certain cures, but when one comes across a severe case they only too often fail; when this disease affects a non-hairy part of the body it is generally very amenable to treatment, but when the scalp or bearded-chin is attacked it is often a very difficult matter to eradicate the disease.

My particular attention was drawn to this subject by a case which was brought to me about 12 months since; it was in a gentleman's son, age 6 years, who had had Ringworm of the head for 5½ years ever since he was 6 months old; he had been under treatment the whole of that time, and under one of the best Skin Physicians in London; consequently there
there is not the slightest doubt that every parasiticide had been tried. It was therefore useless and waste of time to try any of the ordinary remedies, and I therefore began to think the subject thoroughly over. I might here say that the disease when the child was brought to me was confined to a few, some four or five, small patches which had proved themselves proof against all parasiticide attacks. The thought occurred to me how exceedingly deadly and destructive ordinary Salt Chloride of Sodium was to low vegetable and animal life, and therefore why not to the Trichophyton tonsurans; I determined to try it, and accordingly had an ointment made consisting of Baseline and Salt in about equal proportions; this ointment was rubbed into the affected patches night and morning, the diseased areas having been previously shaved; in a few days the places became very sore and a pustular eruption also appeared.
I had the ointment continued a little longer until the places were really very sore indeed, and then stopped the application; after waiting a few weeks I had the satisfaction of finding that all the places excepting two were quite well, and perfectly healthy hairs growing all over them; the two patches referred to above were reduced in size, but a few unhealthy hairs could be seen in them; these two places, more especially one of them, proved most obstinate; but the repetition of the ointment, applied as mentioned above, several times eventually proved master of the situation and in three months from my first taking him in hand the boy had not a single diseased hair in his head, his hair was growing thickly on all the patches, and he has had no return of the disease whatsoever.

This case turning out so satisfactorily I decided to adopt the same treatment with any other children that might come under
under my care, Fortune favoured me, for since then I have had nearly twenty cases and adopted the same treatment in all; some of these children had very large areas affected before I saw them; but in every single case the result has been most satisfactory, the cure being rapid, no excessive inflammatory condition occurring in a single instance, and the hair growing thickly again on all the patches.

In a few cases where the disease occurred on non-hairy parts of the body I found the application cured the disease at once. The plan I adopt is the following:—

The patches having been shaved (when the disease occurs on the head), the ointment is rubbed in well night and morning until the places are made very sore indeed; nothing is then done, but wait until the parts recover themselves and then examine carefully for diseased hairs; it will generally be found that any small patches will be completely cured, but
but in the case of large affected areas you will very likely find a few diseased hairs; these will be cured by a second application.

In no case has the inflammatory condition set up by the Chloride of Sodium ever caused any serious trouble, such as an abscess between the skull and the scalp, nor has it ever destroyed the hair-bulbs, for without exception the hair has grown thickly on every patch to which I have applied this treatment.

There are two reasons in my opinion why Chloride of Sodium cures Ringworm:

1. Its direct effect on the parasite; the drug absolutely killing it, as we know salt does kill low forms of life.

2. The inflammatory condition set up by the way the application is used; this also I think helps to destroy the parasite.

To my knowledge this is the first time salt has been tried for the cure of Ringworm, or even suggested; I have looked the subject
subject up in several authors but can find no mention of it.

Having obtained such satisfactory results from the application of Chloride of Sodium in this disease, I purpose, when occasion offers to try it in other parasitic affections, and I feel very sanguine of good results.

To my mind Chloride of Sodium has a grand future before it as an antiseptic; did not Our Divine Creator make the vast oceans of The World, of Water containing a certain per centage of Salt; and from that large burial ground (for such we may consider it) common to man and the lower animals, there never arises the slightest effluvium injurious to a human creature; if then He in His great Wisdom considered this substance to be the best of all antiseptics, we may feel quite certain that no better exists, and should make use of that which has been provided abundantly for us.
Case of Angina Pectoris.

This case was a most remarkable one, ending in a rapid cure of an attack and has never been followed by any further symptoms of Angina.

The case occurred in my practice at Exmouth, Devon; the patient was a tailor, age 33; he had had one previous attack of Angina Pectoris some months before.

One day I was called to him and found him suffering from a very severe attack, and in a very dangerous condition; great sense of suffocation and the fear of impending death; not much pain, at least not very severe; the pulse was feeble and irregular.

I gave him plenty of fresh air and made him inhale Nitrite of Amyl; besides which I administered Sph. Sulfur. Sulf. Ammonia and other stimulants but all was in vain; he got worse and I was momentarily expecting his death when it occurred to me to inject Sph. Sulf. subcutaneously.
I immediately acted on the thought and injected 20 minims, and in my great haste accidentally injected the Ether directly into one of the veins of the fore-arm. Never in the whole course of my life have I ever witnessed such a miraculous effect follow the administration of any drug; for a second or two the man seemed as if he would go mad, he appeared to be in great pain and threw himself about the bed; in five seconds by my watch he suddenly became quiet, the terribly anxious expression that had been present left his face, and he said "I feel better"; in fifteen seconds from the time of the injection his pulse was stronger, less frequent and regular, and he voluntarily expressed himself as feeling "much better"; in 25 seconds from the time the drug entered the blood-current his pulse was normal, he sat up in bed and said "I feel perfectly well now." From that day to this (for I have just made enquiries by letter) he has never had another attack.
The vein into which I injected got inflamed for about 2½ inches of its length, but this subsided in a few days.

The marvellously immediate effect was undoubtedly due to my fortunately, although accidentally, puncturing a vein and so injecting the Spt. Ether. Sulph. directly into the blood stream which caused the drug to have such instantaneous results.

The fact of his not having had an attack since, I look upon as a coincidence and not in any way due to the treatment. In this case I could detect no organic change in any organ, and therefore think the Angina was due to functional causes.

Since then I have never had another case, but should other patients suffering from the same disease come under my care I shall undoubtedly try the same treatment, as I consider it well worthy of trial; but I should not advise the injection to be made directly into a vein, as that is rather a dangerous proceeding.
The Effect of Atropia in removing Dropsy in a case of Fibroid Phthisis.

This was a case of Fibroid Phthisis, in a woman aged 53, which occurred recently in my practice at Streatham, London. I was first called into her about two years ago and found her very ill with extensive mischief in both lungs, and suffering among other troubles from night sweats and dropsy of the lower extremities.

To stop the night sweating I prescribed Atropia gr. 1/60 made into a pill, one to be taken every night, as I had found the value of this treatment before; the drug had the desired effect, but to my great surprise the dropsy also completely disappeared and never returned up to the time of her death, which took place the week before last, she being unable to withstand the severe winter any longer.

During the two years I was attending her the mischief in the lungs gradually extended
extended, and from time to time she took
the pills to stop the night sweats when
they occurred.
Whether the Atropia did get rid of the
dropsy or not, I do not know; what I
have stated happened, and the drug would
undoubtedly be worth trying in any future
cases.
Doubtless it removed the dropsy by acting
on the muscular coat of the arterioles,
thereby causing their contraction, as we
know this drug has that effect.
Effect of Iodide of Potassium in a Case of Thoracic Aneurism.

This is a case of Thoracic Aneurism which is at present under my care.

The patient is a gentleman, age 34, who from the history must have had this trouble for now over two years.

I first saw him on February 24th 1886, and found him suffering from a Thoracic Aneurism, the part of the Aorta affected being in my opinion the upper part of the ascending portion and the commencement of the transverse, that is to say before the Innominate Artery is given off.

The Aneurism was of some size, giving rise to some pressure symptoms, and causing a very distinct pulsating tumour to be visible on the upper part of the chest on the right side.

He was very out of health, suffering pain due to pressure on nerves; besides which he had an attack of Bronchitis.
owing partly to cold and partly from irritation caused by pressure of the tumour on one or more of the Bronchial tubes, which fact was clearly demonstrated on auscultating the right side of the chest behind, where a localized Bronchus was distinctly audible caused by the partial closing of one of the air tubes.

Up to the time I saw him he had been walking about, in fact taking violent exercise not knowing it was injurious to him.

I treated him at first for his Bronchitis and pain, giving him small doses of Morphia combined with a cough mixture; his condition rapidly improved and in three weeks he was feeling very well indeed.

On March 16th I began the treatment I intended to pursue, namely, large doses of Potass. Jodid. combined with absolute rest in every sense of the word and very strict dieting.

I gave him minute directions as regards his
his making no muscular efforts at all, and also exactly what he was to have to eat and drink.

On the same day I commenced giving him grs. v of Potass. Jodid. three times a day combined with a small dose of Tinct. Gent. C2 and Ap. Chloroform.; on March 23d I increased to 7½ grs. on the 30th to 10 grs., on April 5th to 12½ grs. and on the 13th (yesterday) to 15 grs. three times a day, and I intend increasing up to 25 or 30 grs. if he can stand it. Already there is marked improvement in the condition of the Aneurism; when I attended him at first, the tumour on the right side of the chest could not only be very distinctly felt pulsating, but the pulsation could be seen with the naked eye; whereas now no pulsation can be seen in the swelling, and can only be very indistinctly felt; his general health is excellent, no cough and no pain; the sounds of the heart can be heard on auscultating over the tumour, but not nearly
nearly as distinctly as they could be a month ago.
The pulse at the wrist is certainly weaker and of less tension than before treatment was commenced.
I do not say that all this great benefit, nor shall I say in the event of an ultimate cure, is due to Potas. Iodide; undoubtedly the absolute rest and very restricted diet has had a great deal to do with this result; but the Iodide of Potassium has certainly reduced the tension in the arteries and the force of the circulation, partly doubtless by causing dilatation of the small vessels, and thereby has materially aided in the progress already made.
Ergot checking expectoration in Fibroid Phthisis and Chronic Bronchitis.

Seeing several cases reported of the benefit following the use of ergot given to check that profuse expectoration which occurs frequently in Fibroid Phthisis I decided to try it for a case which was under my care.

I prescribed 3/4 of the Liquid Extract three times a day; the result was most marked for in two or three days the expectoration which had been very profuse was reduced to a mere nothing.

Having obtained such a good result I tried the same drug in a case of Chronic Bronchitis and it certainly did good, but not to that extent which was noticeable in the case of Fibroid Phthisis.

The remedy is certainly well worth further trial.
Effect of Stimulants on Teetotallers.

In dealing with the great and important question of Temperance it has frequently struck me that both Authors and Speakers do not lay sufficient stress on the fact that total abstainers derive far more benefit from the use of Alcohol when ill than even the moderate drinker does. Many are the cases we have all seen whose lives have been saved by the proper use of stimulants, and patients come under our care now and again who would have died had they been even a so-called moderate drinker, but being teetotallers the alcohol has had its full influence upon them and their lives have been saved.

I was particularly struck with this fact about this time last year when attending an old gentleman of 72 for a severe attack of Pleurisy and Congestion of the Lungs; for the first few weeks of his illness alcohol was contra-indicated, but...
then his strength began to fail and I ordered stimulants; he continued in a very dangerous condition for some time and one night I was called up to him to find my patient sinking from failure of heart; I remained with him over 5½ hours giving large quantities of Brandy and hoping against hope; he however rallied and from that moment began to improve and with the aid of excellent nursing at the hands of a loving wife and daughter made an excellent recovery and in a few months was walking about as able and hearty as ever.

His life was saved by Brandy, and had he not been almost a total abstainer for the whole of his life he never could have pulled through that night, and so tided over a very critical time.

Many and many are the cases which succumb owing entirely to the fact that the alcohol we order does not have the effect it should have, because our patients are in the daily habit of taking as
as a food what should be a medicine. This important fact should I think be pressed more than it is upon the general public.

Whilst referring to this case of congestion of the Lungs I should like to record the benefit that I am sure followed from the internal administration of the Spirits of Turpentine; I gave 15 minims in a Mixture with Fracacanta etc. every 6 hours.

It certainly relieved the Congestion, no doubt owing to its astringent action causing contraction of the capillary vessels of the Lungs.
Inhalation of Carbolic Acid to cure Whooping Cough.

Many are the remedies which have been given us from time to time to cure this very troublesome disease, but all have ultimately failed although some appeared for a time as if they were going to master it; we must hope the last remedy will not have to share the fate of its predecessors.

The treatment of Whooping Cough by the inhalation of Carbolic Acid was recently suggested, and I immediately tried on a case I was attending, this method to see if any benefit would accrue.

I placed my little patient in a bedroom and had Carbolic Acid (1 in 80) sprayed about the room, besides which he inhaled Carbolic Acid (1 in 100) every two hours; in 24 hours the whoop had left him and has not returned.

I have had no opportunity of testing it further yet, but I really see no reason why...
why this treatment should not be very successful, as there is now but little doubt that the disease is caused by some germ, that being so why should not Carbolic Acid destroy it.

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