Prophecy of the Americas

J.C. McAllister
Dyspepy of the Amnion.

Hydrops Americosis; Mercury; Hydrope Americ;
Hydramnios of Pregnant Women, Deformat.

Definition. The extra natural distention of the Uterus, by an excessive secretion of Liquor Amnii, giving rise to symptoms of Achat, sometimes with obscure fulmination.

Although the ordinary abdominal distention caused by the enlarged Uterus is in most cases attended by some slight inconvenience, still with a little management, it is not intolerable. But in some cases the quantity of Liquor Amnii is so excessive beyond the ordinary amount, that a considerable distance need to form it.

Retained error distention of the Uterus, excessive secretion of Liquor Amnii, in latter months of gestation, forms one of
Mauriac: Maladies des Femmes.

De La Motte: Traité complet des Ameublements.

Baudelaire: L'art des Ameublements.

De Jordieu: Traité des Ameublements.
most distressing complications of the gravid uterus. In works of earlier writers on diseases of pregnancy, especially those of Mauriceau* and Laënnec, cases are recorded ofDupuy of the Amnion. Similar cases are to be met with in writings of Baudelocque, and Gauclier. These authors are the first who seem to have been acclimated with the fact, that the fluid in this affection is contained within the cavity of the Amnion.

In 1804 Lacassé published his essay entitled, "Observations sur l'amniolyse, hydroce, and amniolytic inflammation, que existent in magnum Amnium Collium, under abortics." It contains histories of three cases of Dupuy of the Amnion and some appearances found in the Amnion, he drew an inference.
that the conclusion depended upon inflammation of that membrane.

In 1817, Barna published a

Review on vitality complicated with pregnancy

but no mention relating to the nature of injury

of the amnion.

It has been more recently revived

by M. M. Desmoulins, Duclos and Derouzet.

The amnion,

"is formed of the evagination of the layer of

small vessels joined on the inner surface

of the amnion which invests the

yolk, with the saccular-like structure

forming in the centre of the yolk, but passing

to its circumference."

The amnion thus

formed embraces the yolk very closely during

the early period and is continuous with the

fetal integument. At a later period it
James D. Reid, Samuel 1:1886-89.
it distended with fluid and then separated from the uterus, and after being reflected upon the uterus, terminated at the Abdominal J awets. It is thin and transparent; firm in texture, and not easily penetrated.

External surface is slightly flocculent, internally, smooth; like some bromides, and like them, denote a bland fluid.

Liquor Amnii.

Is the name of fluid given to that secreted by the Amnion. At first small in quantity, clear and transparent, increasing in slightly quantity towards termination of gestation.

Dr. G. B. Wines* has given analysis of Amniotic fluid which was obtained in a premature labour. Spec. Grav. 1008.6
St. Churchill
In 1000 parts it contained of

Water ........................................... 983.4
Alkali water, Chloride of Sodium ........... 6.91
Alcoholic extract, soluble in water and
Alcohol, base, Chloride of Sodium in the trace.
of Alkaline sulphate ........................... 2.6
Alcohol, trace of fatty matter ............... 5.9

1000 0

The Alkali water decreases in quantity towards
Termination of Gestation.*

The amount at full time varies
from half a pint to one quart,
average about a quart.

The use of liquor Ammic is very
important: 1. it is supposed to arrest antenatal
in the fœtus, in early [fœtal] months of gestation;
2. Preserving an equal temperature during intra-
fœtal life: 3. by diminishing the action of any
sudden commence, hence a. it; causes an equal de
tilation of the uterus during labour. By juster ling the membranes.

Symptoms of Abundance of
Liquor Amnii.

In these cases where the affection is slight, there is little or no disturbance of the system, beyond those arising from distension of the abdomen. The uterus appears larger in proportion to the time of gestation. In a case mentioned by Scarpa, there was great weakness yet of the patient in walking or sitting in an upright position. The bladder generally suffers to some extent from the pressure of the uterus.

This does not appear to be an exception to
Adanna of the lower extremities, as in cases where anything is right. The tongue generally white, the urine scanty. In the apprehended cases, the
London Medical Repository vol. XI.
The symptoms are evidently very severe...  

Dizziness, palpitations, incessant vomiting, fear, cough, edema, anxiety, j米兰gs, etc.

Case.

Miss D. St. Duclos. 41. A lady, aged 33, of a weak and lymphatic constitution, was seized in the second month of her sixth pregnancy with dry and frequent cough, which disturbed her at night. The cough was attended with voice, thirst, dry skin, scanty and.blogspot

leucorrhoea, edema of the lower extremities, loss of

vision, and constipation. Soon afterwards the

pelvis became broad, tense, and painful, and the

uterus enlarged, and the respiration at

the same time is tight and laborious, so

that the patient could no longer retain the
Horizontal position. Hiccup, palpitations, vomiting almost incessant, rendering pains in the loins, sensation of the extremities of the fingers, anxiety, jointing, and dysmenia ensued.

On examination in this state, Dr. Bell recognized an excessive distention, with a more than ordinary elevation of the urinary. This organ seemed to occupy the whole of the cavity of the abdomen. Its origin was directed backwards and towards the base of the sacrum, and the fluctuation of a fluid within its cavity was perceptible. A consultation was immediately summoned.

The pulse was then small and weak; the jaw shrank and objected; the expiration short, labored, and respiration seemed actually impending on hazarding any change of posture. The nature and force of
The case was unanimously agreed on by the consultants, and premature delivery, while acknowledged to be free of danger, was indicated as the worst resource.

Yet some diversity of opinion as to the best means of inducing labor existed. Now, in fact, was the uterine, was the dilatation of the uterus to be effected, in its present high and unfavorable situation. At the subsequent day, the question of artificial delivery was again discussed; it was decided to wait till the uterus showed some tendency to dilatation. The patient now received the castor oil, and soon after, stool into a state of suspense, on recovery from which, incipient dilatation of the uterus was perceptible. In stimulating the abdomen, fluctuation could easily be distinguished.
Having a return of the suffocation, Dr. Dulan determined on immediately capturing the membranes, and evacuating the liquor-amnii at four several times, with an interval of fifteen minutes between each. With his jezev introduced into the uterus to regulate the evacuation; whilst the process was assisted by the presence of a copious ensuing the abdomen. In this manner, several pints of fluid were discharged, independently of what escaped without being received into the basin. The convulsions immediately ceased, and the respiration was relieved. During five hours of repose the strength was restored by frequent administration of light broth, with the addition of small quantities of wine. As the patient seemed no longer capable of making an effort, the
Delivery was effected upon the 4th. The patient, after a short confinement, was easily extricated, and a small child was separated, with the assistance of the forceps.

She died, a female, although living, was puny and feeble, with very slender limbs. It had, from calculation, nearly obtained its seventh of uterine growth.

Immediately after delivery, the tautness around the abdomen was lightened, and no attempt made to excite the action of the uterus by external stimulations, and by antilations applied to the orifice of that organ, which of an occasional exhibition of these coughs, together with some lint.

The lochia were very abundant, fistulous depressions. The flow of urine on the following day was copious, if not profuse.
On the third day after delivery, the intensity of the ecchymoses had considerably diminished, and the secretion of bile had duly taken place. In two days afterwards, the cholecystecomy had entirely disappeared. In six weeks the patient was quite restored. At the end of two years she again became pregnant, and went through the process of parturition in the most favorable manner.*

It is rare that such severe cases as the one mentioned, are seen, but those of a milder nature are occasionally met with, as in some of the following cases.

Case II.*

Madame P., aged 40, cured a sudden feint, in consequence of which she sustained a loss of blood from the uterus. In a short time afterwards she felt that a
Timour had joined in the superior part of the abdomen. The jet of turbidness of the urine, which she attributed to a new conception; and her abdomen acquired a considerable volume. Dr. Desmarais was first consulted when the supposed lady in the fifth month of her gestation. Dr. Desmarais could not distinctly feel the الجندر of the fetus. The use of leeches was attended with little or no advantage; the case being suspected to be one of ascitis. The operation of paracentesis was performed.

Four pounds of a limpid watery was withdrawn in the first instance, and of a little further management of the question, a fair quantity more of the same fluid escaped, accompanied by a considerable quantity of blood.
The patient was so weak that it was found necessary to withdraw the curare without delay, although the size of the abdomen was not reduced more than one third. The patient, hence, was relieved of the operation.

In the twenty-first day after the puncture, labor pains came on; the membranes were ruptured, the waters were discharged in great abundance, and the woman was delivered of a child as large than one of five months gestation. In a few minutes afterwards, the second bag of membranes presented, and a second child was born as large than the first; and the waters which followed, added to those already discharged, amounted to about forty pounds.
Mr. Smith's Journal General de Medicina v. vol. Ixii.
M. Decrescentius was of opinion, that all the contents represented as protrusive of the ovary, extraordinary size of the patient in this case was certainly contained in the uterus, and that the substance which he had made had reached into the cavity of the breast.

Case III.*

Jane P., Oct. 23, in the fourth month of her pregnancy, fell violently, and caused a severe stoke upon the epigastrium, in an attempt to jump over a ditch. On the following day, severe pains were felt in the abdomen, and a large subhepaticus appeared at the seat bruised. Eight leeches were applied to it. In the course of six weeks the abdomen became worse, and the patient became ill, lost her appetite, and failed in her digestion.
At about the sixth month of its gestation, the chest now fully manifested itself, and the fetus was doubled; but in a very short time from that period, the patient became the subject of severe pains in the loins and abdomen, accompanied by a sense of great weakness, frequent vomiting, difficult respiration, intense fever, acute pains in the right thigh, and total insomnance. Dr. Davillicius was consulted at this period of the case, and found the abdomen distended with an immense quantity of fluid, which he further declared was contained in the cavity of the uterus. There was moreover, at the time a little dilatation of the uterus, and the labour commencing, he could distinctly recognize the head of
The child was the surprising part. The pains were yet scarce inconsiderable.

On the following day, the 18th October, the patient's situation was somewhat improved; on the 22nd, the rump of the uterus was more dilated; on the 23rd, Mr. Davilliers punctured the membranes, which were very thick.

Immediately the chamber was inundated with water; large, pangs and the vesicles were filled with it; and the greatest助力移居". In written orders, tried and have produced a more abundant quantity.

Case of Madame Batti, aged 30, in Chertsey, and a half month of pregnancy. During the last six weeks, she has been suffering constant severe pain of the abdomen, which has rapidly been increasing within the last fourteen days, and is
The sense of hearing is an accompaniment. The expiration is unequal, and there is urgent thirst and dysuria.

The uterine contractions have been unusually long, and bleeding, colic, and pain were employed without relief.

The depressed and swelling of abdomen, continued to increase until the 10th, when uterine contractions came on, and a quantity of liquor amnii escaped, which the midwife represented as sufficient to fill all the empty vessels in the house.

The uterus was afterward expelled, which showed signs of life.

The abdomen contained

½ lb. of liquor, which was examined by Dr. Root, and found to be albuminose, and closely resembling that of foamy. The line
was of natural size, but of a dark cadaverous color, and of the consistence of coagulated blood. Its natural structure apparently destroyed. The pericardium and cavities of the thorax contained a considerable quantity of serous fluid.

The lungs, on either side, were healthy, and the left superior lobe, but the inferior was converted into a mass of hydatids, containing fluid, and enveloped by the pleura, which was very vascular. The placenta and umbilical were subexamined.

**Case V.** With a marked alteration in the structure of the placenta.

Miss Catherine Betty, aged 27, while in the seventh month of pregnancy, examined a dense mass of cancer-like tissue in the region of
The uterus, and soon after it, the abdomen enlarge rapidly. The tone of the muscles was adynamia. The urine became scanty, and respirations difficult. The movements of the fæces were very languid. The symptoms having increased in severity, and abdomen greatly enlarged, labour pains came on, and about five quarters of a litre of amniotic escaped, and soon after a fæces, which had been delayed for some time.

The Placenta and membranes were examined by Dr. Lee and Dr. Curtis, but no vestige of Weiss in the amniotic fluid appeared. The Placenta was hard and healthy. The Placenta was of normal size, but while much of it was normally soft in texture, and a considerable
portion of it was converted into that state, similar to what is obtained in Pulmonary Phlegm.

Case vi. * Dr. Bennet mentions the case of a woman who had three pangs with dead children, with labour being very agreeable by the escape of a very large quantity of fluid amniotic. The patient, at the end of her fourth pregnancy, the committee Dr. Bennet on account of anaemia, withæme and erysipelas affective of labour, and while under this care, she gave birth, after a difficult labour, on April 16, 1831, to a female child, affective withæme, and which lived only twenty hours. The placenta was very large, but no mention of appearances of it.

Case vii. * The patient, a lady, oct. 28. 1831
came under Dr. Kyffh's care, in consequence of having been affected with erythies, by a jail whom she had employed to clean the desks, after her first confinement. After having suffered from the disease for eight months, she applied to Dr. Kyffh, who prescribed the Convolvulus cultivate with advantage; but, when nearly well, she aborted at the third month of her second pregnancy. Three months after, being perfectly recoved, she again became pregnant, and suffered much during this pregnancy from various pains of the thighs; rectation, however, afforded the great relief. At the end of six months, the big amenice, without any assignable cause, began to drain away; two days after which labour set in, and a
Female child was born, which struggled a little and then died. The expulsion of child was accompanied with the escape of a very large quantity of Fig. Amniac.

At the expiration of two hours, the placenta, which was unusually adherent, was removed, when Dr. Kyle was struck by its remarkable large size. The circumference of the organ was more than a third greater than natural, and its thickness was double that of an ordinary placenta. It was of a pale red colour and spongy structure; but on dividing it, its tissue appeared perfectly natural, save that the blood vessels were larger than usual, as also were the umbilical artery and veins, although the child was but three months of the full term.
Thirteen days after delivery, the patient lost a considerable quantity of blood from the uterus, but eventually the feto-
fectly covered. The large size of the abdomen of the fetus had already attracted
the attention of Dr. Kelly, and on making an examination of it, a large quantity
of clear, coloured fluid was found in its cavity and between the folds of the
omentum. The liver was very large, occupying the whole abdomen, and
reaching downwards nearly to the bladder.
its substance when cut into,
showed no sign of inflammation,
or any other change in structure. There
was no development of its vessels.
* Mr. Sedgwick, Surgeon. Lancet. 1832-33.
About five years ago, I was called upon to see a lady in the month of January, to request I would attend her in her approaching end. She had been extremely ill for some months. At that time she was suffering from an alarming state of the thighs and legs, which was considered to be caused by a cancer of the joint between them.

On the 7th of the following month, she was in bed in the evening, requesting immediate attendance. As something was coming down through her body between her legs, and she was in dreadful pain, on arrival I found she was in bed, lying on her back, the legs flexed, and the knees separated. Having a suspicion that some injury had taken place, I passed my
hand without asking any questions, removed the bed clothes, and felt a large mass protruding from the external organs. I then, drew up the clothing and discovered the lateral fundus in a very tense and acclimated condition. The symptoms on each side,, fright, protruding, and extending as far back as the lungs, in configuration resembling two sausages. The abdomen was much larger than the period of gestation would indicate, and, with precision, was evident sense of fluctuation. The uterus could distinctly be felt. The legs and thighs were acclimated. Breathing easy, but little cough; the pain complained of only to the external organs and protruding parts; the body had not been one during
The day: mine earthly, past truth.
In this case the Latin phrase and
symptoma were fully scrutinized with a
lens. The operation afforded consid-
erable relief.

8th. As this event, the author continues, "He
accompanied me, and the Juggarois
found was, deserving of the philosophical
one, and, most probably, denying of the
decision. She had found a useless
right: the price of external exchange
was quite to zero, but induced little in life.
The expiration I had become affected,
though; far antagonistic, and increase in
temperature.

9th. Had slightly little during the right cough
less troublesome troublesome.

He continued, inspiring somewhat up
On the 16th, on the evening of which labour pains came on.

On my arrival, says the general, she had been perfectly well during the day, and had continued so up to 10 P.M., when she was seized with strong labour pains, and in less than three minutes the occurrence explained. An immense gush of blood followed, together with jaunty and placenta. From the statement of those about her, I should imagine that the quantity of liquor amniotic evacuated must have been little, which is usual. The apparant faint and greatly exhausted, but soon recovered with the aid of stimuli. In a few days she was convalescent."

The jaunty had been steady apparently about thirty-six hours.
The placenta was very thick and hard in some parts. The amnion was perfectly clear, without the slightest sign of any vessels.

Appearance of Placenta on dissection 107 hours after expulsion.

At the most distant part from the insertion of the fetus, occupying a space about equal to the circumference of a Crown Piece, was a dark patch visible through the decidua which covered it. On being cut into it was found to be about an inch and a half in thickness, and proved to be the substance of the placenta, except with finely aggregated blood, affording a fine specimen of what has been called Hypotheca of the Placenta, extending from the circumference of this
patch, the same appearance was visible, but gradually becoming paler, until last in
the natural colour. In two or three places,
towards the edge of the placenta, were
small indurated portions of the size of
grains of salt, which on being cut into,
presented an appearance, perhaps best
described, if the term hypostatised.

Case XIX.*

Mrs. Bell, at 28, in the third pregnancy.
At the fourth month seemed much larger
than women in ordinary at 24. From
complaint of no dyspepsia, inability of legs, or
pain in loins. Upon examination, when labour
commenced, the pain was dilatation to about the
Circumference of a Calf, hard & indolent.
With the use of Tartar Emetic the hardnes
relaxed. The membranes were very tense, and
unable to protrude, owing to quantity of liquor amnii. The head was just presenting. The membranes were ruptured, and four and a half gallons of amniotic fluid was caught in basins, besides what escaped on the floor. The child was dead. The placenta and membranes appeared normal.

Case x. Was another of the same author, when three gallons of liquor amnii was caught in basins. The child was born alive. Instrue of failure healthy.

Case xi. Was one attended by myself in old Town last Summer.

Mrs. Buchanan, aged 26, at flesh market on the West side. She was pregnant with her second child. At her ninth month, I was sent for at 3 o'clock. Labor pains had come on during the forenoon. She was very large
In that period of gestation, appearing even larger than what is usual at the ninth month. The pains were irregular,
frequent. On examination, the os uteri was found to be dilated, to about a curve, and thin and dilatable. The membranes
were stretched tightly across the os uteri, and consequently of no avail in dilating the
opening. The head was presenting, and upon
touching it symmetrically, it receded and fell
down again on the forcing the toucher.
After waiting for about an hour, and during
the os uteri not dilating, I ruptured the
membranes, and an immense quantity of
Lq. Amici escaped, and along with it the
fetus, a male. The bed and gown was
drenched with the flow of Lq. Amici.
The child was alive, and treated for twenty
Hours after birth. It had oesites, and
upon the death of it, was not cleared to
a good post-mortem examination. The placenta
which was very large, and which I gave to
D. HILL, came away by its own weight.
This was a good deal of hemorrhage, but it
was not very serious. She made a good
recovery. There was no appearance of
inflammation on the amnion or placenta.
The placenta was hyperplastic, and the
cord was very thin. The child weighed only
3½ pounds. This is the second time she
had miscarried the same way. Of her
prior pregnancy, she stated the child was
very small, and after birth very large.

Taking a dispensary case, I had no chance
of seeing her before labour came on. These
would have required more particularly into
Case XI. Mrs — a thin delicate woman, who had been pregnant seven times and five births to as many children at full period. The first two lived; the last five died immediately they were born. In her last two pregnancies, avg. 8½ mo. There was a great increase of pig. Amnèse was very scanty. Her uterine attendant stated that in the two instances in which I attended her, labour was greatly hastened at each pain she used to stand near a bucket, and evacuate a quantity of pig. As much of the time the child was born, it was not half full. The child was dead at birth. The placenta was in the case unusually large, and the membranes thick and tough.
I have been able to collect 27 cases, which occurred in various medical circles.

By Dr. P. Lee, in Medical Gazette 1830-1.

1. Dr. Bulloch, in London Medical Repos. Vol. xi

2. Dr. Bensom, of Frankfurt on the Main, and

3. Dr. Knylle of Cologne, in Brit. & Fr. Ann. vol. viij

1. Dr. Kungstaf, in Der Klinische Medicine.

1. Maternity Charity, ... Dr.


2. Dr. Gries, in his essay published in 1834.

2. Dr. Sealy, of this Town, read at meeting

of the South Beverley Society of Edinburgh.


1. M. Charras, in Revue Medicale, Supplement:

de la Societe de Sante'. Vol. vij.

1. Dr. Piets, in Zaneur. 1838-9.
1. In Scotland in January 1832.

2. Dr. Burns. Burns midwifery.

1. By myself in Edinburgh last summer.

2. By Dr. Maniccia, Maniccia Maladies der Frauen. 1821.

He adds various cases mentioned, e.g. La Motte, Gardien, D'Armement, Maniccia.

2. He adds cases mentioned by Dr. Byron, in his midwifery.

Diagnosis.

It has been stated by some writers, that in cases where abortion and pregnancy exist at the same time, it is extremely difficult to determine the existence of the latter, and that unless the patient herself is perfectly confident of it, the practitioner has no means of sustaining it.
The principal diagnostic marks of this disease are the disproportionate size of the uterine tumour to period of gestation; the presence of the signs of pregnancy; and in some cases the situation of the child, and its longitudinal movements.

F. Bums, states in some instances the child occupies the upper part of the uterine, and the water the under, at least during labour. Twice in the same woman, in succeeding pregnancies, I found the child contained in the upper part of the uterine, and enclosed by it as it were in a cyst, while several feet of water lay between it and the body, when the water came away, filling some cavities. Then the child descended to the uterine, and was born, with the thighs turned
firmly on the abdomen, and other
marks of deformity.

D. A. Lee has clearly pointed out certain
indications to be aimed at by instituting a
vaginal examination. By this procedure,
the uterus will not only be able to
ascertain the changes in the uterus con-
sequent on impregnation, but the accumu-
lation of a pathological quantity of fluid
in the bursae of the ovum.

This latter circumstance is known by the
enlargement of the body of the uterus, of the
state of the cervix, the pulsation of the uterus,
and the ease of fluctuation in the vagina
on percussion of the abdomen.

Dr. Ogino lays just stress upon the violence
or greatness in the movements of the uterus,
the large size of abdomen, without an equal
amount of edema of the thighs and legs, and the trifling disturbance of respiration. The rapid increase of the uterus, and paroxysmal pain in its region, the fulness of night urine, and increased thirst in the patient, are frequent causes to necessitate the bladder, and usually ending in urine, will be a further guide to the presence of attendant. If it is complicated with acid, the diagnosis will be rendered more uncertain. In such cases there will be fluctuation in peristalsis, but not sufficient cause as to when effluxion has taken place. The progressive enlargement of uterus, and the result of vaginal examination, alone can furnish certain indications as to nature of disease.

Prognosis.

As regards the mother, we may judge from cases on record, there is no imminent danger
In life, but the infant does not escape so well, it is either very feeble or dead when born at the full time, or dies before the completion of the first station. Out of thirty cases collected, which are on record, 27 of the children were either born dead, or lived but a short time, not exceeding forty hours, and one only, out of the 30, lived to the sixth month. Out of the three 30 mentioned, only 1 died from it.

Causes.

By Dr. Gissin, it was ascribed to inflammation of the brain, but more recently cases have been reported. The six babies, Dr. Gissin, only in 3 out of the 30, and these three were recorded by Dr. Gissin, were only apparent of inflammation noticed.
Inflammation.

Now we come to explain the cause of the
display of the lesion.

It is, that upon death of tissue, the circulation in it, becoming from unequal
stain, or some other cause, languid and
weak, of a portion of the latter part of blood,
which should in the healthy state, have
gone to nourish it, may now be determined
to the lesion; which, taking on an
increased action, in many respects resembling
that which we obtain in cases of chyley in
cancer cavities, an inordinate quantity of
phlegm is secreted. To some it may appear
that congeation would afford a better ex-
planation; and they might decide it
as a want of action, depending on some
cause, namely, the laboured circulation in
The fact is, it is absolutely impossible that such may be the case.

Again it might be recalled. Is a cause distinct from all these, namely, infiltration, occurring after the death of the factus, or while it is dying, when the membrane is moreover deprived of its vitality it had enjoyed, a similar phenomenon is observed in certain effusions in the bursa cavities, which take place either immediately upon or after death.

Dr. Lee says "when unconnected with a different odour in the mother, I am disposed to consider it merely as one of the diseases of the factus in utero, which arise independently of any constitutional disturbance, in the parents, and with the causes of which we are wholly unacquainted."
By some authors it has considered as a
subsequent of the normal part in one or
both parents.

It may also appear to be connected with
instances of the Placenta, such as cysts, tubules,
induration, disfigure etc. Whether the
Placenta primarily affected, or does it become
affected after the death of the fetus? It still
remains to prove by further inquiry into the
subject.

Some authors state it to become
permanent constitution in the mother, from
the cause that it occurs in the neuræ fac-

Treatment

This affection does not appear to be much
under the control of medicine.

Various means are recommended, more for the
Hope of mitigating the severe symptoms
rather than in curing them. If the patient
complains of much pain, or is imminent,
local or slight general bleeding will be useful
according to Dr. Bums.

If supposed to arise from the
several cause, it is recommended to put
the patient under the effect of mercury.
When the condition is very great, and the
symptoms urgent, it is necessary to try on
premature labour, or rupture the membranes.

By some it has been advised to perform the
operation of abdominal Perforation, as
was practice by Scarpa, and Mr. Desmarest.
Mr. M. Camper, Denon, Lavois, Reuss, &
Mr. Lee, Burns Churchill &c. are in favour of
the permanent delivery.

To arrest the occurrence of the disease, &c.
Bears in mind that the patient should

more, although the child be dead.

Scarcity in this affection would be

have failed completely. Tonic have been

used with benefit regarding the health.

[Signature]

H. H. Valentine