I think, valvular rupture—and these also are counted out, leaving, as I before stated, 150 cases which it seems to me there can be no doubt were the result of strain and over-work of the organ in question.

[To be continued.]

FIVE SUCCESSIVE MIDWIFERY CASES.

By WM. P. BOLLES, M.D. HARV.

THESE were my first five midwifery cases after my graduation, and they are reported to illustrate the practical difficulties to which chance may expose the recent graduate.

I.—The first patient was an English woman, twenty-seven years old, and mother of five children, three of whom are still living. She became pregnant this time while nursing her last baby, without an intervening menstrual turn, and quickened last Thanksgiving.

On February 13th she walked about two miles, and again started on the following day to attend some national festival, going a short distance by rail, but was overtaken by an escape of fluid from the womb, and forced to return. This discharge continued gradually all day, and by night, when I first saw her, she had wet a number of cloths. The abdomen was then small, the uterus just passing the umbilicus. The cervix was long, and its internal os firmly closed. No pain. Belly rather flaccid. Ordered rest, opium, &c.

Three days after, the uterus was still further reduced, and seemed to closely embrace the child, which lay obliquely from the right downward to the left; an occasional grinding feeling came before the escape of water, but no real pain. She went on in this way, losing the amniotic fluid gradually and painlessly, for twelve days before true labor began. The pains began at about four o'clock in the morning. In three hours or so the os dilated so as to show a foot presentation, both feet being high up and lying side by side, *but with one heel pointed forward and the other backward*; the outer border of one foot lying against the inner border of the other. From this time till nine or ten o'clock, no gain was made, although the pains were frequent and strong, the presenting parts appearing to be unable to enter the pelvis. I then drew down the left foot, whose heel was directed toward the symphysis, and moved the toes of the other across the left leg, so that this, too, might take a like position. By this means the trouble was removed, and labor ended in a

few minutes, without further help. The child was made to breathe after considerable difficulty. It was quite small and feeble.

The legs, in this instance, must have been crossed like a tailor's, with the knees so wide apart as to rest on the brim of the pelvis. The mother's recovery was rapid, and both are now perfectly well.

II.—Mrs. G., a fat Irish woman, of a hundred and ninety-five pounds weight, and somewhat given to gin-drinking, was the next to call me. She was twenty-seven years old, had been married two years, aborted about a year ago "from a fright," and had been pregnant since the end of July. Several months before delivery, her legs began to swell, and oedema of the arms and face afterwards appeared, that of the face and right arm being quite slight, while that of the other arm (on which she lay) and of the legs was very great. Her tissues were coarse and flabby, her skin pale, and between weakness and clumsiness she could scarcely walk. The urine was examined about a month before delivery, and then contained one-eighth of its bulk of albumen, but no casts. Remedies were left with her at this time, but, after taking one or two doses, with true national caution she omitted them, "lest they might injure the child."

The membranes broke in the evening of March 12th, without pain, and labor began next morning, at about seven o'clock; but although the pains were very good during the day, the os dilated very slowly, and by evening had only attained the size of a dollar. Hyoscyamus and laudanum were given at night, and she slept readily and snored loudly between the pains, which were only ten minutes apart. The head of the child was presenting. On the morning of the 14th the os was nearly dilated and slowly enlarged until evening, when it became fully opened. At four o'clock in the afternoon the pains diminished, but immediately returned on catheterizing and relieving her of a large quantity of urine. *Ol. tiglli* was given in the morning, and operated freely during the day. The position of the head could at no time be made out, because, the membranes having broken early, as fast as the os dilated, the scalp became so oedematous that neither sutures nor fontanelle could be felt. Pulse about 90. During the evening, a neighboring physician having been called, it was decided to give the patient an opiate, as the pains had again receded, and wait until the termination of its effects. She slept as before, snoring

loudly and waking occasionally, tormented by ineffectual pains, until an hour and a half after midnight, when she was seized with a severe convulsion, principally of the left side. I immediately proceeded to bleed her, but on account of her excessive fat no veins could be seen, and it was only after a little delay that about $\frac{3}{4}$ ii. could be obtained. My neighbor, who was at the same time sent for, then arrived, and with his assistance a large living male child was delivered with the forceps. These were applied at the sides of the pelvis, since the head was above the brim, and brought the child down with his face to the pubes. The labor lasted about forty-four hours. The mother remained comatose for six hours. At four o'clock (an hour and a half after delivery), she began to twitch and show other signs of an approaching convulsion, which were checked for a while by ether, when it occurred to me that I had neglected to empty the bladder at the time of delivery; this was done, and no further trouble of the kind followed. Pulse 116. The bladder was paralyzed for several days, and slightly inflamed for as many more. The child, on its second day, had two slight convulsions, but no more.

Both albumen and casts were found in the urine of the mother, after delivery. She made a slow recovery, but both mother and child are now apparently well; the urine has not been examined since.

III.—The third case was an American, twenty-seven years old, large and strong. She had been married nine months, and dates her conception a month after marriage. She moved her home on the twenty-seventh of March, and worked quite hard laying carpets. During the night following she slept badly, on account of vague, restless pains, but no true labor began until about seven o'clock in the morning. About an hour after, when I saw her first, the os was dilated, the sac unbroken, and the head in the usual left occipito-iliac position. The abdomen was very large and broad, and the uterus felt solid on each side. The pains were hard and frequent. The labor went on naturally, and the child was born about eleven o'clock, with so short a cord that, in order not to break it, the child's body had to be doubled up as it came out. The sac of a second child then presented, and this was born by the breech in about half an hour more, with more than two entire turns of the cord drawn quite tightly around its neck; these could not be loosened before the birth of the head. This was assisted without delay with the finger

in the mouth, the face being as usual toward the sacrum. This child did not breathe nor respond at all to the usual means of stimulation, so that I was obliged to inflate its lungs with my own mouth; after a few moments of this assistance it was at last able to respire for itself. The placenta followed in a few minutes. Although she was a primipara, in less than five hours from her first pain, the whole delivery was finished. Both children were girls, rather small and about equal in size. The placentae were united along one-fourth of their borders, the cords were inserted several inches apart, and the sacs partly united but with separate cavities. Mother and both children are now well.

IV.—This case was an American, about thirty-two years old. She had been married about fourteen years and had two living children, one of twelve years and the other half as old. Besides these she had had a number of abortions, which she had produced upon herself, some of which had been attended with frightful hæmorrhage and long convalescence; after one of them she was confined many months to her bed. Her first labor was natural, but the second was attended with much flooding. She had unsuccessfully attempted the life of the second child, and repeatedly that of this last one, first, by herself with the syringe, and afterwards by the advice of a "Female Homœopathic Physician," but without in either case accomplishing her purpose. I saw her some time before delivery, and as she was then pale, gave her the "Tincture of Iron," as she afterwards said with good effect. She was delivered of a large child, after a rapid and apparently normal labor, the only peculiarity being that the membrane did not break, but had to be torn away from the child's head as it appeared at the vulva. The placenta soon followed entire, and the uterus contracted well, but soon after it softened a little, and she began to call for air and to feel faint. The open hand was then laid on the abdomen, with moderate pressure, and held there about an hour. The hæmorrhage was slight. Next day she looked well, the pulse was low and the strength good, the uterine discharge had been free during the night, but not abundant. She complained considerably of pains in the womb and back, coming and going, like after pains. On the following day (the second after the delivery) I did not call, having warned the nurse to send for me if anything untoward occurred, but on the third, when I did go, a severe chill was reported to have occurred on the

preceding day, followed by fever and an increase of pain and tenderness about the womb. At the time of the visit she was in considerable suffering, the uterus and lower part of the abdomen were tender and swollen, the uterine discharge had diminished; there was some looseness of the bowels, and a cadaverous odor pervaded the room. Pulse 108, feeble. Temperature 103°. Tongue slightly coated. She was ordered quinine in full doses, opium for pain, a carbolic acid solution for a vaginal injection, hop fomentations.

On the next day she was better, all the symptoms being palliated; the pulse was below 100, the temperature 101°, and the uterine discharge had again become natural and not offensive. On the 5th day she looked still more encouraging, the pulse again being lower, and the countenance and skin natural. The tenderness and size of the womb were even more reduced. She had turned to her side, and looked comfortable. The bowels remained a little loose, and there was yet some pain. The milk had never stopped, and she nursed her child without difficulty. There were several rigors, but no marked chill as there had been each day previously.

Next morning, before breakfast, she had a severe chill again, and all her symptoms were aggravated. Her pulse was 120 during the chill, and feeble. Stimulants were ordered, but I never saw her again, for during the day a homœopath was called in, and under his care she died in about forty hours, slightly more than a week from the date of delivery. An examination was asked for by the husband, but this the "physician" refused to make, because it was "too dangerous an undertaking, and he knew just what it would show."

V.—The fifth case was an Englishwoman, about forty years old. She had had five children, and has been subject to some uterine displacement for a number of years, causing distressing back-ache and constipation.

Labor-pains began early on the morning of the 15th of May, and continued rather irregularly during the twenty-four hours following, the os slowly dilating to the size of a dollar or a little more. The whole womb was tipped badly forward, and its mouth faced the promontory of the sacrum, so that it was only with the greatest difficulty that the finger could reach its anterior border. The membranes had no chance to bulge out with the contractions; to this cause was no doubt in part due the extreme slowness of the labor. A face-presentation

was made out, but there seemed to be no gain toward delivery. Once or twice the os was drawn down with the finger, but it immediately returned. The woman was then, on the morning of the 16th, placed upon her back and the anterior lip held down by two fingers during three or four pains, until finally the os was made to present pretty fairly. The face could then be plainly felt through the still unruptured membranes, and the forehead, eyes, nose, mouth and chin detected in succession from left to right. Still the presenting part did not readily engage, although the os was now dilated, so after a few more pains an attempt was made to change the presentation. The child's body was lying quite obliquely from right downward to the left, there was considerable water in the womb, the head was somewhat movable, and the membranes still unbroken. The patient was placed again on her left side, and while with one hand on the abdomen the child's body was carried slowly to the left, a finger or two of the other were used to push, first the lower, and then the upper jaws upward and to the right. In this way the forehead was made to face the vagina, but no further gain could be made until after a few more pains the head again became movable, when, the fingers against the forehead, using the other hand as before, soon succeeded in pushing this up and making the occiput present in the usual left anterior position. The membranes were then ruptured (they were very strong), and a female living child, weighing ten and a half pounds, was born in half an hour.

The mother's recovery was slow, and she is now under treatment for retroflexion of the uterus, which was no doubt her old difficulty.

Boston, August, 1872.

THE TINCTURE OF EUCALYPTUS GLOBULUS AS A DRESSING FOR WOUNDS.—M. Demarquay, in the course of some experiments at the *Maison Municipale de la Santé* of Paris with the tincture of the leaves of this plant, which has a very agreeable odor, and is believed to possess disinfecting, antiseptic, and healing properties, found that it often gave good results in cases in which the more usual remedies had failed. He adds that the tincture acted not merely by disinfecting and ameliorating the surface to which it was applied, but that its effect in removing the fœtid odors which had rendered the patients unable to eat or sleep was still more beneficial.—*Phil. Med. Times.*