nature, a strong brain impression is made and a healthier state of nerve brought about. These must be chosen with care and with special reference to individual needs, and are meant, of course, for help in nervous cases. They are successful often where the interest needs to be roused, and help comes as much from the way the exercise is given as from the exercise itself.

Having given an idea of weight and the deep breathing exercise according to the state of the patient, more or less can always be done in helping the power of direction, so that only the muscles needed will be used, even in turning over in bed or moving an arm or leg. Very great help is given through conveying an idea of what it is to free one's self from unnecessary mental tension.

Take a case, for instance, in which the patient is resisting constantly in his mind the fact of being ill. This resistance produces a tension of the brain, the effect of which is felt upon the entire body. Now if he can be shown, quite simply, that he must be perfectly willing to be ill, for that *will help him most to get well*, there is a counteracting effect at once and Nature and the doctor are given a better chance.

To be sure there are often instances where the patient instead of resisting the illness gives up to it too willingly. In that case he is resisting recovery and must no more be permitted to do so than to resist the illness. *Relaxation is necessary only in so far as it trains the body to a normal freedom and so enables it to find and hold its own equilibrium.*

It may be thought to be impossible to change a man's mental state to such a degree, but that depends upon how it is approached. As has been said before, all the tact of a diplomatist must be used in such training, as indeed in all training for a natural freedom.

The same is true of the resistance to various annoyances, great and small. Indeed irritability is one of the most fruitful causes of prolonging disease. The unwillingness in each case has the same effect upon the brain, and its counteraction brings immediate relief and so opens the way for a more rapid cure.

The process of relaxation as a curative may be briefly summed up thus: a greater freedom of the body to be gained through obtaining a sense of weight, quiet and deep breathing, and a power of natural direction and simple concentration.

It results in a freeing of the body, which will more certainly and rapidly permit a wholesome effect from fresh air, exercise, nourishment, sleep, medicine, and other curative processes.

Clinical Department.

TWO CASES OF PULMONARY CONGESTION AND OEDEMA OCCURRING DURING PREGNANCY.¹

BY FRANCIS W. GOSS, M.D., ROXBURY, MASS.

CASE I. Acute pulmonary congestion and oedema in patient six and one-half months pregnant. Death.

At 2 A. M., March 27, 1889, I was called to see Mrs. D., six and one-half months advanced in her first pregnancy. She had recently moved to Roxbury from a distant part of the city. Her pregnancy had been uneventful till the present illness.

¹ Read before the Boston Society for Medical Improvement, January 22, 1894.

During the afternoon preceding my summons she had been to see her physician, three or four miles away, because of a slight cough, and some difficulty of breathing, which had troubled her for a day or two. She retired as usual, slept for several hours, and then woke suffering from great dyspnoea and distressing cough. When I reached her she was sitting in a chair, in extreme distress, with alarming dyspnoea, rapid breathing, coughing and expectorating quantities of bloody serum. Her face was dusky, skin cold, and bathed with clammy perspiration. Her pulse was very rapid and feeble; the lungs filled with moist râles, and her condition betokened impending death. She lived but a short time, — not more than half an hour after my arrival.

Her physician informed me that there was nothing apparently serious in her condition when she called upon him the previous afternoon, and he was much surprised at her sudden decease.

CASE II. Sudden pulmonary congestion and oedema in patient six and one-half months pregnant. Induced labor. Recovery.

Mrs. M., six and one-half months advanced in her seventh pregnancy summoned me at 11 P. M., October 26, 1893, on account of severe dyspnoea.

She had been seen nine days before by Dr. G. W. Clement in a similar attack, when her husband came for him saying that he believed his wife was "choking to death." Dr. Clement informs me that he found her sitting in a chair, bent forward, coughing hard and raising bloody, frothy sputa. The chest was filled with moist râles, the pulse was quick and feeble, and her condition critical. He was with her some three hours before she was sufficiently relieved for him to feel that it was safe to leave her. She rallied under the use of stimulants and of pilocarpin *sub cute*. On subsequent examination he found a mitral systolic murmur of the heart, and albuminuria.

Being obliged to leave the city for several days Dr. Clement directed that I should be sent for during his absence, if there was need.

When first seen by me the patient was suffering from alarming dyspnoea and orthopnoea, frequent cough and expectoration of bloody sputa. Pulse 120, respiration 48. In about two hours, under the use of aromatic spirits of ammonia, nitro-glycerine, etc., she became easier, and I left her for the night.

October 27th. She was much more comfortable, and had slept somewhat. She reported an attack of acute rheumatism several years ago, and another last winter.

Examination of the heart showed marked mitral systolic souffle; not much enlargement of the organ. Some oedema of extremities. Urine abundant under the use of diuretics prescribed by Dr. Clement. Albumen, one-third bulk. Epithelial and granular casts.

The patient said that she had not felt any foetal movements since the attack of dyspnoea ten days ago. No foetal heart heard on auscultation. She has had two premature births of dead children at about seven months, since birth of last living child four and one-half years ago.

October 29th. Has had some return of the paroxysms of dyspnoea. In view of the recurrence of the attacks and the continued tendency thereto, and the cardiac and renal disease, it seemed to me that the patient's condition was critical so long as the foetus remained in utero. Accordingly, under antiseptic precautions, I introduced a catheter through the cervix

uteri, with the view of bringing on premature labor. Pains came on during the evening and at 12.20 A. M. October 30th she was delivered of a fetus apparently of about six and one-half months' development which had evidently been dead for several days.

With the exception of some rise of temperature on the second day, for which an antiseptic intra-uterine douche was given with immediate improvement, the patient made a satisfactory recovery.

November 30th. The patient is about and doing house-work. Feels fairly strong; no return of dyspnoea since labor. Urine abundant; specific gravity 1.025; albumen small in amount; and but one granular cast found in examination of two slides.

Judging by what I can learn from the text-books, and from conversations with physicians, such cases as those here reported are fortunately rare. When they occur, and medicinal treatment does not relieve, it seems to me the only hope for the patient may be speedy delivery, if it can be effected. In the first case there was no opportunity for the procedure. In the second, the patient's life was in jeopardy as shown by the recurrence of the alarming attack, notwithstanding she was under the influence of digitalis, diuretics, cathartics, etc., prescribed by Dr. Clement.

Whether such conditions appearing in pregnant women are always accompanied by cardiac or renal disease, or by both, I do not know. These troubles were present in the second case. In the first the point was not determined.

TOXIC EFFECTS AFTER USE OF OIL MALE FERN (ETHEREAL) FOR TAPEWORM.

BY JOHN H. GRANT, M.D., FORT PORTER, BUFFALO, N. Y.,
Hospital Steward, U. S. Army.

C. H., aged thirty-five, was a soldier in the Garza campaign on the lower Rio Grande in Texas during the winter of 1890-91, at which time he was often obliged to subsist in part on insufficiently cooked goat meat. As a result, he became the possessor of a *tænia saginata*. Outside of the few large towns in this part of Texas, defecation by the inhabitants (principally so-called *greasers*) is universally carried on in the open-air and readily accounts for the manner in which our patient became infected.

In 1892, an army surgeon treated him by the administration of oil of turpentine, which produced violent strangury and the passage of about sixteen feet of the worm.

In November last he was again treated with drachm doses of oil male fern (ethereal) (of an old stock some time on hand); but two doses were retained, aborting about eighteen feet of the entosoa.

March 1st the man requested further treatment; and a fresh supply of the male fern having been received (W. H. Schiefflin & Co., New York), an emulsion with acacia was prepared, each fluid ounce containing one and one-third drachms of the oil. The day previous the patient abstained from solid food, a saline cathartic being administered at sunset. The morning following, at 6.30 one ounce of the mixture was given, and at 8.30 a like quantity; at noon a dose of sal rochelle was taken, resulting in the expulsion of about eighteen feet of the parasite. About 4 o'clock the patient, on leaving the water-closet, fell to the floor and had to be carried to his bed. The writer being

then called, found the patient in a most pitiable condition — almost pulseless, skin cold, eyeballs protruding and staring, suffused with tears, the lids puffed and of a dark-brown color. Deafness was nearly complete in both ears, but the sight was not at this time affected. Patient was husky, suffered from a vise-like constriction of the chest, gasping for breath, and with a ghastly expression of despair. He appeared to be *in extremis*. As soon as possible whiskey (one ounce) was administered, and a sinapism applied over the sternum. In about five minutes the pulse could be felt. The other symptoms gradually disappeared, so much so, that in a half hour the case was considered safe. The feeling of chest constriction and of burning within the stomach lasted for a few hours; but a few ounces of milk and whiskey and particles of ice freely dissolved in the mouth, soon gave relief. The patient had dimness of vision and was very weak and nervous the day following, keeping his bed for two days.

There were two interesting points about this case. The first was the extreme depressant action of the male fern in what might be considered not a large dose.¹ It will be noticed that it was nearly eight hours after the second and last dose in this case before any alarming symptoms presented, and not until after the bowels had been moved several times. The second point was the thrice-repeated failure to bring away the head. Diligent search in the present instance failed to discover any traces, although a portion of the voided parasite was very narrow. Possibly the head is very securely imbedded beneath a fold of the *valvula conniventes* and protected from the direct action of the drug. The peristaltic action of castor oil might have secured the head, but owing to the disgust excited by it in the patient on previous attempts, an alkaline cathartic was prescribed instead.

Medical Progress.

RECENT PROGRESS IN PUBLIC HYGIENE AND PREVENTIVE MEDICINE.

BY SAMUEL W. ABBOTT, M.D.

INFECTIOUS DISEASES, AND THEIR PREVENTION.

Diphtheria. — Dr. Thorne Thorne, chief medical officer of the Local Government Board of England, in a recent lecture upon Diphtheria, said:

"Bad sanitary conditions might have an influence, but they are overwhelmed by other conditions which cause the disease. . . . Diphtheria chiefly attacks children of school age, from five to fifteen and it is clearly proved that the disease is influenced by school attendance. Dr. Power has shown conclusively that, by an aggregation of children at school, you can deliberately manufacture a potency of diphtheria. The reasons for this are chiefly the special infection from the breath of those who are congregated together for any length of time, and the limited space set apart for the scholars. There is also the danger, at young ages, of children passing confectionery from mouth to mouth, of drinking from the same unwashed cups, the absence of ventilation, and other conditions."

He laid special stress upon infection through the medium of milk, and advised every one to leave off drinking raw milk. He also named the lower ani-

¹ Pepper, vol. ii, p. 941; Hand-book of Medical Sciences, vol. iii, p. 65, and vol. vii, p. 790.