

Dr. Doane, "Well, sir, I see no reason why you should not get well, and be about soon." "Oh," said he, "I have always known I should get well. I was told by my spirit friends that all this would happen; and they told me, also, that I should pull through, all right. Now," said he, "mark my words, doctors, if I do not get well, do you never have any confidence in Spiritualism, hereafter."

The latter part of the sixth week from the time of receiving the wound, a severe chill supervened, which was repeated at intervals, followed by delirium and great distress, and he died the forty-fifth day after the injury.

It is just to state that the first ten days after the injury, he was in a condition of great mental exaltation, and almost night and day would recite the occurrence and its causes to innumerable persons, notwithstanding the strictest prohibition, advised and repeated again and again.

MANAGEMENT OF THE PLACENTA IN ABORTION.

By W. A. HARVEY, M.D., Chicago, Ill.

ABORTIONS, which have become so frequent of late, and so disastrous, should command in ready use all the resources of our art, to diminish their evil effects.

Although I may not hope to offer anything new on this subject, I may, at least, call the attention of the profession anew, and with emphasis, to one unfortunate complication of it, namely, to the usual retention of the placenta, and its attendant evils, after the expulsion of the foetus, in cases occurring from the third to the fourth month of pregnancy.

For the first two months after conception, the foetus and its sacs are relatively so small, and their connection with the uterus so feeble, that they are expelled together *en masse*; also, after the fourth month, and as full time is approached, the placenta readily follows the birth of the foetus. But there is a period, and one, too, of the greatest liability to abortion, when, from the greater volume of the placenta, and its more firm connections with the womb, the foetus alone may be expelled, and the after-birth remain intact. Pains may now cease for days, or weeks; the patient, and physician also, deceived by this circumstance, and by the promiscuous appearance of the clots, suppose the woman to be "through and all right," and so the attendant takes his leave of the case, but with the certainty of being recalled, it may be, only to witness the fatal results of heedlessness or unskillfulness.

Mrs. C., aged 25 years, pregnant the third time, aborted September 17, 1873, forty miles away in the country. One week after, while at her domestic duties, she had a sudden "gush of blood," and flooding; this was repeated many times, and without pain, until Nov. 8th, when, in the meantime having removed to this city, she was again attacked with alarming flooding, and prostration from the previous hæmorrhage. The fourth physician who treated this case was now called, and prescribed cold and morphine; this having only a temporary effect, on the following morning, Nov. 9th, I saw the patient, and, from the history given, suspected retained placenta, a suspicion which was

confirmed on examination. About one-half of the placenta, in eight fragments, was, at this time, removed, and after the use of ergot and the tampon for twelve hours, the remainder, with much pain and not a little shock to the patient, was taken away.

Rest, and the quieting effects of large and repeated doses of opium, restored the woman, save the anemia, prostration and shattered health, from which she can never fully recover. After two months of wasting and vain effort of the natural powers to reduce the uterus to its normal size, the os was found rigid and nearly closed, and the placenta of a lively flesh color, apparently in progress of growth, and firmly adhered, all of which conditions rendered its removal difficult, if not dangerous.

A few months since, I was called, in connection with Dr. T. D. Fitch, of this city, to another case of this class, and found the woman moribund from metro-peritonitis, the consequence of retained placenta, as in the other case detailed. A noticeable feature of the case of Mrs. C. is that, after the expulsion of the fœtus, on Sept. 17th, entire freedom from pains was experienced until the evening of Nov. 9th; during all this time, she had suffered alarming hæmorrhages, beguiling her physicians as to the true condition of things, they not having made a physical examination of the parts. We would not speak of this as being singular, for absence of pains is very common in these cases.

The above may be regarded as representative cases of this whole class, both in history and results, and we venture the assertion that nearly all the deaths and broken-down systems from abortion occur from retained placenta of abortions of this middle period.

We conclude then, that, in the first and third periods, no especial skill is called for, generally; but in the second period—from the third to the fourth month—too much attention, care and skill cannot be expended.

To recapitulate, if retained placenta is the rule here, and the negative signs and symptoms are misleading; if, moreover, peril in delay be imminent, what is the duty of the physician? Plainly to empty the womb of its contents at once (or after a few hours' use of ergot), whilst the uterus is in its normal soundness and physiological activity, and the system in health and in blood. The woman, inspired by the tonic effect of relief at hand, exercises remarkable fortitude and effort. Whereas, in the delay, she finds herself exhausted in body, and depressed in spirits; she has neither fortitude to endure the trial, nor physical soundness to escape the dire results of any method, now practicable, to relieve her of this offending and death-dealing foreign body.

Called, then, to any case of abortion or miscarriage, the fœtus expelled, and the after-birth remaining, the physician, uninfluenced by any statement of the patient or attendants as to its conclusion, should make a vaginal examination, and if the placenta is found, it should be removed, without unnecessary delay, in the following manner:—Place the woman on her left side, knees well drawn up; and, with left hand on the bowels, press the uterus firmly down into the pelvis, and hold it there, while, with the index finger of the right hand, the whole placental mass is separated and removed. Should the elevated position of the uterus render it necessary, the hand, well lubricated,

may be introduced into the vagina for the purpose. Any pain or shock caused by this procedure will disappear after sufficient rest, and liberal doses of laudanum.

Nearly thirty years of practice and observation have taught me the prime necessity of delivering the placenta in this class of cases without delay, not leaving its removal to an uncertain future, and to the powers of nature, as taught by some medical writers. It is difficult to conceive of a complication of affairs in which one should feel justified in delaying such removal beyond the space of a few hours from the birth of the fœtus. For whatever objections there might be to this early delivery would be very much increased by the delay.

Progress in Medicine.

REPORT ON THERAPEUTICS.

By R. T. EDES, M.D.

Quinia and other Cinchona Alkaloids.—M. Bochefontaine (*Archives de Physiologie*, Nov., 1873, p. 724) has continued the researches described in the last report, which were principally directed toward determining the accuracy of the facts stated by Prof. Binz and others as to the action of quinine upon the activity of bacteria, vibrios, and the white blood corpuscles. It is to be noticed that where Binz supposes a destruction of activity, or a paralysis of these organisms, Bochefontaine speaks as if he had a right to expect the destruction of the bacteria themselves. He has experimented upon frogs, which were rendered *bacteriemic* by the injection of cyclamine, to determine whether the bacteria were killed by the subsequent injection of hydrochlorate of quinia or their development prevented by its previous exhibition. Although M. Bochefontaine himself sums up his results differently, it would seem, from the detailed account of the experiments, that the quinia was not so inefficient as he represents, and that it did exert some influence in the direction indicated by Prof. Binz. The truth, however, can only be arrived at by further experiments, and not by criticism of printed accounts.

Dr. Baxter (*Practitioner*, 1873) has been testing the relative vigor of the action exerted upon the movements of bacteria, albuminous fermentation and the movements of the white corpuscles, by quinia, the other cinchona alkaloids, and some drugs which have been proposed as substitutes therefor. Quinia is doubtless excelled by other antiseptics, but by none which can be introduced into the system in equal doses. In practicable doses, it exerts an inhibitory and not a toxic action on microzymes.

The four cinchona alkaloids are nearly equal in antiseptic power. Quinia is equalled by quinidia; then comes cinchonidia and then cinchonia. This corresponds to their anti-periodic powers.

Among reputed anti-periodics, sulphate of bebeeria seems to equal quinia in antiseptic power. (This is one of the alkaloids of the "green-heart," a tree growing in British Guiana, used in ship-building.)

Among reputed antiseptics, sulphocarbolate of sodium and strychnia have a decided value, though below that of quinia.