

tion of medicines in their prescriptions? If so, why? and if not, why? If medicinal agents act not specifically, why not as often prescribe jalap as ipecac., for an emetic? or tannin as often as senna, for a cathartic? or acet. plumbi, as pulv. Doveri, for a sudorific? Will either of these Societies explain to us, either the *modus operandi* or *modus egendi* of any medicinal agent that acts not specifically? By what are we to be governed, if nature has not made any provision for the restoration of the abnormal conditions of the animal organism? and if she has, on what principles are such provisions based, as practised by these Societies? Do the charter, constitution or by-laws of the State Society require all of its Fellows to practise in accordance with any particular mode or *pathy*? If so, what is it?

Therefore I wish to know what constitutes empiricism, in the practice of the *qualified* members of the parent Society. I also wish to know what is to be understood by the term "parasite," as applied to members of the State Society, by the Bristol District or Essex North Societies; and if either of them has discovered the "most excellent way" by which suffering humanity may be relieved from all the ills to which it is incident, I hope they will reveal the facts, that the remainder of the faculty may know how to avoid the "empiricism" and "parasitical" errors which so much annoy these Societies.

Will either of these Societies inform us who or what they mean by the "&c." appended to their catalogue of June 29th ult., as *corrected* in the No. of July 6th, that we may know whom they consider as "empirics" or "jesuitical" members of the parent Society, and why?

Now, don't be diffident, gentlemen, but speak out, definitely, like men, and not be afraid of either empirics or jesuits, for they will not harm you. As you say that all other empirics and mountebanks are entitled to the most profound respect in comparison with certain members of the parent Society, surely you cannot refuse to inform us whom you mean, or to give us a standard by which we may know whether our practice is orthodox or not, as you undoubtedly can, being, as you are, "free from every name and nature" of empiricism, and having no "parasites" or "jesuitical deceivers" among you. If you refuse to comply with my reasonable requests, would it be unjust in me to accuse you of unkindness in censuring me with the rest of the members of the State Society (your Societies excepted), for remaining in darkness while you refuse to give us light.

HIRAM PARKER.

Lowell, Aug. 10th, 1853.

USE OF THE TAMPON IN ABORTION.

BY A. I. CUMMINGS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is no situation in which a young and comparatively inexperienced practitioner can be placed, in which he feels the need of *all* the resources of our noble science, and *all* the information attainable, relating to the case, more than when his patient is *bleeding to death!*

When the vital fluid is flowing, not *guttatim*, but *in torrents*, as it were, and when immediate relief must be had—the flowing torrent be immediately checked, or death will ensue—at such a moment, there is no time to be lost in *theorizing*, for while we are thus engaged, our patient is dying! Something must be done, and that immediately. Calm, prompt, *decisive action*, then, distinguishes the true physician from the charlatan—the educated, well-informed practitioner, from the quack.

Every physician who has been in practice any considerable length of time, has been placed in the situation referred to. And not alone in *post-partum* hæmorrhage do we find cases of this character. Some of the worst cases of hæmorrhage which have occurred in the course of my practice, have been from abortion, occurring *previous to the completion of the third month of pregnancy*. The reasons why hæmorrhage is so much more dangerous and difficult to arrest in cases of abortion occurring previous to the fourth month, than when occurring at a later period of pregnancy, I need not discuss in this place, as they are familiar to every medical man. We have, then, a case of this character. The patient is flowing rapidly; she has lost, probably, a large quantity of blood before our arrival; she is faint, pale, and perhaps pulseless, and a cold, clammy sweat tells us but too plainly of her prostrated, sinking condition. If sensible, she is frightened, and the relatives and attendants even more alarmed than the patient. What shall be done? The uterus has little or no power of contraction to throw off the *fons et origo mali*; the os *tinæ* is closed, almost or entirely, so as not to allow the interference of art to bring away the ovum and its membranes; external pressure, or cold, or other appliances, will be of little or no service. What shall we do in this dilemma? Do something we must! and what? *Use the tampon!* Dam up the flood! and, for the time being at least, *your patient is safe!* It is easily done—it gives little or no pain, if carefully performed. But in order to prove effectual, the tampon must be a perfect *plug*. It must fill the vagina, and press to some extent on the os uteri. A fine, and perfectly clean, and soft *sponge*, is perhaps the best for the purpose; but when this is not at hand, a silk handkerchief, or linen, or even cotton cloth, torn into small pieces, will answer for the time being. The plug or tampon should never be suffered to remain more than twelve hours at most, and it may with safety be repeated, until the *expulsion of the ovum* renders it no longer necessary. Stimulants should be given if the patient is very weak, but we should use caution in their administration. With the tampon, in cases of this kind, I am accustomed to make use of the following pill:—*R. Acid. tannic pulv. secale cornuti, āā ʒj. M. Ft. pilules no. x., one given every two hours, or as often as may be necessary.* If too much pain is present, half a grain of opium, or a grain of extract. *hyoscyami*, may be added to each pill. As soon as the ovum is discharged, we may of course omit the tampon, and even the pills if the hæmorrhage ceases. To nourish, and give tone to the system, *then*, is all that is necessary. But in my humble opinion, a bandage or swathe is as necessary after abortion as it is after parturition.

Roxbury, Mass., Aug. 1853.