

Medical Matters.

POST-PARTUM HÆMORRHAGE.



An interesting article appeared in a German contemporary, last week, upon the pathology and treatment of this condition. There are known to be two conditions from which it chiefly arises, either atony or inertia of the muscle, preventing proper contraction of the uterus after it is emptied, and consequently delaying the closing of the opened vessels at the site of the placental; or bleeding from lacerations which chiefly occur in the cervix. As a matter of fact, the distinction is difficult under the circumstances; and, as a rule, it is not particularly important because, when the uterus has become thoroughly contracted, there is comparatively less likelihood of bleeding from a cervical tear, and pressure externally by a pad and bandage firmly applied, and internally by plugs, will usually prove sufficient. It has, however, to be remembered that, especially in cases in which instrumental delivery has been effected, hæmorrhage sometimes occurs from lacerations of the vaginal walls, and, of course, this may continue even though the uterus be firmly contracted. In such cases, as a rule, if the hæmorrhage be considerable, the doctor will require to close the tear by means of one or more stitches. But, if the Nurse is called upon to control the hæmorrhage temporarily, nothing more effectual than plugging the vagina with dry wool can be done. The conclusion, therefore, is that in the great majority of cases the golden rules are, first, to obtain complete contraction of the uterus, and then, if necessary, to firmly pack the vagina with kite-tail plugs.

INUNCTIONS IN FEVER.

A valuable paper appeared recently in a Russian contemporary, recommending inunctions of guaiacal and beechwood creosote, in cases of enteric fever and phthisis. The former drug was always used pure, the latter either in alcoholic solution, or combined with vaseline as an ointment. The substances were gently rubbed into the skin of the abdomen for two or three minutes, and then a warm compress was applied. The result was, that the temperature always fell rapidly, this being usually accompanied by very profuse perspiration, and marked slowing of the pulse and respiration. The temperature in the great majority of cases became normal about two hours after the inunction, and so remained for three or four hours. The general condition of the patient was greatly improved in each case during this treatment, and the only drawback which it appeared to possess, was that in two typhoid fever cases there was occasional

vomiting produced. Considering the pathology of the latter disease, one would theoretically expect that it would have been better in such cases, to have employed the remedy upon the skin, say, of the lower limbs, rather than to have caused, perhaps, irritation by pressure over the region of the specific lesion in the intestines. But, at any rate, the results quoted are sufficiently marked to make this measure worth a trial in cases of hyperpyrexia.

CRANBERRY JUICE FOR CHOLERA.

A Russian physician has called attention to the fact that he has obtained excellent results in the treatment of cholera by the administration of the juice expressed from raw cranberries given freely either pure or diluted with an equal amount of water. He found that this treatment was most successful in relieving thirst and vomiting, and that the patients found the acid mixture most comforting. In fifty cases the author used this with benefit, after ice and narcotics had completely failed to relieve the sickness. We are somewhat surprised that either of the latter remedies should have been employed because they are notoriously inefficient for such a purpose. In fact, we believe that in cases where thirst and sickness are prominent signs, it is a mistake to give ice at all. It undoubtedly increases the thirst and dries the mouth, and the cold water is neither sedative nor stimulant to the mucous membrane of the stomach. The principle of the cranberry juice seems much more rational, and by its extreme acidity probably it has a valuable therapeutical action in destroying the cholera germs, as well as in relieving the symptoms of the patient.

ERGOT IN PHTHISIS.

It is well known that one of the most troublesome and exhausting symptoms from which consumptive patients suffer is that of profuse night sweats. This is almost certainly not due to fever, inasmuch as it is frequently found amongst cases whose temperature is even sub-normal, and certainly occurs more frequently in chronic than in acute cases. It has for long been thought that the occurrence of this symptom must be due to the nervous system, and the theory is favoured by the fact that belladonna in some form, usually in that of atropine pills, has been found to be the most efficient treatment. Recently, the suggestion has been made, based upon the same theory, that ergot should be given either hypodermically or by the mouth in these cases, and the treatment has been found to be successful. We can, to a large extent, corroborate these facts, inasmuch as we have, on many occasions, observed that when ergot was being administered to patients for hæmoptysis, the profuse night sweats from which they had previously suffered, were completely checked.

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