


Medical Matters.**EXTRA-UTERINE PREGNANCY.**


IN an American contemporary a well marked case of this condition has been recently reported, in which the foetus died and was retained for more than thirteen years. The patient was a well-developed woman, aged forty-five, who had a normal labour twenty-seven years ago, followed by twelve years' sterility. She then became pregnant. On August 2nd, 1884, she was seized with severe pain, which kept her in bed until October. The abdominal enlargement gradually diminished. In August, 1897, the abdomen began to enlarge. Examination led to a diagnosis of retained foetus or uterine fibroid. Fistulae formed, opening into the rectum, and in the left iliac fossa. Laparotomy showed the intestines adherent to each other, and a putrid offensive fluid welling up from the lower abdomen through an opening. The opening was enlarged, and the foetus found, or rather, the bones, almost entirely disarticulated in 126 fragments. The patient did well for a time, but died of uræmia ten weeks after operation. There has recently been a somewhat active discussion upon these cases in both Continental and American journals, and their importance in general practice cannot be exaggerated. Few catastrophies are more distressing than the sudden collapse, agonising pain, and in many instances death, of a young wife who was previously thought to be in perfect health, and about three months pregnant. In such cases, immediate operation is often the only, and the successful, means of saving life. Hesitation may not be fatal, for the patient *may* rally, but it often results in the patient's death. In making the diagnosis, important points to remember are: First, the frequent history of years of sterility; then evidence of three or four months' pregnancy; then the sudden, agonising, persistent pain in one or other ovarian region, followed by signs of shock or internal hæmorrhage. The operation consists in opening the abdomen, ligaturing and removing the sac containing the foetus, and removing this also. If immediate operation be impossible, the bottom of the bed is usually raised, opium is given by enema, or morphia hypodermically, and hot-water bottles to the feet. Then absolute rest and quiet must be enforced; and

as little fluids given as possible. The latter point, by the way, is too often overlooked in many cases of internal hæmorrhage. The patient's thirst is great, and fluids are given more or less freely; the blood vessels fill up at once, and bleeding starts again. If Nature's teaching be followed, and the depleted vessels are deprived of fluid, many apparently hopeless cases recover.

BOER MEDICINE.

The *Indian Medical Record* recently contained an interesting article upon the subject of medicine among the Boers. It appears that these gentle and innocent brethren of Mr. Stead exhibit a positive mania for drug-taking, therein displaying a family likeness to their relative, whose preference for Count Mattei's preparations of coloured water is so notorious. The Boer swallows physic when he is ill to get better; and when he is well to keep so. He finds this an easier and more comfortable thing to do than to worry himself with undue attention to personal hygiene, for, unless he gets wet accidentally, the bath is practically an unknown luxury to him. The chief ailments from which the Boers suffer are dyspepsia and "aanbeyn," a wide term embracing every internal ailment save fevers and colds. Their nauseous medicines (for the Boer does not believe in any physic that does not smell or taste nasty, and therefore homœopathy does not flourish in the Transvaal) are devised and dispensed by their "vrouws," who consider that what they do not know about drugs is not worth knowing. Yet, despite petticoat government in the matter of physic, quack preparations and patent nostrums find great admirers and firm disciples amongst them. Our eastern contemporary gives many curious remedies from which we cull some of the most interesting. For cases of elongated uvula—an egg boiled hard, cut in half, and placed as hot as can be borne on the top of the head, will by its heat draw the little organ up. Crabs crushed to a pulp whilst alive (an act of vivisection to which we would direct the attention of the Hon. Stephen Coleridge) and given to a patient until he vomits—is a sovereign remedy for bronchitis. Shavings from a pewter pot taken in lard or brandy, form a certain cure for all sorts of "breakings out," especially boils. They have one good remedy for dysentery, its basis being the leaves of the blue gum tree (eucalyptus).

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