

devised to keep opened tubes in without risking an infection. He claims that catgut prepared in this way is about half the price of ordinary sterilised catgut in the market. He has entrusted the details of his procedure to a certain firm and Dr. L. Michaelis has consented to control the bacteriological aspect of the gut permanently.

#### DOSAGE.

The *National Hospital Record* says: As there can be no absolute rule of dosage, because of the impressionability of the patient, the rate of absorption and elimination are unknown quantities, and can be determined in each case only by experiment, the only safe way is to give in small doses, frequently repeated, until the desired result or symptoms of drug sufficiency are shown. Only in this way is there freedom from danger; are our results uniform.

It may be found that a fraction of a granule is all that may be required because of the excessive impressionability of the patient, or it may be necessary to double the minimum dose, to get the effect more rapidly or to prolong the intervals between doses. After the effect is obtained, the medicament may be continued at longer intervals, or the dose gradually decreased.

#### A REMARKABLE CASE OF TUBERCULOSIS OF THE HEART.

Dr. Knauth, in the *Berliner klinische Wochenschrift*, describes this case, in which the patient was a young man who for nearly a year suffered from a variety of symptoms, of which the most conspicuous were pallor, emaciation, night sweats, and enlargement of the heart. For nine months he was able to do his ordinary work as a household servant, when he manifested symptoms pointing to a general miliary tuberculosis with tuberculous meningitis. After an illness of about six weeks, he succumbed, and at the autopsy it was found that the entire heart had apparently been transformed into a mass of pus. Closer examination revealed that almost the entire thickness of the cardiac musculature had been irregularly eroded by the degenerative process, so that only a very thin septum of muscle remained between the endocardium and the broken-down tissues. This condition had remained entirely unsuspected, as up to the time of death the pulse had been of excellent quality, and it was particularly remarkable that the man had been able to be up and about attending to his work during so long a period while this extensive destruction of cardiac tissue was going on.

## Different Methods of Delivery in Childbirth.

By MISS EDLA R. WORTABET.

In civilised countries there are two positions for delivery in childbirth—the one adopted in Great Britain, the other on the Continent and in America.

In the East there are also two ways—that of the townswoman and the other of the Bedouin or woman of the desert.

In Great Britain the mother is placed on her side, on the Continent and in America she lies on her back; in the East the townswoman sits on a chair, with back and arms as supports, over a circular hole, under which a vessel is placed on the floor to receive the fluids, while the Bedouin woman squats or crouches in the sand of the desert, cuts the cord between two flints, and ties it with goat's hair, puts the infant in a sling on her back—and proceeds on her sandy journey—a proud woman should it be a boy and a subdued one should it be a girl.

With the Bedouin woman we have nothing further to do, for she requires neither nursing, attendance, nor yet a bed, but let us consider the three others who require nursing and attendance and compare the different methods with their advantages and disadvantages.

#### THE BRITISH METHOD.

The bed is first made in the ordinary way with mackintosh and draw-sheet, but the pillows are placed obliquely, one-third lower down the bed; while a second mackintosh, placed on the lower half of the bed and lapping well over the edges of the mattress, is covered either with a second drawsheet or a four-fold, secured with safety-pins. A large piece of brown paper pinned to the carpet at the foot of the bed will be found most useful, not only in protecting it, but all the soiled napkins and linen can be thrown down on it, rolled up in it, and quickly removed out of the room when all is over. The patient wears a clean nightdress rolled up to the waist, and a petticoat which buttons up to the waist, and thus can be easily unbuttoned and removed.

Her position in bed is thus:—Head on the pillows, buttocks well to the edge of the bed, knees drawn up, feet resting on the foot of the bed. In this way, with the help of a pulley—made of a roller towel—if necessary, she has power to bear down with each pain.

The nurse sits behind her with the left hand over the abdomen and the right over the perineum; she supports the head and helps

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