

sign is a discharge of mucous from the vagina, this does not begin until pains have been going on for a little time, but it is generally fairly early in the labour. In some cases early and in all cases late the mucous becomes streaked with blood, and this is a further indication of what is occurring. The occurrence of a gush of water, which can be distinguished from the passing of urine by the absence of the smell of urine, is a further and more positive sign, but one which may not occur until very late in the labour, or, indeed, sometimes not until just before the child is born, and the labour should have been recognised as a rule before this. These are the main indications of labour, each by itself is not definite, but when combined with others, is practically certain.

The signs are:—

Occurrence of pains.

Contractions of the uterus felt during a pain with diminishing intervals.

The occurrence of gradually increasing pains.

The mucous, or bloody mucous, discharge.

The gush of water which is not urine.

I have described the onset of labour in a woman who is capable of telling one that she is having pains; but when the patient is delirious or in coma she will not do this, still the pains can be recognised. The patient will be noticed to become restless, and to roll about from one side to the other then to remain quiet, and, after an interval, to become restless again. The first few pains may not attract attention, but the continued occurrence of this restlessness and the shorter intervals is certain to be noticed, and when it is known that the patient is pregnant, and the possibility or likelihood of labour starting is remembered, it ought to make one look for the other signs, and these will all be present, and just as easily made out as in a perfectly normal case. Therefore, even though a patient is unconscious, it is important to remember that labour may start, and that it can be recognised, and so look out for signs so as to diagnose it as early as possible.

There are a few differences according to whether the pregnancy is early or far advanced. During the early months the pains do not occur so much in the back, they are more confined to the front of the abdomen but the contractions of the uterus can be felt in the same way, and if the patient is unconscious the pains will produce the same restlessness. The discharge from the vagina may contain a larger amount of blood, or during the first three months may be wholly composed of blood and be fairly profuse.

Beyond these differences the onset of labour is the same in nearly all cases, and can be recognised by careful observation quite early, which of great importance in some cases, where it is advisable to shorten the labour as much as possible, and also the early diagnosis will avoid the unpleasant accident of the patient being delivered quite unexpectedly with nothing ready for this further complication, as one may call it under such circumstances.

Microbes' Hours of Work.

Professor Miquel announces that the number of microbes in the atmosphere is affected by the season and by the hour of the day. At nine o'clock morning and evening they are abroad in the greatest numbers:

Hæmorrhage in Enteric Fever.

Hæmorrhage, says Dr. Tasker Howard, in a contemporary, is most likely to occur in enteric during the ulcerative stage as a result of erosion of one or more blood vessels in the ulcerating lesions. If the loss of blood is sufficient to produce any systemic symptoms of collapse there will be immediate improvement in the toxic symptoms as a result of withdrawal of a certain amount of typho-toxin. There is a greater or less degree of collapse, temperature falls, heart's action increased in frequency, and decreased in strength, blood pressure already low falls still lower, cold clammy skin, thirst and restlessness. Involuntary relaxation of sphincters. The collapse is a protective measure, as lowered blood pressure offers a favourable condition for formation of clot and cessation of hæmorrhage. If collapse itself is sufficient to endanger life it must be met energetically, but with care not to over-stimulate. External heat, bandages to extremities, raising foot of bed, and absolute mental and physical rest; bowel movements to be received in cotton or oakum. To insure rest of bowel hypodermics of morphine should be given freely, as it is more efficacious in controlling hæmorrhage than any other drug. Ice bag or Leiter coil is beneficial if collapse does not counterindicate the use of cold. Astringents are harmful as they cannot reach the site of bleeding and are apt to cause vomiting. Theoretically, adrenalin would control bleeding, but it also increases arterial pressure, and is liable to force out any clot that is forming. Calcium lactate, in doses of 5-15 grains t.i.d., has been shown by experiments to increase the coagulability of blood and is worthy of trial.

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