the body should for a moment be exposed to cold, or for some other equally cogent or perhaps unknown reason, the separation is mysteriously accomplished. It is better to avoid such subtegmentary proceedings, involving as they do the expenditure of critical time and a risk of the mutilation of a penis or a finger; and also if it be wished to prevent that bane of infant well-doing, "atelectasis pulmonum".

It may be expected that something should be said about the binder. I have little to say, except in its condemnation, if used for the purpose of restraining uterine hæmorrhage. If applied when the uterus is well contracted, it is useless; if when relaxed, it will be injurious by covering over and concealing the source of danger. Its great use is as a surgical appliance in giving support to the relaxed abdominal parietes, securing their equable adaptation to the abdominal contents, and thus facilitating their contraction and timely involution. On this account, it is neither well nor fitting to pull the patient about, when quiet is so essential, to adapt the nicely made bandage. An easily applied slip is all that is needful for the first twenty-four hours.

My conviction is that the bandage should be continued for at least a month after each confinement, if we are anxious to preserve the normal relation of the axis of the uterus to that of the pelvis, and so prevent delay and danger at subsequent confinements; or if we desire to avoid the unseemly production of a pendulous belly. Let cases be stripped of the accidents, largely avoidable, which we have been considering, and how many remain to be dealt with? Only those unforeseen and unavoidable cases of peculiar hæmorrhage, dependent on idiosyncrasy, examples of which were so well and so courageously related by Mr. Crisp at our last meeting.

In such cases, it is not to be expected that remedies having a reflex operation should be of all avail; more immediate and direct means must be employed, as the hand to the internal surface and the introduction of various substances into the cavity of the uterus. I say introduction, not injection. When, in the induction of premature labour the injection of water alone has proved fatal, I think we should be cautious how we inject fluids which may prove fatal not only in that way, but by reason of their engendering septicæmic sequelæ. Besides, the styptic fluid needs only to be applied to the surface of the uterus, and should not permeate the sinuses.

It will have been seen that principles rather than practice, except in some of its more prominent bearings, have engaged our attention; that the aim has been to inquire how and by what agencies Nature manages the process of parturition, and to insist that she must be acknowledged, not ignored; assisted, not forced; unloosed, not fettered; supplemented, not supplanted—in her operations; and that physiological actions rather than mechanical expedients should be had recourse to and depended on, and to show that the glory of contingencies consists in their prevention; that the eternal law of labour and of rest should be borne in mind in all our doings, and also that the more violent the action and consequent exhaustion, greater will be the probability of prolonged rest and of undue relaxation; hence the occurrence in the greater degree of hæmorrhage, and in the lesser of imperfect contraction and subsequent septicæmia.

It may be objected that such a sketch is visionary and unreal, and that it refers to the occupants of a too happy land, and that in the hurry and bustle of this lower world accidents must needs come, and, therefore, it is folly to ignore, taboo, and discard the well used helps of obstetric necessities. All I contend for is that those helps should be studied from a different point of view; that the act of parturition should be looked on as a natural process, to be gently assisted by natural means, and not by any foreign to, and entirely subversive of, her teachings, and that general principles are applicable and adaptable to every emergency.

Let it be borne in mind that midwifery has not till very lately, and certainly not now generally, been studied in this way; that labour has been looked on as a mechanical act, to be completed as soon as commenced, and the sooner the better; that the effects of the nervous relations of the uterus are only just beginning to be perceived; and that in this direction, and from this source, our future remedies are to be sought and are to be found.

I am quite aware it may be said that the standard is placed much too high for such a common and everyday occurrence as that of parturition. Be it so. The object is the alleviation of pain and suffering; to aim higher is impossible; lower would be reprehensible.

My conviction is that, till the science and art of obstetrics are placed on a physiological and not on the prevailing mechanical basis, we shall continue to be the slaves of routine, and our patients the victims of fortuitous complications; and that then, and not till then, will the possibility of hæmorrhage be mainly prevented and the chances of septicæmia reduced to a minimum.

RECENT PUERPERAL EPIDEMIC AT COVENTRY.

By M. A. FENTON, M.D.,
Medical Officer of Health for Coventry.

As the epidemic of puerperal fever from which Coventry has just suffered has excited some discussion as to the contagious nature of that disease, I think a short account of the epidemic may prove interesting. It is of importance, as it affords strong evidence in favour of the fever being extremely contagious. The first case occurred in November last. A woman, whose family was suffering from scarlet fever, was attacked by a mild form of the disease. A lying-in charity, which lends out to poor puerperal women bags of the linen requisite for such an occasion, and pays a midwife, and medical man, if required, for the patient, came into play in spreading the complaint. The bag of linen was returned to the matron, who placed it with another in a store. These bags were lent out again early in December, and both the women suffered from fever, one lightly, one very severely. There was no other source of infection. They were both attended by the midwife Ingram. The three following cases attended by Ingram on December 12th and 13th, were attacked with fever the day after delivery: two died on the fifth day, the third survived; but the medical man who was called to treat her carried the infection to the next parturient patient he attended, and this case proved fatal. Ingram's next case also proved fatal. She then (having received the coroner's warning) made arrangements with a medical man that she was to attend as usual, but not to deliver, or make vaginal examinations; she was to send for him when delivery was about to take place. This was done in one instance, the patient doing well; in the next case, the medical man disappointed her, and she delivered the woman herself. The day following, rigors issued in the fever which proved fatal. Ingram was then committed for manslaughter.

In connection with another lying-in charity, three cases of puerperal fever occurred. In the first instance, no apparent source of infection could be discovered; the woman was attacked on the second day, and died on the seventh day after confinement (December 1st). The linen belonging to the charity was returned, and six weeks afterwards was lent out again. The unfortunate woman receiving it was infected and died; and the midwife attending her infected the next case she attended, though not fatally. This midwife has also been prohibited from practice by the coroner. It may be a matter of doubt whether the coroner acted according to law in taking the course which he did; however, with the evidence before him, which I have stated above, I have no doubt it will be admitted that he acted very wisely, and I have to thank him for so doing, for he has stamped out an epidemic which I (as medical officer of health) found myself unable to cope with for want of power to take the steps which he did. The origin of the epidemic appears to me to be rather obscure. I have seen in our late epidemic of scarlet fever a woman who, for the first week after confinement, lay in the room with two malignant and fatal cases of that fever without hurt. Why, then, should the woman in this instance escape when another is infected? May there not be some meteorological conditions rendering the constitution more susceptible at one time than at another? There is another point of interest with regard to the mode of infection, viz., the only woman who escaped Ingram's fatal influence was one whose vagina she had not touched. Is it possible that this is the only channel through which the virus is conveyed?

REMARKABLE CASE OF COMPLICATED PREGNANCY: MISCARRIAGE AT SIX MONTHS.

By FREDERICK C. GRANT ELLERTON, L.R.C.P. Ed., Lindley, Huddersfield.

ON July 18th, I was called to see Mrs. K., aged 34, the mother of six children. I found both the legs and feet cedematous, and somewhat elastic, the cedema apparently of active dropsy. The abdomen was in size between a six and seven months' pregnancy, and the symptoms indicated generally a subacute febrile condition. There was no disease of the heart. About a fortnight before, Mrs. K. got a chill, when heated and perspiring, after which the cedema first came on. The rapid increase in the size of the abdomen, especially during the last two days, with the gradually increasing swelling of the legs and thighs, caused her to seek medical advice. She thought herself now about five and a half months gone, and had felt the child at times distinctly. The urine did not contain albumen, but the fæces were unhealthy, and the portal system was engorged. Diuretics and hydra-