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-

gogue aperients were given, under the use of which the oedematous condition of the legs began to subside in three or four days; but it was remarkable, as this diminished, and at length disappeared entirely, that the size of the abdomen continued to increase to that of pregnancy at full term, attended with much dyspnoea and pains at the sides. Fomentations, linseed-meal poultices, and sinapisms, afforded some relief. On the 26th, Dr. Scott of Huddersfield saw the case with me. A large square of spongio-piline, twenty by sixteen inches, steeped in a strong hot decoction of fresh digitalis leaves, was continuously applied to the abdomen for two or three days, but without mitigating the symptoms. The size of the abdomen was now considerably larger than that of full pregnancy. The dyspnoea was most distressing, and respiration was easy only in the sitting posture, with the legs down. Large doses of bitartrate of potash, with digitalis, were being taken at this time, when about 10 P.M. of the 29th, pains like those of labour came on, and, in half an hour after, the membranes giving way, a sudden gush of several quarts of red-coloured fluid took place, with immense relief.

On being sent for, I found the child's head presenting, with the os fully dilated. The pains being inefficient, a dose of ergot was given, and about 11.30 a six months' female child was expelled dead, though it had been felt alive during the day. On removing it, I found the alae nasi wanting, and a deficiency in the anterior part of the superior maxillary bones, forming, with the nasal cavity, an irregular aperture, about an inch in diameter. Some small fragments of bone, as though broken off, were found here at its margin, while some loose skin, which had a torn appearance, was hanging from its sides. Turning to the mother, as a pain came on, I examined, expecting to feel the placenta descending, instead of which there was a firm smooth substance; and, finding the abdomen still very large, I thought it the breech of a second child presenting. I was not left long in suspense; one or two pains sufficing to bring away a large sarcomatous tumour of the colour of the skin, of an oblong cylindrical form, smooth surface, with rounded extremities, about nine inches long, and four and a half inches in transverse diameter, and weighing at least four or five pounds. Puzzled, at first, to account for its being there loose, on turning it over and over, to find its point of attachment, I discovered at one extremity an uneven torn looking surface, corresponding in size to the apertures in the child's face. The difficulty was at once solved; the presence of two or three minute pieces of bone, which were embedded in this part, making it evident that here it had been attached to the face, and forcibly torn off during the expulsion of the child. The abdomen still remaining unusually large, and the placenta not coming away, I first repeated the ergot to insure firm contraction, and then used moderate traction on the cord, which, being a thin one, soon gave way. Expecting something unusual, I placed the right hand on the abdomen, and, though there was no hæmorrhage, on introducing the left, I found the uterus occupied by a placenta of enormous size, to reach the full extent of which the hand had to enter a large constricted portion of the fundus, where it was extensively, but by no means firmly adherent. The difficulty was, that from its soft consistence it was so easily torn, that there was some trouble in removing it entire; its size also rendering it scarcely possible to grasp and sweep it out at once. It was very gratifying to find that the uterus followed it down closely, and by degrees contracted to its usual dimensions; the right hand all the while being kept on the abdomen, and contraction for some time after maintained by compression, dipping each hand alternately in cold water. The placenta completely filled an ordinary sized chamber-vessel, being remarkably soft, spongy, and readily breaking up under the finger, with about three inches of the cord left attached. A firm pad and bandage completed this singular case. There was no subsequent hæmorrhage, nor any oedema remaining in any part. Her recovery was very satisfactory.

The foetus having presented with the front towards the sacrum, the tumour would lie in the uterus, before its detachment, parallel to the child's abdomen, and pressure would thus be made on the iliac veins, causing the hydrometra and oedema of the lower extremities.

The rapid subsidence of the oedema, as the uterus filled, would appear to be in consequence of this pressure being removed, as the tumour and foetus were floated up out of the pelvis, and not altogether, as was supposed, the result of the remedies employed. As to the cause of the immense size and fragile texture of the placenta, I will leave it to those more experienced than myself in the pathology of the uterus, to offer a suggestion or to explain.

A VERY CLOSE SHAVE.—At the annual meeting of the Stockton-on-Tees Dispensary, it appeared that the income for the past year was £199 os. 7d., and the expenditure £199 os. 6d.

SURGICAL MEMORANDA.

THE POLYPUS KNIFE-HOOK.

As the communication from Mr. Buller to the BRITISH MEDICAL JOURNAL, which has been sent to me by Mr. Buller for perusal, and that of Dr. A. P. Whittell to me, a copy of which is subjoined, sufficiently answer the article on the polypus knife-hook from Mr. Lennox Browne, which appeared in last week's issue, I need not take up the space of the JOURNAL by any further remarks of mine upon the subject.

I am glad to learn that Mr. Lennox Browne has found the instrument so useful, and will have pleasure, should he call upon me here, in showing him a modification of the hook, consisting of placing the cutting hook at a different angle to the handle from that which he saw in Dr. Whittell's possession, and which enables the operator to remove growths arising from the tympanic cavity, or granulations on the membrane, to which the cutting edge of the hook he has used cannot be applied, or only in an exceptionally large meatus.

W. LAIDLAW PURVES, 7, Hanover Street.

(Copy.)

"L. Purves, Esq., London.

"Dear Sir,—Your note of the 5th instant has just come to hand, and I hasten to comply with your request. The polypus hook which Mr. Weiss made for me was made following your suggestion, and I consider it a valuable addition to aural surgical instruments. I showed the knife to Mr. Browne (who used it very successfully on a case of aural polypus), saying that it was probably the first of the kind made, but that it was made after your suggestion.

"Believe me, very truly yours,

"A. P. WHITTELL.

"9, Rue Gay Lussac, Paris, Feb. 6th, 1875."

THE POLYPUS KNIFE-HOOK.

HAVING seen in last week's JOURNAL a statement made by Mr. Lennox Browne, which seems to call in question Mr. Purves's claim to the invention of the polypus knife-hook, I beg to state that I was present with Drs. Frank and Whittell when the proposition was made by Mr. Purves to use such an instrument, and that Dr. Frank only mentioned having used an instrument constructed on the same principle for the operation for strabismus, during the discussion which followed Dr. Purves's proposition. I have Dr. Frank's authority for saying that he lays no claim whatever to having suggested the idea to Mr. Purves.

F. BULLER, House-Surgeon Royal Ophthalmic Hospital, Moorfields.

CLINICAL MEMORANDA.

TEMPERATURE IN PHTHISIS.

I HAD the advantage (thanks to the courtesy of Dr. Gilbert Smith) of hearing Dr. C. T. Williams's paper at the Royal Medical and Chirurgical Society. I wish to ask attention to a sentence in his after-speech. It is, I believe, correctly reported in the JOURNAL as follows: "The thermometer might sometimes detect the formation of tubercle before physical signs did; but, on the other hand, tubercle might form without any rise or fall of temperature." This being the case, may we look to Dr. Williams for some further expression of opinion as to the average frequency and character of the latter class of cases? There is room for clearer knowledge on the subject. The conclusions of Dr. Ringer's able pamphlet may be briefly stated in three of his propositions. 1. "There is probably a daily elevation of temperature in all cases when deposition of tubercle is taking place in any organs." 6. "By means of temperature (rise) we can, in many instances, diagnose tubercularisation long before physical signs are sufficient." 8. "It is probable that by means of the temperature (non-rise) we can conclude the deposition of tubercle has ceased." Dr. Ringer's exceptional tubercular cases are of meningitis. In the above extracts he uses guarded expressions; but at page 41 (2nd edition), we read: "Admitting an elevation of temperature in all cases of tuberculosis and catarrhal pneumonia, it follows that if the temperature be normal, we may conclude that the patient is free from these diseases." I need not say that this is a point of vital importance in daily practice. My own opinion has been largely formed by Dr. Ringer's writings, corroborated as they are by my own results. Will Dr. Williams favour us with additional evidence, either affirmative or negative? The sentence quoted from his speech is, *pro tanto*, a statement in the negative, for he was referring