

The views expressed by the author are sound and practical. In speaking of the treatment, he insists strongly on the importance of hygienic measures—nutritious food, good ventilation of the patient's habitation, and regular exercise. Without these, he very correctly says, "medicine is utterly powerless and useless, and the treatment of the disease perfectly hopeless."

Progress of Medical Science.

MIDWIFERY AND DISEASES OF WOMEN.

EXTRAUTERINE PREGNANCY IN A WOMAN WHO HAD UNDERGONE CÆSAREAN SECTION. In 1863, Dr. Hillmann of Bonn performed the Cæsarean section on Frau K., who had all the symptoms of progressive molities ossium. In February 1864, being in the eighth month of her pregnancy, she fell against a hard article of furniture; after which the fetal movements were no longer felt. In the night of February 12th, labour-pains set in, with discharge from the vagina. On attempting to make a digital examination, Dr. Hillmann found that, on account of the narrowness of the space between the rami of the pubic bones, he could introduce his finger no further than the vaginal entrance; the os uteri could not be reached. He thought it possible that rupture of the uterus might have occurred, with escape of the child into the abdominal cavity; but the general symptoms which should denote such an occurrence were absent, and the labour-pains continued, although feebly. The fetal heart-sounds and movements could not be perceived. The labour-pains gradually ceased; and Dr. Hillmann waited, but in vain, for their reappearance as an indication for further operative proceedings. In eight days, the external enlargement of the abdomen, especially in the ileo-cæcal region, assumed an erythematous appearance; the part was tender to the touch, and felt as if there were œdema of the subcutaneous areolar tissue. At the same time, febrile symptoms appeared; and, as the epidermis desquamated, the patient had occasional sanguineous discharges from the bowels, which required the use of strong injections of acetate of lead to arrest them. On February 27th, an abscess appeared between the umbilicus and symphysis pubis. It broke, and discharged a quantity of fetid liquor amnii. On introducing the finger, Dr. Hillmann felt the body of the fœtus immediately behind the abdominal wall. Subsequently, the right hip of the child, denuded of its epidermis, presented at the opening and was removed by Dr. Hillmann. Fearing that the continued pressure on the abdominal walls might lead to their laceration, he, after the bladder had been spontaneously emptied, extended the abscess-opening upwards and downwards for about six inches. The child was found entwined by the umbilical cord; it was a male, of about a month less than full term, and was dead and putrid. The placenta was found attached in a space between the abdominal wall and the anterior part of the uterus; it was removed with some difficulty, but without hæmorrhage. There were no fetal membranes attached to the placenta, and none had been discharged from the vagina; Dr. Hillmann puts it as a physiological question whether the serous membrane of the abdomen may not have discharged the duty of the membranes. The wound was closed, and dressed with infusion of chamomile. The progress of the patient was satisfactory; on March 8th, she was able to leave her room for the first time, and in six weeks the catamenia appeared, and after-

wards returned at regular intervals of three weeks. On examination of the abdomen in September, the cicatrices of the two incisions were seen crossing each other at a very acute angle. In that left by the first Cæsarean section, the tissue had given way, so as to produce a hernia. On making a vaginal examination in the middle of October, and gently pressing on the hypogastric region, the anterior lip of the uterus could be felt. The patient was in as good health as could be expected in the circumstances. (*Berliner Klinische Wochenschr.*, 21 Nov., 1864.)

PURPERAL ERYSIPELAS. Dr. Hervieux gives the following conclusions at the end of a paper on this subject. 1. Like common erysipelas, purperal erysipelas may assume various forms—phlyctenoid, phlegmonous, and gangrenous. 2. It may affect all parts of the body, but it is chiefly met with on the seat, face, and limbs. 3. Purperal erysipelas is sometimes sporadic, sometimes epidemic. 4. Its causes are local and general. When erysipelas occurs in the buttocks, the local causes are the irritation produced by abundant and fetid lochial discharge, sloughs of the vulva, or erythematous or phlyctenoid ulcers in the sacral region; erysipelas of the face and scalp is produced by eczema or impetigo of the nose, lips, or ears, by ophthalmia, stomatitis, or angina; erysipelas of the limbs has for its causes suppurative phlebitis or purulent deposits in these parts. The general causes of purperal erysipelas are overcrowding, infection, and perhaps contagion. 5. Purperal erysipelas is sometimes accompanied by severe general symptoms, which may be mistaken for those of peritonitis or of uterine phlebitis with purulent infection. 6. The prognosis of the disease varies according to its form and situation, to the complications which attend it and the causes which have produced it. The phlegmonous and gangrenous forms are more severe than the erythematous and phlyctenoid. Erysipelas limited to the face is the mildest of all; erysipelas of the seat and lower limbs is ordinarily much more severe than that of the face or even of the scalp. 7. Erysipelas supervening during pregnancy is rarely fatal; but it may produce premature labour. 8. In the treatment, the patient must be removed from the influence of the causes, both local and general, which have produced the disease. (*Gaz. Méd. de Paris*, 28 Janvier, 1865.)

CONTINUANCE OF LIFE OF THE FŒTUS AFTER THE MOTHER'S DEATH. Professor Breslau has attempted to solve the question, how long can the fœtus live after the mother's death? by means of experiments on the lower animals. He details and tabulates twenty experiments, the great number being performed upon Guinea-pigs. The following conclusions are drawn:—1. The life of the fœtus always endures with a certain independence after the mother's death. 2. The life of the fœtus in the dead mother is very quickly in great danger, which reveals itself in strong convulsive movements. 3. "Apparent death," into which the fœtus commonly falls in the first minute after the mother's death, may be continued in the uterus in extreme cases as long as eight minutes; but mostly death occurs much earlier. 4. The fœtuses removed, "apparently dead," from the body of the dead mother, are nearer to death than to life, for they do not recover by themselves, but quickly, almost without exception perish. 5. Only seldom, and in the most favourable case, will the young be removed alive within five minutes after the mother's death. Even in the third minute the probability of extracting a live fœtus is very small. 6. If we operate later than five minutes, we cannot extract a living fœtus; if we operate later than eight minutes after the mother's

death, not even an "apparently dead" fœtus can be extracted; the young are by that time dead. 7. The mode of death of the mother seems not to be without influence upon the life and death of the fœtus. Death by asphyxia is unfavourable to the fœtus; death by hæmorrhage more favourable, so also death by chloroform, and by paralysis of the nerve-centres. 8. It appears to be of consequence for the persistence of life whether the fœtus be mature or immature, but the experiments could not determine this matter. With regard to the applications to the human fœtus and to practical obstetrics, Dr. Breslau submits that: 1. There is no doubt that the human fœtus, like the brute, always survives its mother when the mode of death is rapid and violent, as from bleeding, blows on the head, apoplexy, etc. 2. Daily experience shows that the power of resistance of the human fœtus is greater than that of the brute. 3. The duty of every physician is, after the ascertained death of the mother, to perform the Cæsarean section as quickly as possible, in order to save the child's life. The Cæsarean section may, however, be avoided when the previous death of the fœtus is certain, or when the fœtus may more readily be delivered by the natural passages. 4. The Cæsarean section will give no prospect of a living or of an "apparently dead" child, if not performed within the first fifteen or twenty minutes after the mother's death. 5. If the mother have died from disease, as from cholera, typhus, puerperal fever either during pregnancy or labour, scarlatina, smallpox, etc., there is no hope of saving the child's life. The same will be the case in those poisonings of the mother which effect a rapid decomposition of the blood, and which affect the child, as by hydrocyanic acid. Chloroform-death appears to be an exception, since chloroform, as such, does not pass into the fetal circulation, of which one may be convinced by any labour completed under chloroform-narcosis. In the discussion upon the memoir in the Berlin Obstetrical Society, Professor Martin observed that in none of the four cases in which he had performed Cæsarean section after the mother's death was a living child extracted. In one the operation was completed within ten minutes; in one it was done "very soon;" in the remaining two it was done within half an hour. Dr. Boehr referred to a collection of cases in *Caspar's Wochenschrift*, in which out of 147 cases only three instances of living children occurred. (*British and Foreign Medico-Chir. Review*, January 1865.)

SPONTANEOUS PELVIC VERSION IN SHOULDER-PRESENTATION. Dr. Gignoux relates the following case as having occurred in his practice. Jeanne M., aged 27, was taken in labour at 5 A.M., at the full term, with her third child. On examination, at 10 A.M., the right shoulder was found to be presenting; the head could be felt through the abdominal walls in the left iliac fossa; the fetal heart was heard a little above the pubes. The uterine contractions were very painful and frequent, but the labour made little advance. At midday, not the shoulder, but the arm, was presenting; the head had ascended, and the heart was heard at a higher point than before. Painful and apparently ineffectual uterine action continued; and, at 3 P.M., the scrotum and anus could be felt. The head was felt in the epigastrium; the heart-sounds were loudest at the level of the umbilicus. At this time the contractions became less painful, and more regular and effective. The os uteri dilated rapidly, the liquor amnii was discharged, and the labour was successfully terminated at 5 P.M. The infant was healthy, and of moderate size. The mother died in eight days of metro-peritonitis. (*Gazette Médicale de Lyon*, 1 Dec. 1864.)

WE beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, FEBRUARY 25TH, 1865.

IS ALCOHOL FOOD?

SOME of our readers may perhaps be aware that the views concerning the non-alimentary character of alcohol laid down by MM. Perrin, Lallemand, and Duroy, have been combated by Dr. Baudot. Dr. Baudot asserts that alcohol is food.

M. Perrin, however, cannot allow the assertion of Dr. Baudot, respecting the alimentary character of alcohol, to pass uncontradicted; and, therefore, in a letter to the doctor, re-affirms the correctness of the statements made by himself and Lallemand and Duroy: viz., that alcohol neither undergoes transformations nor is destroyed in the body; but that it is eliminated as alcohol by different organs of secretion, and that it has none of the characters of an aliment.

Dr. Baudot objects to M. Perrin, that if alcohol be wholly excreted from the body, he ought to be able to collect the total quantity which, in any given experiment, has been ingested. But to this, M. Perrin answers, that the human body is not a crucible or a retort; and that to fix the finely divided vapour of alcohol which passes off from the lungs and skin is utterly impossible. And even if we were to obtain from the secretions eighty *grammes* out of a hundred *grammes* of alcohol ingested, how would that advance the question? You would still maintain that the remaining twenty *grammes* were destroyed in the body as food. And if, again, by distilling the blood and the organs of the body, we were to obtain the missing twenty *grammes*, you would then object: Oh! the body has not had time to convert the alcohol into food.

Previously to the date of our experiments (says M. Perrin), it was generally accepted, that alcohol ingested could not be found again in the body—not even a trace of it; and the conclusion was that alcohol was a food. But the discovery, that alcohol ingested can be found in all the secretions of the body, of necessity destroys the argument upon which that conclusion was based. The arguments derived from the fact—that alcohol is a ternary body, is very combustible, burns better than fat, starch, and acetic acid, etc.; that the animal machine possesses powers of chemical transformations which art cannot rival;