I have been present before the birth of the child. I cite two cases. I attended two women each in three confinements and each woman had hour-glass contraction with the first two children. At the third confinement in each case, pursuing a policy of *vis a tergo* only on the child, I found, as I expected, the placenta easily expressible after a wait of a quarter of an hour. I have, however, never considered hour-glass contraction a "bugbear." It is only a delay and a nuisance. The hæmorrhage in my cases has been trifling and the non-separated, not the adherent, placenta is easily peeled off when once the hand gets through the constriction. As a delay and a nuisance, however, it is well avoided, and if by a warning against traction on the child one can do so my object in writing will be achieved.

It appeared to me in the hour-glass cases (1) that the contraction took place when the infant had been rather quickly delivered and when the placenta was situated in the fundal region of the uterus, therefore that there are two factors required for its occurrence; (2) that the fundal portion of the uterus was tightly contracted around the placenta, whilst the lower portion of the uterus was lax and flabby (Dr. Herman, however, says that "the contraction of the circular fibres of the lower uterine segment morbidly persists"); (3) that the amount of hæmorrhage was only normal, as might be expected from the tonic contraction of that portion of the uterus containing the sinuses; and (4) that the constriction, which to commence with would only admit one finger besides the funis, was, generally speaking, situated quite half way or higher in the uterine cavity.

Again, I am not at all certain that traction on the infant is not responsible for many cases of pronounced scoliosis at a later age. I do not mean mere amesiality of the spinal column, for that, if looked for, will be found to be an unexpectedly frequent occurrence. I think investigation would probably show that an inordinate number of the badly twisted spines had been breech or transverse presentations at birth. Certainly this is so in the few cases about which I have made inquiries. Thus out of eight cases three were breech, two were probably and two were possibly breech presentations, and one was vertex (this last suffers from marked rachitis). To deliver breech presentations traction on the child is nearly always made use of. Now in the mechanism of breech delivery it is said that the shoulders do not follow the movements of the hips and that consequently the spine is rotated. Rotation and traction will necessarily stretch the vertebral ligaments and we ought not to be surprised that when the child becomes a certain weight—i.e. at from seven to 12 years of age—twisting should occur along the line of least resistance—that is, along the line of overstretched or torn inter-vertebral ligaments, for a torn or overstrained ligament never entirely recovers its pristine strength.

To conclude, in this paper I have touched on three topics and I hope I have made three points: (1) that the catheter in the course of a breech delivery is capable of saving life; (2) that hour-glass contraction of the uterus is avoidable; and (3) that scoliosis is possibly caused by traction on the infant's body during birth, and that we should realise the damage we may be doing to the spine when pulling in the various directions as we are advised in textbooks and be wary accordingly. Besides the possible scoliosis, the foundation of which we may be laying by traction on the infant's body, there is another and a more serious danger which we may be unwittingly incurring during that operation—the suprarenal capsules may be injured and death of the child follow. I quote from Dr. Clifford Allbutt¹: "As the result of traumatism during birth hæmorrhages frequently occur into the suprarenal capsules. On an examination of 130 stillborn children Dr. H. Spencer found extravasations into these organs in 26. These hæmorrhages occurred more often in difficult labours and were more frequently met with in pelvic than in cephalic presentations." Speaking generally, I believe in the soundness of the use of the catheter with an after-coming head if any hitch occurs as opposed to traction on the infant's body.

Richmond, Surrey.

¹ System of Medicine, vol. iv., p. 567.

TOTNES COTTAGE HOSPITAL.—Dr. William Berry Kellock of Stamford-hill, London, has subscribed £500 to be added to the perpetual endowment fund of the Totnes Cottage Hospital as a memorial to his late wife.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

LONDON FEVER HOSPITAL.

A CASE OF EXTENSIVE HÆMORRHAGE INTO THE FLOOR OF THE MOUTH AND EPISTAXIS OCCURRING IN A HÆMO-PHILIAC DURING THE COURSE OF SCARLET FEVER; RECOVERY.

(Under the care of Dr. CHARLES R. BOX.)

IT is curious that medical literature contains hardly any records of the behaviour of hæmophiliacs in the course of the specific fevers, but this very fact demonstrates that as a rule their tendency to bleeding does not specially manifest itself on these occasions. The following case is remarkable and is very deserving of record.

A youth, aged 16 years, was admitted into the London Fever Hospital certified as suffering from scarlet fever. He was apparently in good health until two days before admission, when he shivered and vomited. When admitted the rash had largely disappeared, there being only a fading punctate erythema on the legs, and some remains of a similar rash about the anterior folds of the axillæ and flexures of the elbows. The tonsils were reddened and moderately swollen; the submaxillary glands were slightly enlarged. The posterior cervical glands were not involved. The tongue was coated white and cleaning on its anterior part. The urine on admission contained no albumin. There was no evidence of any visceral disease. The temperature was 102.4° F. After being in hospital three days the temperature fell to normal and the patient felt quite well. On the eighth day of the disease the temperature began to rise and next day a trace of albumin appeared in the urine. Two days later the temperature reached 102.2° and rheumatism with lumbar pains was present. The tonsils were swollen, the left submaxillary glands were again enlarged and tender, and the albumin was increasing in quantity. On the inner side of the left arm, just above the elbow, a discoloured area of about the size of a florin appeared, evidently a subcutaneous hæmorrhage. There were no other hæmorrhages and the patient was inclined to think that he had bruised his arm on the side of the bedstead. The next night sleep was much disturbed and at four in the morning there were pain in the left side of the jaw and some difficulty in swallowing. The submaxillary region was much swollen, tense, and tender. The floor of the mouth was infiltrated with blood, extravasated into its tissues, and the tongue was pressed upwards towards the roof. A few hours later profuse epistaxis occurred and was once repeated. The local application of hazeline and calcium chloride in solution appeared to stop this. The temperature remained febrile. Further careful inquiry was now made as to the previous history of the patient and his family. As a boy he had lost a considerable quantity of blood after a tooth extraction. His mother's uncles and mother's sisters' sons were "bleeders," and other more remote male relatives suffered from the same tendency. Most had lived to a good age.

The hæmorrhage into the floor of the mouth continued to increase and the patient presented exactly the appearance of one suffering from Ludwig's angina. Feeding was a matter of the greatest difficulty. The external swelling extended far down towards the sternum and increasing stridor caused the greatest apprehension, for the difficulties and dangers attendant upon tracheotomy would have been most formidable. Fortunately, however, at this stage improvement commenced, and under the influence of an ice collar and full doses of calcium chloride the extravasation ceased to extend. Ulceration of the mucous membrane of the mouth now threatened, and there appeared to be considerable danger of the extravasated blood becoming infected in this way. Absorption, however, proceeded apace and the

mucous membrane assumed a healthier appearance. Six days after its onset the extravasation had entirely disappeared. An area of pleural friction now developed in the right axillary region and was accompanied by considerable pain. The friction was not accompanied by signs of effusion of fluid or of lung consolidation, and cleared up almost as quickly as it commenced. It was possibly due to local hæmorrhage. A few punctiform hæmorrhages also appeared on the soft palate. On the twenty-sixth day of the disease there was a sharp attack of cervical adenitis, with fever, and some increase in the quantity of albumin in the urine, a trace of albumin having been almost constantly present from the beginning. The adenitis subsided quickly and the albuminuria gradually diminished. The patient was discharged on the fiftieth day.

Remarks by Dr. Box.—This case is of such exceptional character as to deserve to be recorded. True hæmophilic manifestations are rarely met with during the course of the specific fevers; in fact, in my experience the case is unique and I have not been able to find a record of anything similar. A case like the foregoing naturally raises the question of the dependence of the hæmorrhagic form of the specific fevers upon a hæmophilic tendency in the individuals attacked. There appears to be no evidence which would enable one to assert that this is so. So remarkable a coincidence could not fail to have attracted attention long before now, and cases would be sure to have been recorded. On the other hand, I have heard of several instances where the children of "bleeder" families have recovered from attacks of the specific fevers without any hæmorrhagic manifestations and such cases must be of frequent occurrence. The distribution of the hæmorrhages in the floor of the mouth and in the arm in this case was such as to suggest that some slight injury was concerned in their production rather than that they were dependent upon the scarlatinal infection. The bleeding in the floor of the mouth might well have been induced by the use of the throat spatula and that near the elbow by a blow, as suggested by the patient. The epistaxis is not so easy to account for in similar fashion. The rapidity with which the effusion subsided under the influence of the ice collar and full doses of calcium chloride was remarkable. I am much indebted to Dr. C. Todd, who at the time was acting as assistant medical officer, for his careful observations and investigations of the case.

CHATHAM NAVAL HOSPITAL.

A CASE OF HEPATIC ABSCESS; OPERATION; RECOVERY.

(Under the care of Surgeon R. F. BATE, R.N.)

OUR knowledge of the etiology of abscess of the liver is still incomplete. Many of these abscesses, probably a majority, are produced by septic emboli carried from an ulcerated surface in the stomach or intestines by the portal vein to the liver. There are others, however, which are in all probability produced by micro-organisms which have obtained access to the liver by the channel of the bile-ducts. Other abscesses are produced by suppuration occurring in hydatid cysts. With our present knowledge we are unable always to distinguish between these various forms, and bacteriology can afford us valuable assistance in discriminating between them. It is therefore always highly desirable that a bacteriological examination should be made of the pus evacuated from an hepatic abscess. The following case shows how very satisfactory is the modern treatment of this serious condition. The case is published by permission of the Director-General of the Medical Department of the Navy.

A man, aged 24 years, was admitted into the Chatham Naval Hospital on June 7th, 1901, from H.M.S. *Wildfire*. The patient had been on the sick list since May 28th, suffering from acute pains in the left hypochondriac region, cough, and debility with febrile symptoms. A swelling gradually formed in the epigastric region. He had had no liver trouble previously; he was 20 months on the East Indian station, being invalided for beri-beri in November last. On examination there was a tense swelling occupying the epigastric region and reaching to within one and a half inches of the umbilicus, which was dull on percussion, with fluctuation present, and was apparently connected with the left lobe of the liver. There was enlargement of the spleen, the

tongue was thickly coated, and the evening temperature was 100.8° F.

An exploratory puncture was made over the swelling and a drop of light yellow fluid was withdrawn which on examination showed pus cells. The abdominal wall was prepared for operation, and on June 11th at 11 A.M. the patient was given the A.C.E. mixture. A slightly oblique abdominal incision for three and a half inches was made over the most prominent point of the tumour, and the tissues were carefully divided down to the peritoneum, which was fortunately found to be adherent to the abscess. This was then opened freely, care being taken to prevent matter from entering the abdomen by packing around with large flat sponges. 16 ounces of sweet-smelling pus were withdrawn. Only a couple of small vessels in the abdominal wall had to be ligatured and there was but moderate venous oozing from the liver substance. Six deep fishing gut sutures were introduced by a curved needle through the margins of the abscess wall and the peritoneum, and were carried deeply through the tissues of the abdominal incision. A large drainage-tube was then introduced and the abscess cavity was washed out with saline solution; a couple of gauze plugs were also inserted. The abdominal wound was closed by six catgut sutures and a few horse-hair stitches and a dressing of iodoform and sal alembroth wool applied.

At 5 P.M. the wound was re-dressed, serous oozing being present on the dressings. The patient had vomited bile-stained fluid. The evening temperature was 98.2°. On June 12th the temperature was 98° and the pulse was 76 and of good volume. The tongue was slightly coated. Bilious vomiting continued off and on to 1 A.M. The wound was re-dressed; the plugs of gauze were removed; there was slight blood-stained watery discharge, not offensive. The tube was syringed out with warm boric lotion. On the 13th there was a less amount of watery blood-stained discharge on the dressings. The tube was shortened half an inch. The bilious vomiting ceased. The tube was removed on the 15th and gauze plugs alone were used. On the 17th the upper sutures were removed. The temperature and the pulse were normal. From the 17th to the 23rd the patient did well, being ordered on the latter date boiled fish diet. The wound was granulating satisfactorily. On the 30th the wound had healed and he was discharged to duty.

Reviews and Notices of Books.

The Theory and Practice of Military Hygiene. By EDWARD L. MUNSON, A.M., M.D., Captain, Medical Department, United States Army. Illustrated by Eight Plates and nearly 400 Engravings. London: Baillière, Tindall, and Cox. 1901. Pp. 980. Price 32s.

THIS is in many respects a remarkable book. It contains such an amount and variety of information that its production represents an enormous expenditure of time and labour as may be well imagined when its author tells us that although no bibliographical index is given some 2700 authorities have been referred to and consulted. The author has not simply depended upon his experiences in the United States army, but he has drawn his material from the history of all armies.

When Parkes, as professor of military hygiene at the Army Medical School, first brought out his work on Practical Hygiene the subject was new, the reduction of the laws of health and hygiene to a scientific basis, and their systematic application to armies in the field, in warfare, in camp, and in garrison, had not been attempted, and his book was consequently at that time an epoch-making one. It conferred an immense benefit on the army and has given rise to a number of lineal descendants in the series of new editions that followed. At the present moment the subject of military hygiene is a vast one which is bound to go on growing in importance. But it will grow also in difficulty of practical application, owing to the diverse channels of infection and the complex nature of the problems which bacteriological investigations have opened out, although these have tended to