The identification of an unborn child with the mother, and the merger of its individuality in her own, would seem justly to be limited by her ability to recover full compensation for the injury done both to her and to him. In this case certain of his injuries could be segregated, but she could not represent him for the purposes of recovery for them.

If one should assault the mother, whereby violence would be transmitted injuriously to an unborn child, there seems to be no reason to deny him an action after his birth for his injuries. It would be no answer to the trespasser that the child was concealed in the mother's womb. The wrongful act initiated by the assailant would reach the child, as it might result in tortious contact with any third person, although that was not within the purpose of the actor.

An unborn child has, conditioned on its birth, usual rights of property, and the remedies that pertain to them for actionable injuries inflicted before his birth. And yet shall the incidents be valued in legal cognizance and the owner not? But when in legal apprehension for the purposes of property rights does the entity begin? And what are its capacities? It is sufficient for present purposes to state that it begins before birth, and that it has all the capacities of born persons to receive property, and after birth to enjoy it, and redress prenatal injuries to it. It is in being for the purpose of measuring the valid limitation of estates. An estate may be given to it or to another person for its life, and a guardian may be appointed for it. The death of its father by the wrongful act of another by culpable negligence may injure it so as to permit recovery therefor after birth. Is not the right to be born with normal faculties and capacities for its benefit? If so, he who takes it away deprives the child of the highest good.

It is to the conclusion that an unborn child is not in existence so as to be entitled to the protection of his person as well as his property that the court dissents. It is not helpful to characterize its existence as fictitious as to property rights. The rights are accorded to it. The indisputable fact is that one is answerable to the criminal law for killing an unborn child who to that end is regarded as in being, and the further fact is that the unborn child, so far as the property interests are concerned, is regarded as an entity, a human being with the remedies usually accorded to an owner. But the argument then proceeds that one must respect the rights of ownership, and, so far as a civil remedy is concerned, disregard the safety of the owner. In such argument there is not true sense of proportion in the protection of rights. The greater is denied; the one lesser and dependent on the very existence of a person in being and entitled to protection is respected.

Justice should not be turned aside and wrongs go without remedies because of apprehension of what may happen in jurisprudence if it be decided that an unborn child has some rights of the person. But here is reached the critical stage of the inquiry. This was an action for negligence, for violation of the defendant's duty as a carrier, and the defendant could not be judged as a trespasser. What duty did the defendant as a carrier owe the unborn child? The child in its distinct entity was not a passenger, and the company owed it as a separate person no duty in the matter of safe carriage. It is not the duty of a carrier to scrutinize its passengers for the detection of unborn children, to the end that they, although latent, may be regarded as passengers. It undertakes to carry as passengers the born, and not the unborn. It carries by compulsion those visibly offering themselves. So the mother presents herself and her living children, and the carrier is bound by the law of the realm to receive and to carry them. Its duty begins with receiving and ends with discharging them, and due care is required. The plaintiff stood in no such relation to the carrier as to earn such obligation on its part, and liability to respond for injury for the negligent carriage and discharge of the mother was coincident with the limits of its duty to her. The obligation arises from implied convention with the state that the carrier shall transport persons with due care, and the remedy is given to the one injured by the breach. The obligation is the same whether the action is in form based on breach of contract or of duty to carry.

Society Proceedings

COMING MEETINGS

AMERICAN MEDICAL ASSOCIATION, MINNEAPOLIS, JUNE 17-20

American Academy of Medicine, Minneapolis, June 13-15.
Amer. Assn. of Genito-Urinary Surgeons, Washington, May 6-7.
Am. Assn. of Pathologists and Bacteriologists, Washington, May 6-8.
American Climatological Association, Washington, May 6-7.
American Dermatological Association, Washington, May 6-8.
American Gastro-Enterological Association, Washington, May 5-6.
American Gynecological Society, Washington, May 6-8.
American Laryngological Association, Washington, May 5-7.
American Laryn., Rhin. and Otol. Society, Washington, May 8-10.
Amer. Medico-Psychological Assn., Niagara Falls, Can., June 10-13.
American Neurological Association, Washington, May 5-7.
American Ophthalmological Society, Washington, May 6-7.
American Orthopedic Association, Washington, May 6-8.
American Otological Society, Washington, May 6-7.
American Pediatric Society, Washington, May 5-7.
American Society of Tropical Medicine, Washington, May 6-8.
American Surgical Association, Washington, May 6-8.
American Therapeutic Society, Washington, May 5-6.
Arizona Medical Association, Globe, May 20.
Arkansas Medical Society, Little Rock, May 20-23.
Association of American Physicians, Washington, May 6-7.
Conference of State Boards of N. Amer., St. Paul, June 13.
Congress Am. Phys. and Surg. of N. America, Washington, May 6-7.
Connecticut State Medical Society, Hartford, May 21-22.
Florida Medical Association, Miami, May 13-15.
Illinois State Medical Society, Peoria, May 20-22.
Iowa State Medical Society, Des Moines, May 7-9.
Kansas Medical Society, Topeka, May 7-8.
Massachusetts Medical Society, Boston, June 10-11.
Missouri State Medical Association, St. Louis, May 13-15.
Montana State Medical Association, Great Falls, May 14.
Nat. Assn. for Study and Prev. of Tuberculosis, Washington, May 8-9.
Nebraska State Medical Association, Omaha, May 13-15.
New Hampshire Medical Society, Concord, May 13.
New Jersey Medical Society, Spring Lake, June 10-12.
North Dakota State Medical Association, Minot, May 7-8.
Oklahoma State Medical Association, Enid, May 13-15.
Rhode Island Medical Society, Providence, June 5.
South Dakota State Medical Association, Vermillion, May 27-29.
Texas State Medical Association, San Antonio, May 6-8.
West Virginia State Medical Association, Charleston, May 21-23.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA

Annual meeting held at Mobile, April 15-17, 1913

The President, Dr. HARRY T. INGE, Mobile, in the Chair

Officers Elected

The following officers were elected for the ensuing year: president, Dr. S. R. Hill, Montgomery; vice-president, Dr. F. A. Webb, Calvert; secretary, Dr. James N. Baker, Montgomery; treasurer, Dr. Henry G. Perry, Montgomery.

Montgomery was selected as the place for holding the next annual meeting.

Fevers of Obscure Origin in Children

Dr. LOUIS E. BROUGHTON, Andalusia: Nervous reaction plays an important rôle in the regulation of the temperature in children. Nervous irritability varies in different children. A mild constipation may elevate the temperature in one child, while it will remain undisturbed in others with very severe constipation. Elevated temperatures also vary in length, being of short duration in some and long in others; with seemingly the same prime cause, namely, constipation. Nervous excitement, sufficient to cause convulsions, is not necessary for the rise of temperature, as the highest temperature may be reached from the slightest provocation. Fever may be due to reflex acts, but repeated attacks of obscure fevers are evidently due to the impregnation of the organism with soluble substances. The principal soluble substance is bile, accumulated in the gall-bladder and ducts, the irritated or chronically inflamed gall-bladder being probably the cause of retention. While many insist that these fevers are the result of intestinal toxemias and constipation, these conditions are not relieved without a thorough purgation, showing that the accumulation of foodstuffs is not the only cause of the toxemia; the real cause is the diminished amount or total absence of bile in the intestinal tract. Heroic treatment is necessary to prevent the recurrence of the attacks; while mild treatment will reduce the temperature and relieve the attack, it

does not relieve permanently. Calomel, properly administered, seems to be the *sine qua non*. Children bear calomel well; when it is followed by salines and laxatives there is no danger of ptyalism.

The Drugging Habit of the Busy Practitioner

DR. BENJAMIN BRITT SIMMS, Talladega: Many of us to-day cherish vicious delusions regarding the treatment of diseases, but let us adopt scientific and modern methods of giving medicine for the cure of diseases. From 50 to 75 per cent. of all patients require no medicine at all. At many we may be required to give a well-selected harmless placebo. I condemn the habit of giving indiscriminately patent and proprietary remedies.

DISCUSSION

DR. W. W. HARPER, Selma: The more we know of pathology and etiology, the less medicine we give. We should learn to use a few remedies well, and not a whole lot of proprietaries that are carried around and given to the doctors free, many of which are absolutely worthless.

Trifacial Neuralgia

DR. THOMAS C. McCLELLAN, Cochrane: A negro, aged 84, was having fifty or more severe paroxysms a day. The middle branch of the nerve was affected. This condition persisted for several years. After the superficial injection of 15 minims of chloroform on alternate days for two weeks, he was entirely relieved. The patient died about one year afterward from other causes, but had no more paroxysms. Another patient was given ten superficial injections of chloroform with relief for two years. Since then, I have had two failures with superficial injections of chloroform. In the next case I intend to follow Patrick's or Levy-Baudouin's method and directions.

DISCUSSION

DR. E. P. WEBB, Laurel Hill, Fla.: At what intervals would you use these injections?

DR. McCLELLAN: The injections of chloroform were given every other day. The patient is given two or three injections if more than one branch is involved at the same sitting, but most injections are given every week or ten days.

Post-Partum Hemorrhage and Its Treatment

DR. OTIS W. LITTLE, Pennington: The fluidextract of ergot is usually given after the third stage of labor, but it may be given at the second stage of labor when there is active hemorrhage. The hypodermic administration of preparations of ergot is more valuable. The German obstetricians have shown that the administration of pituitary extract is without doubt the most valuable agent we possess for the control of uterine hemorrhage. The uterus goes into marked tonic contraction at once.

DISCUSSION

DR. PAUL RIGNEY, Courtland: I would like to call attention to hyperthyroidism as a causative factor of post-partum hemorrhage. I have attended the same patient on three different occasions, and for identically the same condition each time. It became active for a short period each time and gave a great deal of trouble.

DR. WILLIAM HENRY SLEDGE, Mobile: In thirty years I have found nothing equal to saturating a piece of cloth with vinegar, squeezing it all out, and passing the gauze into the uterine cavity. It stops the hemorrhage at once.

DR. HENRY GREEN, Dothan: As to the use of drugs, I agree with Dr. Sledge that when we have a real post-partum hemorrhage we have no time to drug the patient. The hemorrhage must be stopped at once. I have seen several women bleed to death before we could give them a hypodermic of any thing.

DR. G. H. FONDE, Mobile: A good big dose of castor oil, for the purpose of overcoming intestinal paralysis and peristalsis, seems in my experience to forestall the tendency to uterine inertia, and make the nervous mechanism under the control of labor easier. When you get the effect of the castor

oil, you seem to get a more orderly progress of the uterine contraction.

DR. WILLIAM F. BETTS, Evergreen: In these cases I have been giving ergot in doses of 10 or 15 drops, and I find that the contractions will pick up and the patients get along nicely, and I have not been troubled with hemorrhage afterward. I would make the suggestion that the ergot be used in small doses, and not in large ones, as there is danger of rupture of the uterus.

DR. ISAAC L. WATKINS, Montgomery: It is the habit of a great many doctors to be in too big a hurry to deliver the placenta. In Germany they have a custom in hospitals of requiring the doctor to wait two hours before the placenta is expelled. There are two reasons for this, one of which is that young men learn patience thus and another is that the women are better off. Too early delivery of the placenta is a frequent cause of hemorrhage.

DR. THOMAS NORTON, Ashland: I recall one case of post-partum hemorrhage in which the placenta consisted largely of an osseous deposit. It was very brittle. It is my belief that if the proper time is taken, and not too much traction made on the cord, the patient seldom needs any treatment. I have had a few cases of retained placenta, and in removing it with the hand I have found that the uterus responds very quickly to the manipulation. I believe that would be a good plan in cases of uterine inertia. I have tried ergotin in these cases and I have been favorably impressed with it. It is given hypodermically.

DR. JOHN C. McLEOD, Bay Minette: Secondary post-partum hemorrhages which occur several hours after labor have not been mentioned. Most post-partum hemorrhages take place soon after the delivery of the child. I had been practicing medicine for eleven or twelve years before I saw the other kind, but in the last eighteen months I have had two cases of alarming and dangerous post-partum hemorrhages, occurring about four hours after the delivery of the child. A word in regard to the prevention of this occurrence. I believe it is a good idea, in addition to administering a dose of ergot at the time of the birth of the child, to leave a full dose of ergot to be administered two hours after the delivery, after the doctor has left the woman, and the application of a firm abdominal binder. The ergot at that time will take effect before secondary hemorrhage may take place.

DR. F. M. INGE, Mobile: The regulations of the New York Lying-In Charity Hospital have served a good purpose in my experience. The principal instruction in that institution is that no ergot should be given until the placenta is delivered. The junior in that hospital is instructed in all cases from the time the child is delivered to keep the hand on the uterus without massage, without any treatment of the uterus, but simply watching it. The instructions further state that no placenta should be delivered within twenty minutes after the birth of the child. Gradual massage is then made on the placenta and it is delivered. I saw ninety cases within a month's time in that hospital without a single case of the slightest post-partum hemorrhage.

The Physician in Public Affairs

DR. HARRY T. INGE, Mobile: Fifty per cent. of those who apply for licenses to practice medicine in the State of Alabama fail to pass the examination. This is because there are too many men studying for the profession, or rather it is because the choice of occupation in this country has not the appropriate relation to the ability of the individual. I do not wish to see Websters plowing, but I think we have too many plowmen trying to be Websters, and I am sure our people are making a great mistake in attempting to confer degrees on too many men who are incapable of filling the positions in life which the honor of conferring the highest degree on them leads them to seek. Just so long as the doctor permits himself to be classed as a negative factor in politics, just so long as he takes the position that it is unprofessional for him to devote any real part and attention to political matters, just that long will he be held responsible for the public health without being vested with the control or influence that

his responsibility demands. As the matter now stands, every quack and charlatan exercises more influence over the legislation which pertains to health and sanitation than does the learned and retiring physician. I would, therefore, stir you to a real, positive, aggressive interest in public affairs to the end that the medical profession may demand and receive proper recognition, and that its advice may be listened to and accepted in all legislation which pertains to the health and physical welfare of the nation.

Roentgen-Ray Treatment of Epithelioma

DR. JOHN N. EDMONSON, Birmingham: I deem the Roentgen-ray the proper treatment of epithelioma for the following reasons: first, its freedom from pain; second, its lack of scarring; third, its thoroughness in covering the field surrounding the growth, as well as the attack on the growth proper; fourth, and by far the most important, the results obtained as compared with any other method.

Bacillary Dysentery in Infants

DR. W. W. HARPER, Selma: In bacillary dysentery infants dispose of fats poorly and in returning to a sweet milk diet the fat element should be low, say 1 per cent. This can be cautiously increased to 3.5 per cent.; and this percentage should not be exceeded. In infants over 6 months of age the caloric value of the milk can be increased by using cereal diluents. I advise the administration of Flexner's antidyenteric serum in the pure Flexner bacillus infection. The dose is 10 c.c., repeated every six hours, until three or four doses are taken. In some cases it has a marked beneficial effect, while in others I have seen no appreciable results.

DISCUSSION

DR. DANIEL P. MCCALL, Mobile: While we have the same clinical manifestations in the fermentive type of dysentery yet in the bacillary form there is a deep-seated ulceration over the colon probably extending to the stomach. In the gas bacillus infection we have more of a pseudomembranous condition of the colon, probably affecting the small bowel, or the lower portion of the small bowel, and with a congested adherent membrane behind the original intestinal infection. With the gas bacillus infection we get excoriation of the buttocks. You will get a gaseous stool and also an acid stool, whereas the putrefactive or proteid form gives a non-gaseous, non-acid stool. As to the clinical appearance of the patient, you will find that the one who is affected with the putrefactive organisms is much more prostrated with a higher temperature. On the other hand, with the gas bacillus infection you rarely find a temperature which ranges above 101 F.

DR. J. L. BOWMAN, Union Springs: These cases have occurred not only in my practice, but also in the practice of several of my colleagues who have called attention to this condition following cases of what seemed to be bacillary dysentery. After all the conditions, so far as the bowels were concerned, had disappeared, and temperature had reached normal, there was a sudden rise of temperature, the child became fretful and remained so anywhere from three days to a week. Digestion seems to have reached nearly the normal again, and when you are called to see the patient some morning, the mother tells you that the child has had trouble in the ear, and otitis media is the cause of the fever. I have seen in the course of ten years about three such cases, and my colleagues have called my attention to about three others. But the moral is that whenever we have a fever in a child that we cannot account for, it might be well to examine the ear for an otitis media.

DR. W. W. HARPER: With reference to handling the napkins, my practice is to take a square of cloth of three or four folds of gauze and place it within the napkin. That receives the stool, and after it has been inspected by the doctor, it is burned. I find in making use of that method it is easier to cleanse the napkins, and it lessens the chance of reinfection. Another caution I insist on in the case of female infants is that they be wiped down instead of up. By wiping up one is liable to force some of the contents of the bowel

into the vagina and urethra, and a penalty for this may be later a colon bacillus infection of the ureter and pyelitis, which is often a frequent cause of obscure fever in infants.

Acute Pancreatitis

DR. T. BRANNON HUBBARD, Montgomery: I have had two cases of acute pancreatitis. An accurate diagnosis is rarely possible. At the outset perforated gastric or duodenal ulcer, and later acute intestinal obstruction is simulated, while cholecystitis, appendicitis, ruptured ectopic pregnancy or tumor with torsion may be thought of. In perforation of an ulcer previous symptoms are more frequent, and rigidity of recti, instead of the distended but not rigid abdomen of pancreatitis. In acute obstruction collapse is not so frequent, and the pain is not so localized. Dr. M. H. Richardson said that the indications for treatment will be fulfilled when the indications for exploration of acute and grave abdominal symptoms have been fulfilled, and that is when immediate exploration is resorted to. Resort to exploratory laparotomy should not be delayed too long.

Cecal and Pericecal Adhesions

DR. JOSEPH D. WINTHROP, Mobile: It must not be concluded that all the various forms of adhesions give rise to identical symptoms, or that a common operation is advised for all alike. Etiologically, pathologically, and clinically, they may all be different conditions. I have grouped and considered them together from their anatomic location rather than as considering them a common pathologic entity.

Acute Hematogenous Infection of the Kidney

DR. JAMES M. MASON, Birmingham: Acute hematogenous infection or septic infarct of the kidney is of comparatively frequent appearance and is often overlooked. Serious injury to or disease of one kidney acts as a predisposing cause. While nephrectomy is demanded in the fulminating type, early diagnosis and operation will permit of decapsulation with incision and drainage of infarcts in certain milder cases, thereby saving some kidneys which would require removal, if treated later. The relation of movable kidney to the development of septic infarct offers an indication of nephropexy worthy of consideration. When explorations in supposedly acute abdominal conditions fail to reveal lesions sufficient to account for the symptoms present, the possibility of septic renal infarct should be borne in mind and the condition of the kidney ascertained before completing the operation.

The Medical Profession and Medical Education

DR. W. F. R. PHILLIPS, Mobile: The responsibility of the medical profession in respect to medical education is not solely to the profession itself, but is, if anything, more to the community, which gets its estimate, its impressions and its ideals of medicine from the work, activity, and education of the profession in its midst. The survey of our present medical schools shows two facts: first, that we have some of the best schools in the world, schools of the highest grade and conducted on the best educational principles known—schools that are without superiors anywhere; second, that side by side with the best we have the poorest to be found in the universe. Between these extremes we have gradations. In this respect we contrast strongly with European conditions, where but one standard prevails, and that is the best. I hope we are going to see that from now on there shall be but one standard of medical education in this country, and that the best. That before long there shall be no such thing as Class A plus, Class A, Class B, and Class C medical schools, but that they all shall be Class A plus.

Rural Sanitation

DR. CHARLES A. MOHR, Mobile: The first step to raise the country to a higher sanitary plane is the education of the people. The teachers are logically the persons who understand the principles and questions involved, and first among these are the legal guardians of the public health, the doctors of the organized profession. Every intelligent man and

woman who is informed on this subject is a competent teacher and should be a helper, and that there are many such is common knowledge. Education is so much needed that as many teachers are required as can possibly be obtained. The fundamental principles of communal hygiene and sanitation are contained in the following topics, everyone of which is an important factor in rural sanitation: 1. Collection of vital and mortuary statistics. 2. Reports of the occurrence of communicable diseases. 3. The fly as a disseminator of disease and its extermination. 4. The mosquito, the essential factor of the spread of malaria and the extermination of the insect. 5. Garbage, collection and disposal. 6. Water supply, care and service. 7. Sewerage, and the care and disposal of night-soil. Whatever the duty of the individual, the town authorities and the county authorities must be made to realize that they must part with some of their money in the interests of the public health. If public health is a purchasable commodity, these authorities must be made to pay for some of it.

MISSISSIPPI STATE MEDICAL ASSOCIATION

Forty-First Annual Meeting, held at Vicksburg, April 7, 1913

The President, DR. S. W. GLASS, Lyon, in the Chair

Officers Elected

The following officers were elected: president, Dr. L. C. Feemster, Nettleton; secretary for five years, Dr. E. F. Howard, Vicksburg (reelected); delegate to the American Medical Association, Dr. S. W. Glass, Lyon.

Columbus was selected as the place of next meeting.

The secretary's report consisted chiefly of an account of the proceedings of the conference of state secretaries held in Chicago, October, 1912, with comments, and suggestions for a campaign for increased membership.

One hundred dollars were appropriated for a special medal to be given Dr. C. C. Bass of New Orleans, formerly a member of this association, for services rendered the profession in his studies of malaria.

Menstrual Disorders in Schoolgirls

DR. E. F. HOWARD, Vicksburg: I studied thirty or forty girls for three years, and believe that most of their menstrual troubles are due to ignorance. Parents should be taught to consider such matters when selecting the schools to which they propose to send their girls. A properly conducted school is one in which undue mental excitement is avoided, where outdoor exercise and proper food are provided and watch kept on the menstrual life of the pupils.

DISCUSSION

DR. MAY F. JONES, Columbus: In the past fifteen years I have had under my care about five hundred girls, for the most part country girls. I have found that about 10 per cent. have amenorrhea and a larger percentage dysmenorrhea. The parents seem to think that when a girl misses two or three menstrual periods she is doomed to illness the rest of her life: I do not believe that this is true. I believe that Nature enforces the law of compensation, and that when great mental activity is going on she is certainly not going to waste elsewhere any blood that should be given to the brain. I have not found that physical exercise lessens amenorrhea very much. At Columbus we have an excellent gymnasium. The amenorrhea lasts from October to February or April, and after that the girls become as regular as girls usually are—because I find that the majority of girls do not menstruate regularly every twenty-eight days, but anywhere from twenty-one to twenty-eight days, in periods. A great many who are anemic suffer from amenorrhea. In dysmenorrhea sitz baths have proved beneficial. We have had a number of cases of menorrhagia. These girls are required to rest in bed. We do not examine any patients, except under strict necessity, as I think that young girls should not have that done unless absolutely necessary.

The teaching of sex hygiene in the public schools, proper dress and proper care would help this condition materially.

DR. N. L. CLARKE, Meridian: If I were going to build a college for girls I would make it a one-story building, without stairs. Climbing stairs during the menstrual period will injure any girl or woman. I attribute a great deal of the menstrual disorders to-day to lack of regulation in the girls' schools. Somebody ought to instruct mothers, for they do not know the pathologic conditions that obtain during the menstrual period, and therefore cannot instruct their daughters.

DR. J. W. DULANEY, Greenwood: A frequent cause of dysmenorrhea and also of amenorrhea is laceration of the cervix. I am inclined to think that dress has a great deal to do with the disturbances we find at schools.

DR. M. F. JONES, Columbus: An ill-fitting corset can do a woman a great deal of injury; but to have a well-fitting corset acting as a band around the abdomen will help the uterus. A great many of these girls assert that they are just as irregular at home. Menstruation should be a physiologic factor, but in our modern civilization it has ceased to be. Dress and mode of living have a great deal to do with it. I think that our tall school buildings have much to do with the congestion at the time of menstruation. All girls should be urged to rest and quiet. At the Hattiesburg Normal not only are they urged not to study at that time, but absolutely no notice is taken of their absence from the classroom during the menstrual period.

DR. W. L. LITTLE, Wesson: A girl at the period when she is just entering womanhood ought to be instructed how to live, so as to develop her into a strong, healthy woman.

DR. R. M. DONALD, Hattiesburg: It has always seemed to be the fixed policy of the medical profession to condemn the corset. I have known of patients with menstrual irregularities being absolutely cured by going to the corset fitter and getting an absolutely correct corset. I have had a few cases of menstrual irregularities among schoolgirls, but have attributed most of them to mental strain.

Some Observations in Obstetrics

DR. W. J. GRADY, Amory: I believe that the failure of obstetricians to interfere in labor has much to do with race suicide. Assistance can be rendered to shorten the duration of labor.

DISCUSSION

DR. P. R. BROWN, West Point: Those of us who have been in practice for quite a number of years have changed largely from the habit we used to have of making frequent examinations of women in labor. While the labor seems to be progressing normally the effect of repeated digital examinations is to wipe away the material that expedites or facilitates the passage of the child, and naturally increases the danger of sepsis. I have found that I usually obtain better results by making only one examination.

DR. J. S. ULLMAN, Natchez: Wiping away the mucus by frequent examinations is really done away with if the physician uses rubber gloves, and it lessens the danger of infection.

Cesarean Section

DR. H. R. SHANDS, Jackson: I have had three of these cases and believe that the recorded mortality of 4 per cent. may easily be maintained if the patient receives prompt attention and is not infected by examinations and attempts to deliver by vagina.

DISCUSSION

DR. W. A. JOHNS, Corinth: I have had only one case of cesarean section; the child proved to be a fetal monster, double-faced, hydrocephalic, with a head as large as a man's. We delivered the feet and then our efforts failed to budge it. The only indication was for cesarean section, and the conditions under which it was done were about as bad as could be found. The house was little, with only three rooms; we had to use a kitchen table, and send out to the neighbors to borrow soap and a vessel in which to heat water. The incision was made high up. The uterus was sewed up with catgut and the abdomen closed in the usual manner. The patient had fever for a week but made an uneventful recovery. A woman who has a markedly contracted pelvis ought not to be allowed to bear a child.