

February. In February there was an epidemic of influenza, and some of those infected with malaria had chills and fever during the attack of grippe. Of those infected with malaria 60 per cent. were brought down with this disease, and it was much more severe than in those who were not infected.

It seems, from these observations that many people carry in their blood the malarial parasite for many months without active symptoms of malaria; for we have observed the plasmodia from time to time for a period of from five to six months during which no paroxysms occurred.

The probable reason for the absence of malarial symptoms is that the number of parasites in the body is too small, since it is estimated that there must be from 200,000,000 to 300,000,000 in the human system to produce the paroxysm. It also seems that the intervention of some other disease causes the parasite to increase, thereby giving rise to malarial symptoms.

OBSTETRICS IN A NORTHERN MINING COMMUNITY.

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A mining hospital practice on the northern range affords not only a variety of surgical, medical and obstetric experience, but also work in a veritable international congress. The birth-rate statistics are notably high in mining communities, so that obstetrics forms an important branch of the service. Being for the most part among the laboring classes, where the "higher civilization" with its concomitant constricted waist lines and atrophied abdominal muscles, has not left its stamp, there are fewer abnormal cases than in more metropolitan sections.

Some of the phases encountered among the conditions to be contended with would undoubtedly greatly shock a practitioner who had been accustomed to engagement beforehand, and the opportunity to outline instructions for his patient—or to the interne accustomed to ideal preparations and conditions in the maternity wards.

Among the classes mentioned, one is rarely engaged or summoned, until labor is actively established, and the conduct of the case under the circumstances sometimes presented is a severe test of one's resources. These unusual situations are not without their humorous sides at times. For instance, a family of five occupied one sleeping room (the rest of a fairly large house being devoted to boarders), and the three children in a sort of a trundle bed at the foot of the mother's bed, stood up, ranging their little heads in a row over the blanket which had been thrown over the foot of the bed for a screen, and curiously watched the advent of a new brother. Their Polish mother did not seem at all perturbed over their marked interest in her progress.

On another occasion, an Austrian mother, in her hour of deep pain, was supported at her elbow by a bright little brown-eyed babe of thirteen months, who never wavered in his night-long vigil, and when she could not contain her outcries, the little chap would cling about her neck in tearful sympathy.

A Finnish husband, about to become a father, was so pessimistic about the chances of his firstborn emerging alive that he wanted to wager \$5 on a stillbirth. It was explained to him that he was practically a sure loser, but he pressed the matter till the bet was accepted—

though, be it added, the amount was allowed to apply on his fee. I have seen a Russian woman in a filthy bed, within a few moments of my arrival, give birth to a child on a dirty gunny sack taken from the floor to protect the mattress. She was as thoroughly cleansed and provided for as possible under the circumstances, and her parturient period was without fever and uneventful. On the other hand, it is not surprising to learn that, although this was her ninth labor at full term, she had no living offspring.

The English women, principally from the mining regions in Cornwall, have large families and mother them well. I have seen more postpartum hemorrhages among French-Canadian mothers than among any other nationality. Jewish women make most solicitous and tender mothers. They require (and are tendered, as a rule) an immense amount of sympathy. Italian women make quite a function of the arrival of an heir or heiress, and it is difficult to interdict entirely the use of wines and fancy alcoholic preparations. Scandinavian women, as a rule, are well built for motherhood, but are not, in my opinion, so hardy at such periods as the Latin races.

A little diversion from routine was afforded in one case by an over-zealous and shaggy Fido, who ensconced himself under the bed of his Swedish mistress and resented my presence with a furry onslaught whenever the woman in her extremity of pain lamented with exceptional fervor. I have seen a little newcomer born in weather 44 degrees below zero, with no fire or heat in the apartment, whose first breath was a visible one.

The usual statistics obtain as to twin pregnancies. I have had but five cases of eclampsia in about 750 births, and in none of these had there been an opportunity for urine or other examination beforehand. I may add that all but one of them survived. This death, one from infection, complicated by puerperal mania, and one from placenta prævia, comprise the mortality list for the above mentioned series of cases.

About two-thirds of these cases occurred in the night, and almost one-third of the patients were primiparæ. The oldest mother was 44 (this was her fourteenth confinement) and the youngest 16 years old.

LIGATION OF THE UMBILICAL CORD.

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In a series of 400 cases I employed the various textbook methods of tying and dressing the umbilical cord and found none of them to my liking. In attempting to eliminate the objectionable features of the various methods I evolved the following which may not be altogether new, but is in my opinion far superior in results to those in use by the majority of practitioners.

The tying of the umbilical cord is the first great crisis in the life of the new-born babe. His inheritance to a life of passive nutrition being cut off, his food and oxygen must be acquired from a new source, and assimilated in a new way.

The usual method of tying the cord two centimeters from the body of the child is most objectionable from a standpoint of drainage. Two grams of decomposing tissue drain their toxins into the circulation of the infant at the most critical period of its existence. This produces a toxemia and often causes a pyrexia which lowers the child's resistance to infection and disturbs its diges-