

The bladder may contain bloody urine, and sometimes ecchymosis of its mucous membrane is present.

The principal changes in the thoracic organs are: enlargement and congestion of the mediastinal glands, congestion in the lungs, areas of atelectasis or pneumonia. The heart muscle is sometimes soft and frequently its vessels are enormously distended.

Histological studies are incomplete. The changes are those commonly found in infectious conditions, namely, cloudy swelling, fatty degeneration and infiltration of the liver and kidneys, in addition to the changes resulting from hemorrhage.

Most of these infections occur in maternity hospitals, where the opportunities for the spread of disease germs are great. It is possible that the origin of these infections depends upon the presence of the various micro-organisms which bacteriological investigations have demonstrated in the air and dust of wards.

The mother's milk also has been held accountable, and not only in the presence of suppurative lesions of the breast, but also in milk from apparently normal breasts, have pathogenic organisms been isolated. The use of the same bath for several infants and the bedding together of the infected and the non-infected has resulted in conveying the infection.

Admitting the possibility of these sources of infection, the authors, nevertheless, incline to the belief that the most common medium is the poorly trained or careless nurse. In the institutions in which they have observed these cases they have noted that they were not confined to one ward; that they have been handled by the same nurse, and that the bacteriological studies have shown the presence of different organisms in the different cases. The literature shows few examples of any one organism being held accountable for all the cases in an epidemic. These facts, they think, are against the greater frequency of air infections.

The authors believe that the cord has been given too much prominence as the point of entrance, and that the most common ports of entry are the buccal cavity, the tonsils, and the remainder of the alimentary tract, and next in order the lungs.

As very little can be done in the way of treatment when infection is once established, the necessity for prophylactic measures by improving the general aseptic technique of maternity wards is of great importance.

Absolute cleanliness on the part of the attendants, careful handling of the napkins, bed-pan, etc., separate wards and special nurses for the infants are some of the measures which would prevent, to a certain extent, these infections. The advisability of the routine practice of cleansing the infant's mouth is questioned. The recognition of any pathological condition of the breasts, such as erosions or fissures, should be a signal for the immediate withdrawal of the infant.

The Overlying of Infants —WESTCOTT (*British Medical Journal*, November 7, 1903) gives some statistics upon this too frequent cause of death among infants in England.

During the last decade there were 15,009 overlain infants in England and Wales, and for the year 1902 London alone presented the shameful mortality of 588 deaths from this cause.

The danger diminishes with the age of the infant, until at a year old the risk of suffocation by the mother is trifling.

The dead infants presented the well-known signs of death by suffocation: bluish lips, flexion of the legs and arms, clenched hands, and froth, often blood-stained, in the nostrils and mouth. Many showed undoubted marks of pressure—for example, a flattened nose. The common post-mortem findings in an infant that has died from suffocation are: engorged lungs, sometimes œdematous; congestion of the brain and meninges, the right heart containing soft clot and the left heart empty; the pleura and pericardium showing minute ecchymoses.

Westcott deplors the fact that this habit of mothers taking infants to their own beds is so common in England, and, as it is impossible to punish parents under the existing laws, even when drunkenness is proven, he thinks it should be declared an obligation on every parent to provide a cot or cradle for the infant's use.

GYNECOLOGY.

UNDER THE CHARGE OF
HENRY C. COE, M.D.,
OF NEW YORK.

ASSISTED BY
WILLIAM E. STUDDIFORD, M.D.

Examination of the Blood in Cases of Ovarian Cyst.—POZZI and BENDER (*Annales de Gynécologie et d'Obstétrique*, October, 1903) conclude a paper on this subject with the following deductions: 1. In the majority of the cases the benign or malignant character of an ovarian cystoma may be inferred from examinations of the patient's blood. 2. If the red cells are normal and the white are in the proportion of from 6000 to 8000, the tumor is benign. 3. A moderate leukocytosis with a normal number of red cells may indicate suppuration, though an increase in the white cells is noted in the case of large cysts; no positive inference can be drawn with reference to malignity. 4. With a diminution of the red cells and a leukocytosis from 12,000 to 20,000 malignant degeneration may be suspected.

The presence of anæmia is a more important indication than the increase in the white cells. The percentage of hæmoglobin is of course an important aid. The writers add that blood examinations are of especial value from the standpoint of prognosis, citing two cases in which patients with marked diminution of red cells and leukocytosis succumbed quickly after operation, without infection.

Cystitis in the Female.—VEDELER (*Norsk Mag. for Lægerid.; Zentralblatt für Gynäkologie*, 1902, No. 42) found only 380 patients with cystitis among 10,000 gynecological cases. He regards coitus as an etiological factor. Only 1.5 per cent. of the cases occurred in virgins, 2.5 per cent. in widows, but over 5 per cent. in married women. Of the 3 cases in little girls 2 were due to gonorrhœa following attempted coitus. Four cases resulted from the use of catheters, and in 22 cystitis