

PERISCOPE.

ANALGESIA IN OBSTETRICS.

C. HENRY DAVIS (*Amer. Jour. Obs.*, LXXVI., 478) urges that obstetrical patients as well as surgical should be thought of as individuals. Ether, unless contraindicated, is thought to be the inhalation anæsthetic of choice for long operations during pregnancy or labour. Nitrous oxide-oxygen may be used for examinations and short operations. There is no clinical evidence to indicate that the intermittent inhaling of chloroform in labour is as dangerous as when given for anæsthesia, but in view of its greater toxicity, there seems to be no logical reason for its continued use. During the painful second stage of labour, ether for most patients is less satisfactory than nitrous oxide-oxygen, but more desirable than chloroform. Nitrous oxide-oxygen in the hands of most obstetricians has proved itself the most valuable analgesic for labour. Damforth (*ibid.*) is an advocate for nitrous-oxide. He suggests: (1) That the analgesia be used for a period not to exceed three hours; (2) that the gas be not given uninterruptedly, but that it be given at the beginning of each pain only; (3) that the gas be started immediately at the onset of the pain. If the pain be allowed to get well under way before inhalation is started, good results cannot be obtained; (4) cyanosis must and can be avoided; (5) it requires some care and attention to become an efficient administrator of gas; (6) if the baby is borne cyanotic, allow the mother to inhale pure oxygen for a few breaths before tying the cord — B. S.

EXTRA-PERITONEAL CÆSAREAN SECTION.

CHERRY (*Amer. Jour. Obs.*, LXXVI., 478) describes a new method, whose main feature is that the cut peritoneal edges are sutured by continuous catgut to the visceral covering (without separating this) of the lower segment. B. S.

CÆSAREAN SECTION FOLLOWED BY NORMAL DELIVERY.

WARNER (*Amer. Jour. Obs.*, LXXVI., 478) performed the classical operation for placenta prævia in the first confinement. He used four rows of sutures in closing the uterus, but, unfortunately, does not state the material used. In her second labour, 18 months later, the birth was natural. B. S.

PITUITRIN.

DR. A. D. PARROTT (*The Charlotte Medical Monthly*, Vol. LXXIV., No. 4) relates the following interesting experience with pituitrin. In March, 1914, he was called to a labour case. The patient was twenty-seven years old, mother of five children, health excellent, weight 13 stone 7 lbs. Never had any trouble in past labours. She said her smallest child at birth weighed $7\frac{1}{2}$ lbs. Her pains were rhythmical, hard, bearing down in character. Presentation, left occipito-anterior. After half an hour the pains gradually lessened in force and frequency, and finally stopped. The os was fully dilated, so an ampoule of P. Davis & Co.'s pituitrin 1 cc. was used. Almost immediately the pains returned. They were simply terrible: in one excruciating pain he feared rupture of the uterus. This state continued for an hour, when he gave half a grain of morphine hypodermically, without any relaxing result. He then chloroformed her to the surgical state of anaesthesia, but the uterus still continued contracting violently. The high forceps was then applied, and after continuous traction for twenty minutes the effort had to be discontinued for a time from the effects of sheer exhaustion. After some time the head of the child passed under the pubic arch, the womb was acting rhythmically. On examination it was found that in every contraction the womb narrowed centrally like a dumb-bell. Finally a 12 lb. baby boy was delivered stillborn. Around his waist at the level of the umbilicus was a bruised, bluish girdle completely encircling his body, showing that he had been subjected to powerful squeezing, which caused his death.

ORGANO-THERAPY IN GYNÆCOLOGY.

THE subject of endocrinology is still in its infancy, and Block and Llewellyn (*Am. Jour. Obs.*, LXXV., 357), in a practical review of the subject, are impressed by the fact that each case is a law to itself—*i.e.*, that the different extracts are all suitable to certain cases; that sometimes a combination of two of these glandular substances may have a better effect than one alone. The following paper (*ibid.*, 366), by Vest, deals with the same subject.

B. S.

THE MILK-CURDLING PROPERTIES OF PANCREATIC JUICE.

HENRY GEORGE CHAPMAN, M.D. (Melb.) and ARTHUR HENRY MOSELEY, M.B., Ch.M. (Syd.), publish (*Medical Journal of Australia*, March 17th and 24th, 1917) researches "on the milk-curdling properties of pancreatic juice," concluding that " (1) Pancreatic (cannula) juice does not curdle milk. (2) The addition of hydrochloric acid or of calcium chloride, or of both these substances, to milk does not give rise to clotting on the addition of inactivated pancreatic juice. (3) Activated pancreatic juice does not clot milk, unless a soluble lime salt has been added to the milk. (4) The addition of inactivated pancreatic juice and enterokinase to milk gives rise to coagulation when the pancreatic juice is not more than five hours old, when the quantity of pancreatic juice is less than 0.35 c.cm. to each 5 c.cm. milk, and when the amount of enterokinase is less than 0.03 c.cm. in the same amount of milk. (5) The subsequent addition of enterokinase, or activated milk, to mixtures of milk and inactive juice leads to coagulation. (6) The addition of hydrochloric acid or calcium chloride, or both these substances, to milk assists the formation of a clot after the addition of inactive pancreatic juice and of enterokinase. (7) Enterokinase alone does not cause clotting of milk. (8) Inactive pancreatic juice, activated pancreatic juice and enterokinase all three cause the production of the 'metacasein reaction.' (9) There is no evidence of the presence in pancreatic juice of a milk-curdling ferment identical with that in gastric juice. (10) The milk-curdling property of activated pancreatic juice appears inseparable from its proteolytic ferment."

ASTHMA : TREATMENT BY PITUITRIN AND ADRENALIN.

DR. E. ZUEBLIN (*The New York Medical Record*, Vol. XCI., No. 9) brings under the notice of the profession the value of pituitrin and adrenalin. He postulates the anatomical basis of bronchial asthma thus :—(1) Spasmodic contraction of the muscle fibres of the bronchi : (2) swelling of the bronchial mucous membrane : (3) a bronchiolitis exudativa : (4) nervous impulses on the pneumogastric nerve and vasomotor influences.

According to recent research, the vagus centre is influenced by impulses that depend on the secretion of the posterior part of the pituitary body. Furthermore, the pituitary vagus centre is made the terminal of sensory impulses from the nose. He considers that the predisposing cause of bronchial¹ asthma is a hypersensativeness in the posterior pituitary body, which may arise from irritation of the bronchial mucous membrane by substances in the inhaled air, or from toxic or other products of imperfect katabolism. Some case-histories are given to illustrate the good results obtained. The doses given were 1 cc. each of pituitrin and adrenalin: and the author concludes that the pituitary therapy alone or combined with adrenalin gives encouraging results. It must, however, be borne in mind that with some patients adrenalin produces unpleasant effects—headache, vertigo, cardiac arrhythmia anginoid pain; and not infrequently disappoints by producing no therapeutic or physiological action. One of the difficulties attendant on the use of adrenalin is the fact that the permanence of its physiological effect on the human being is so much more prolonged than it is on the lower animals; as Elliott has shown, it has a rapid toxic action on the dog's heart, even in small doses—effects which in the human being are produced only by large doses and after a considerable interval of time.

MEALS FOR CHILDREN BILL.

THE Bill which Mr. Duke, the Chief Secretary to His Excellency the Lord Lieutenant of Ireland, recently, in accordance with his promise to Mr. Brady, M.P., introduced into Parliament withdraws the limitation of the rate which Urban Authorities throughout Ireland may strike for the provision of meals for school children. The original Bill, introduced by Mr. Brady in 1914, and enacted, limited the rate to $\frac{1}{4}$ d. in the £. An amending Act, brought in by Mr. Birrell, then Chief Secretary, at the request of Mr. Brady, in 1916, limited the rate to 1d. in the £. The limit is to disappear. The measure further provides that the Treasury will contribute money equal to half the amounts raised by the Urban Authorities. Hitherto in some cases Urban Authorities have been unable to take advantage of the existing measure, inasmuch as the 1d. in the £ rate did not provide them with sufficient funds.

going out is very likely to cause a cold with all its results.

(5) Instructions to parents as to the care of the child, and especially to be on the watch for running from the ear or nose. Medical advice should be sought immediately if such occurs, and in the case of the ear, a plug of cotton wool should be inserted until advice is obtained.

Little else than these precautions can be carried out at present in the prevention of "return cases," but when more is known of the causal organism of scarlatina, the bacteriologist no doubt will reduce the percentage still further.

PARENTAL CARE.

The American Journal of Obstetrics, LXXVI., contains three papers on this subject. Lobenstine, in our opinion, has summed up the situation adequately. He says that "The State must realise that if it wants citizens, and healthy citizens, it must make it possible for women to have families by living a full life themselves and giving as full a life to their children." At the present moment this is not possible from top to bottom of the working-class, unless the economic position of the working-class family be improved. What we need here is municipal, not philanthropic, action. It is not charity but the united action of the community that will relieve the widespread social evil. Merrill states that, next to tuberculosis, child-bearing is the greatest danger to public health, and considers that the duty of remedying this evil lies chiefly with the obstetrician.

B. S.

THE CERVICOPLASTIC TREATMENT OF STERILITY.

STURMDORF (*Amer. Jour. Obs.*, LXXVI., 469) condemns dilatation and curettage; also most operations on the cervix. He describes the operation which he himself performs and which he has found most successful.

B. S.

Anämie, C. Bf. K. Med. Bonn.). As it was administered over 12,000 times by Ashford and King with success, we think that its use should not be lightly discontinued, even though many precautions are necessary for its effective and safe employment.

Six hundred and twenty-seven traumatisms came under hospital treatment, and many of them called for operative treatment. In every case of major operation below the chest, spinal anaesthesia was resorted to, and proved very satisfactory. There was an absence of shock in operations following its use, and no bad after-effects have been reported.

Sanitary work is continued—not only in maintaining the work already completed, but in extending preventive measures. It is gratifying to know that sanitation has been so effectively enforced that no cases of yellow fever, cholera, plague or typhus have developed, or being treated in any of the districts; and, further, that the Rockefeller Foundation Sanitary Commission did not find a single case of yellow fever on the Atlantic coast of the United States of Columbia. This example of the union of scientific method with commercial enterprise is a new development in trading, and a salutary one, deserving of success, and acting in the right spirit to ensure it.

THE INTERPOSITION OPERATION.

CHILD (*Amer. Jour. Obs.*, LXXVI., 451) sums up the indications for this operation as follows:—It is **unwise** during the child-bearing age. It is indicated in the lesser degrees of prolapse with cystocele. It is **contraindicated** in prolapse of the third degree, and when fibroids are present. He suggests that large uteri should be reduced in size and an effort made to keep the bladder floor level; also that urinalysis and cystoscopy should be done before and after the operation.

with special instructions to report to the Council whether the Examination of each Licensing Body does or does not afford evidence, on the part of Candidates passing such Examination, of the possession of a distinctively high proficiency, scientific and practical, in each and all of the branches of study which concern the Public Health.

* List of the Districts and Commands that have been recognised by the Council under *Rule 3 (f)* :—

Aldershot.	Malta Command.
Salisbury Plain.	The following Indian
Southern and South-Eastern.	Divisions, viz. :—
Western.	1st (Peshawar).
Dublin and Belfast.	2nd (Rawalpindi).
Cork.	3rd (Lahore).
Chatham and Woolwich.	4th (Quetta).
Home.	5th (Mhow).
Eastern.	6th (Poona).
North-Eastern and North-	7th (Meerut).
Western.	8th (Lucknow).
Scottish.	9th (Secunderabad).
Gibraltar Command.	Burma.

* During the continuance of the war, Base Districts on Lines of Communication of a British Expeditionary Force will be recognised.

HYSTERECTOMY—THE OPERATION OF CHOICE TO TERMINATE PREGNANCY WHEN SUBSEQUENT PREGNANCY IS TO BE AVOIDED.

THIS is an example (Marvel, *Am. Jour. Obs.*, LXXVI., 271) of another general surgeon dabbling in obstetrical problems without any special experience. He will sterilise women by means of hysterectomy for eclampsia and for many other diseases which can be cured by less drastic means. Would that the general surgeon would confine himself to general surgery and the gynæcological surgeon to his subject ! Women would benefit thereby.

B. S.

having been infected by a human strain of bacilli, the human virus being subsequently transmitted by a bovine medium.

DR. O'KELLY, in replying, stated the necessity of working upon a further number of juvenile cases as regards morphological distinctions, as it was held that, when grown upon glycerinated horse serum, the bovine bacillus was shorter and plumper than the human type. He believed one or two cases were on record where cattle exhibiting tuberculosis had been found to be infected with the human virus.

NEW PREPARATIONS AND SCIENTIFIC INVENTIONS

"Hypoloid" Scopolamine Hydrobromide.

IN view of the increasing application of scopolamine-morphine narcosis, Messrs. Burroughs Wellcome & Co. have added to their list two strengths of pure scopolamine hydrobromide, presented in 0.5 c.c. sterile solution. These are known as "Hypoloid" Scopolamine Hydrobromide, gr. 1/150 and gr. 1/450, and are additional to "Hypoloid" Scopolamine Hydrobromide, gr. 1/130, and the "Tabloid" Hypodermic products of Hyoscine Hydrobromide, already available. The convenience of the "Hypoloid" product for this purpose is great. The precise dose of medicament in sterile solution is contained in a hermetically sealed glass phial, which is opened when required for use, and its contents are drawn into the syringe. The physician is thus ensured of using an accurate sterile dose of the pure lævo-rotatory drug with the minimum of trouble. The new strengths are those usually employed—gr. 1/150 as an initial injection, and gr. 1/450 for subsequent use. (See Report to the Royal Society of Medicine of the Committee appointed to investigate Scopolamine-Morphine Narcosis in Child Birth ("Twilight Sleep"), in *The Lancet*, December 15th, 1917, pages 897 and 898.)

"Hypoloid" Scopolamine Hydrobromide, gr. 1/150 and gr. 1/450, are issued each in boxes of 10 phials. The metric system equivalents of these strengths are 0.00043 gm. and 0.00014 gm. respectively.

Dr. F. O'B. Kennedy reports that 2.07 inches of rain fell on 16 days at the Royal National Hospital for Consumption, for Ireland, near Newcastle, Co. Wicklow. The maximum in 24 hours was 0.57 inch on the 2nd. The lowest extreme reading of the shade thermometer being—33° on the 26th. The mean minimum temperature was 43.1°.

The Rev. Canon Arthur Wilson recorded a rainfall of 2.16 inches on 20 days at the Rectory, Dunmanway, Co. Cork. The heaviest fall in 24 hours was 0.37 inch on the 6th. Most of the rain fell on the first 9 and the last 2 days. Only 0.10 inch fell between the 10th and 23rd inclusive. November was a very mild, damp month, frequently dull and misty, but there were several days with warm sunshine, especially the 12th, 21st and 22nd. Strong N.W. winds blew on several days. There was no frost. Brilliant sunsets were frequent, especially brilliant on the 12th and 23rd. The rainfall was 10.14 inches less than in 1916, and 3.63 inches less than the average.

December 2nd was very bright and cold, with heavy frost at night, a great change from the mildness of November.

UTEROSCOPY VERSUS HYSTEROTOMY.

HEINEBERG (*Am. Jour. Obs.*, LXXVI., 216) demonstrates once more the stupidity of Deaver's transperitoneal hysterotomy for diagnosis. He shows that uteroscopy will effect everything better than hysterotomy without the dangers of the latter.

ROENTGENTHERAPY SUCCESSFUL IN UTERINE FIBROID WITHOUT AFFECTING THE OVARIES.

PFAHLER AND MCGLYNN (*Am. Jour. Obs.*, LXXVI., 262) describe a case where a fibroid was cured and the patient conceived afterwards. The ovaries were carefully isolated from the rays. We fear that this isolated case is a *rara avis*, and the difficulty in isolating the ovaries in most cases of fibroid will deter gynecologists from attempting a treatment which might well terminate in a premature menopause for the patient.