

mucus stimulated by the hyperaemia of the neighboring parts. But mucus is not necessarily anti-toxic, for its excessive presence in chronic cystitis may encourage offensive decomposition. In calculous pyelitis Dr. Moullin, of London, recommends the internal administration of turpentine to dispel the mucus in which the calculi flourish. Mucus can readily accumulate in both acid and alkaline surroundings, and when present in the stomach it interferes with the normal acid secretion of that viscus, but the accidental acids may be present in great excess. So mucus cannot give chemical protection to its immediate surroundings, but is possibly more than a lubricant at any rate. Dr. Lusk goes on to say in a graphic manner that the amniotic fluid, child and placenta, all going in the direction of gravity, complete the toilet of the passages. He therefore makes war on the douche, which he claims dissolves the mucus, and weakens the resisting power of the tissues. He regards parturition as a normal act, a physiological expulsion, and therefore self-sufficient.

All this is excellent doctrine *pro tanto*. But there are cases in our modern society where nature is not adequate to the task imposed upon it. There are in the obstetric domain accidents which the most careful patient and physician cannot avoid. There are mal-positions and post-partum hemorrhages, not the rule it is true, but the exception in the practice of every lifetime. There are mal-formations of the hard and soft parts—the misfortunes of women whose nutrition has suffered, not only in development, but in growth. There are those predispositions in the mother or child to cause abortion—a perversion of the natural processes. There are certain tendencies and accidents which beset the female from her advent into this world to her exit from it. In fact we might enumerate a long list where unaided nature would fail in expulsive power at the time of child-birth. All these cases need assistance, and the most careful antisepsis, if not on the patient's side, at least on the accoucheur's, and possibly both.

Dr. Lusk says, the physician very frequently carries the infection to the lying-in woman, and probably this is true. It therefore shows the necessity of a previous baptismal antisepsis on his part. He justly censures the curette responsible, as it is, for many a lesion and many a graver accident, and if these are escaped, indeed, it prepares a field for emigrant germs.

(To be continued.)

---

ALCOHOL HABIT.—Dr. Machette, in the *Med. World*, claims to have but two per cent. of failures in his treatment of the alcohol habit. He gives his patients a hot bath and a cathartic, then a hypodermic injection of hydrastine, beginning with one-fiftieth of a grain and gradually increasing until one twentieth of a grain is given four times a day. Valerian and bromide are given for nervousness.