

the treatment of these cases. * * We employ such remedies in purpura hæmorrhagica, in scurvy, and other hæmorrhagic diseases of adults; why should they be omitted in a disease so similar in its character in infants?"

I would not wish to be understood as advocating an internal treatment for the correcting of a hæmorrhagic condition, to the exclusion and neglect of local measures. Such reasoning would, on the face of it, be fallacious and absurd. To my mind, the true theory of the treatment of umbilical hæmorrhage is a combination of local measures—styptics, compress, and ligature—with those internal hæmostatics and tonics which experience has proved to be of value in similar hæmorrhagic conditions,—ergot, acetate of lead, sulphuric acid, tinct. ferri chlor., and many others of like nature.

Of the local styptics, all have been tried and all have failed: however they should be resorted to first, for they create less alarm in the mother and are sometimes of value.

The ligature *en masse* is perhaps the most rational method of controlling the bleeding. But it is best not to be too sanguine of the success even of this radical measure of relief; for the blood sometimes wells up from the umbilical depression with no visible bleeding point, hence it is difficult to determine from whence the bleeding emanates. It may arise from a source deeper than our ligature encloses. This may possibly explain the non-success of this treatment in some cases.

All that can be expected of local measures is a transient cessation of the hæmorrhage, so that internal medication may be carried out and the blood improved in its character.

It has been recommended that women who regularly give birth to children who have umbilical hæmorrhage should, during their pregnancies, abstain from the use of alkalies, and substitute for them the mineral acids and tonics.

I would remark, in closing, that it is to be hoped that future generations may have a more widespread knowledge of this neglected, rare, and fatal disease. The only way this can be accomplished is by us, as individuals, making a careful study of each case as we meet it, and then giving to the world the result of our individual experi-

ences. We all stand on a footing in the knowledge of this affection, and hence need not be anxious lest we are making too much of a commonplace affair—*Phil. Med. Times*.

LENGTH OF THE FOOT IN RELATION TO THE VOLUME OF THE FÆTUS.—Dr. Gonner, in a contribution to the treatment of pelvic presentations, gives the results of his study of the length of the foetal foot in its relation to the volume of the infant. His observations were made in 100 consecutive births at the Obstetrical Clinic at Bâle. He finds the length of the foot to be 8 cm. in a typical child weighing 3,000 grammes. When the length of the foot is greater than 8 cm. the child is larger than a fœtus at term. When the natural pelvic measurements are taken into account with these foetal measurements we have sufficient data to form a prognosis as to the birth of a living child, or the necessity of some destructive operation. These calculations are not applicable to hydrocephalics or other monstrosities. A foot which measures $7\frac{6}{10}$ centimetres denotes a child of average volume. One less than $7\frac{3}{10}$ centimetres a fœtus before term. With the same length of foot girls are heavier than boys. The vocation of the parents and national or race peculiarities must also be taken into consideration.—*Journal de Méd. de Paris*.

VOMITING OF PREGNANCY.—Berry Hart (Edinburgh), finds in ten cases ten successes in the treatment of this symptom from giving every evening a pill containing

Iridin 20 cent.

Confection of roses q. s.

followed the next morning by a saline laxative.

M. Gueneau de Mussy finds good effects from the following:

Euonymin05 to .10 grs. $\frac{1}{2}$ to 1 $\frac{1}{2}$

Podophyllin02 to .03 $\frac{1}{3}$ to $\frac{1}{2}$

Ext. Hyoscyami

or Ext. Belladonnæ05 $\frac{1}{4}$

Make one pill—to be taken at bedtime.—*Le Prog. Méd.*

PROFESSOR PARVIN recommends the conical aural speculum and a mirror for the examination of the female urethra.—*Coll. Clin. Rec.*