

In that case the cord injury would be the primary cause, and congestion of placenta secondary, changing its condition and producing an abnormal relation. Consequently in either case the fœtus died of starvation, and not disease.

In conclusion, I might say how accommodating the uterus is for retaining, without injury to the female, a substance that actually becomes a foreign body.

Again, I might say that this lady after the first attack regained her usual health up to the time of parturition, which went on without any further inconvenience, and she is now perfectly healthy.

EPITOME OF MEDICAL PROGRESS.

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ARRESTED TUBERCULOSIS.

This subject received a large share of discussion in the section of Pathology at the last meeting of the British Medical Association. Dr. J. K. Fowler read an exhaustive and exceedingly interesting paper, which appeared in the *British Medical Journal* for Oct. 31, 1891, and which was based on the *post mortem* records of Middlesex Hospital during the eight years 1879-1886. In that time, 194 necropsies were performed, and in 177 cases (9.1 per cent.) obsolete tubercle of the lungs was discovered. Of these 177 cases, the majority (110) occurred in males, 67 only having been present in females. The right lung had been the seat of the trouble in 35 cases, the left lung in 36 cases, and both lungs in 106 cases. As a parallel to his own observations, Dr. Fowler quoted the tables of the Vienna Institute of Pathological Anatomy during the period 1869-1879. Out of 16,562 necropsies, obsolete tubercle of the lungs was found 789 times, or in 4.7 per cent. of cases. 509 cases had occurred in males, 280 in females. The right lung only was affected

in 69 cases, the left in 65 cases, and both in 655 cases.

These statistics are of much interest, and, although they take us back to days before diagnosis could be confirmed by the discovery of the tubercle bacillus, yet they are the compilations of thoroughly competent observers, and must be afforded due consideration. Several points at once attract notice. The preponderance of the male sex in both instances is very marked, but before concluding that arrest of the tuberculous process is really more common in the male than in the female, we must await further investigation, with more complete data. A surprising feature is that healing occurred much more frequently when both lungs had been affected than when the disease had involved one lung singly. Generally in these instances the apices were alone diseased, but quite frequently the lower lobes were included in the process, so that involvement of these lower lobes must not be regarded as incompatible with arrest of the disease.

With reference to the stage to which the morbid process had advanced before arrest obtained, in 43 out of Dr. Fowler's 177 cases, a cavity was present. In the majority of cases the lesion was fibrous or caseous. The cause of death in the cases showing healed tubercle, was most frequently cancer. The association of cancer with tubercle is very frequent, although both processes are rarely active at the same time. Next in frequency to cancer, as the cause of death, come respiratory affections, including fresh attacks of tuberculosis. A return of the tubercular disease may be the result of reinfection from without, or of an exacerbation and extension of a process which has for a longer or shorter period remained latent and cut off from the surrounding structures by a pregnable wall of fibrous tissue. At times the arrest in the lung is followed by the appearance of the disease elsewhere, as in the larynx, where, though not offering an immediately unfavorable prognosis, it is constantly liable to reinfect the lung.