

Medical Matters.

ALCOHOL AND WORK.



AN important inquiry has recently been made, in order to determine whether more work can be accomplished with alcohol or without it. The results were uniform and the conclusions were as follows:—(1) Alcohol has a favourable effect upon the work product, whether the subject is fatigued or not. (2) This favourable effect appears almost immediately, but is transitory. (3) Afterwards, alcohol has a paralysing effect. About half-an-hour after taking alcohol, the muscular power reaches a maximum, which is, with difficulty, increased by subsequent doses. (4) The paralysing effect of alcohol outweighs the momentary stimulation, so that the total work product obtained with the use of alcohol is less than that obtained without it. Similar experiments with tea, coffee and kola showed that their stimulant action was less than that of alcohol, that it continued longer, and that it was not followed by an after-paralysing action. In this connection, it is interesting to note some experiments quoted by Kraepelin in his text-book on Psychiatry. These experiments showed that the ingestion of a moderate dose of alcohol (2 litres of German beer) by individuals, who had been total abstainers for 12 days before the experiment, caused a diminution of psychical activity which did not completely wear off for 48 hours. The conclusion is that a suggestion of psychical change exists in the majority of people who take alcohol daily. This change may, of course, be insignificant and, perhaps, even compensated for by a gradual inurement to the drug.

CÆSAREAN SECTION VERSUS SYMPHYSIOTOMY.

At the International Congress of Gynaecology, held in August last at Amsterdam, Cæsarean section was discussed, especially in contrast with the more modern operation of Symphysiotomy in cases of dystocia from contracted pelvis. The following table compares the most recent statistics of the two operations:

	Maternal mortality.	Fœtal mortality.
Symphysiotomy	10.8 per cent.	14.5 per cent.
Cæsarean section	7.6 " "	7.6 " "

The operations done during the last ten years in the Royal Maternity Charity of London were

referred to, and it was stated that during those years no less than 40,000 women were delivered, and among these deliveries no indication for Cæsarean section presented itself. The explanation of this remarkable fact is a simple one. It is explained by the absence of pelvic deformity amongst the women of London. This absence is undoubtedly due to the improved, and still improving, hygienic conditions under which the poor of London exist. It must be further borne in mind that year by year they are recruited by many thousands of destitute alien immigrants who might be supposed to furnish a certain number of cases of pelvic deformity. Among these 40,000 deliveries, only 228 cases required the assistance of forceps, and of these 228, only one woman died. This would show that forceps are required in only five per thousand of all cases of labour. Among the same number, version was called for in 52 cases, and here also only one woman died. Craniotomy was required in only 14 cases out of the 40,000, which sufficiently proves the rarity of pelvic deformity.

A RARE ACCIDENT.

THE following interesting case was recently reported:—A primipara was in labour. The os being fully dilated, chloroform was given and forceps applied. The blades slipped over the head with the greatest facility, but the handles could not be locked. After several failures, it was decided to withdraw the forceps and re-apply them. The lower one came away easily, but the upper one could not be extracted for more than a certain distance. On seeking the cause, the tip of the blade could be felt to be wedged between the head and a much smaller equally firm body. Traction on the handle only brought this smaller body lower down and increased the impaction of the blade. As the pains were strong and regular, and the head was steadily descending, the labour was left to Nature and the solution of the phenomenon awaited. As the delivery of the upper shoulder and arm followed that of the head, the tip of the blade came into view, resting in the bend of the elbow, the hand and forearm having, slipped through the fenestrum of the blade. The arm was for some days somewhat deficient in power, but it steadily improved. The case is by no means unique, and was evidently due to the hand having been against the head when the forceps were applied, and then slipping through the fenestrum.

[previous page](#)

[next page](#)