The Midwife.

A Case of Eclampsia Treated by Saline Infusion.

Mr. A. Keith Armstrong, M.R.C.S., L.R.C.P., reports in the *British Medical Journal* the following interesting case:—

The patient, a poorly nourished woman, aged 34, had previously four confinements, all normal, and one miscarriage. Her present confinement at eight months occurred before the arrival of the midwife, who noticed nothing abnormal, and after attending to the mother and child left. Five hours later the patient was seized with convulsions; the midwife was recalled, and sent for me.

When I arrived the patient was unconscious, pale, pulse imperceptible at the wrists, the heart beats irregular in force and frequency, but very rapid, about 200 per minute; the extremities were cold and flaccid, respiration irregular and stertorous. (There had been no excessive hæmorrhage.) At intervals of from five to ten minutes she developed convulsions of an epileptiform character; they commenced with a tonic stage, during which the face became cyanosed, the limbs rigid, and hands tightly clenched, and blood oozed from the vagina.

A clonic stage then commenced, during which the convulsions were general; the duration of the whole fit was about five minutes. Hot-water bottles were placed at her feet, and I proceeded to infuse a solution of normal saline at the rate of about two pints per hour into the subcutaneous tissue of the axillae and thighs, the total amount infused being four pints. During the infusion her condition gradually improved. She had one or two more fits, but these became much less severe. When the infusion was stopped she became conscious, though very drowsy, her respirations quieter and more regular, the pulse steady and beating at the rate of 90 per minute. There was no subsequent return of the fits. The urine examined in a specimen obtained by catheter after the infusion of saline showed 3.5 per 1,000 by Esmarch's albuminometer.

The points of interest in this case are, I think, the length of time after delivery before the onset of any symptoms—namely, five hours. When the infusion of saline was commenced the patient was *in extremis*, and the case if left to itself could only have terminated fatally, and that in a very short time. The patient made a very satisfactory recovery.

Unclean Milk and Infant Mortality.

We have received a communication from the Executive Council of the National League for Physical Education and Improvement, 4, Tavistock Square, W.C., on the above subject, which points out that it is recognised on all sides that few matters are of greater importance in promoting the health of the nation than a pure milk supply. Yet, unfortunately, milk is peculiarly susceptible and liable to contamination, not only while it is in the hands of the producer and retailer, but also as soon as it reaches the consumer. For want of due care in handling, milk is frequently, as is well known, a potent factor in the dissemination of a number of serious diseases, and has great influence on infant mortality.

Since the inception of the National League for Physical Education and Improvement in 1905, the question of pure milk has occupied a prominent position in its programme, and a special committee of eminent experts has devoted much time to the problem. The League is now undertaking definite practical steps to deal effectively with the matter.

Full details of the scheme will be sent on application to the Secretary of the League as above.

The Health of London's Infants.

The Report of Sir Shirley P. Murphy, Medical Officer of Health for the County of London, for 1909, shows that the marriage rate of the preceding year was the lowest recorded in London since complete marriage statistics have been available. The birth-rate (24.2) was the lowest on record in London since the institution of civil registration, and it is therefore a satisfaction to know that the infantile mortality rate (108) was the lowest also.

The deaths of children under one year of age in the Administrative County of London during 1909 numbered 12,582, being in the proportion of 108 per 1,000 births. From a diagram showing the infantile mortality in each year since 1857, and also the infantile mortality in each year after exclusion of the deaths from premature birth, which would in all probability be affected in greater degree than the deaths under any other heading by the more complete registration of recent years, it is seen that the rates of 1909 are the lowest recorded in this period. A table of comparison with thirteen towns of over 200,000 population shows that London had a lower infantile mortality than any town except Bristol.

The causes of infantile mortality can be roughly grouped into three classes:—(a) Those causes increasing in incidence with progressive age, such as the common infectious diseases; (b) those causes showing little or no variation in age incidence, such as tuberculous diseases; and (c) those causes exhibiting diminished incidence as age advances, such as premature birth, want of breast milk, etc.

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