

first few weeks; the foetus survived, because the greater part of the placenta was unaffected.

The puerperium may be complicated by sepsis. It is important that no fragment of the mole be retained in the uterus, and therefore an exploration is indicated. Should portions remain sapraemia or septicæmia may result. The uterus usually involutes badly, owing to the condition of the uterine wall, induced by the eroding action of the affected villi.

The patient is still under observation, because vesicular mole is often followed by a malignant disease — chorion-epithelioma. New growths occur, usually in the uterus, but occasionally in the ovary, Fallopian tube, and labia. This disease is very often fatal. Vesicular mole is also likely to recur in subsequent pregnancies; in one patient it occurred eleven times.

M. O. H.

EPIDEMIC DIARRHŒA.

As much is heard at the present time of "epidemic diarrhœa," it will be well to call to mind the points insisted on by Dr. Ralph Vincent in a lecture delivered at the Infants' Hospital, Vincent Square, S.W., in regard to this disease, which is peculiarly liable to occur at some parts of the year, and is practically absent at other times.

As a cause of infant mortality, Dr. Vincent regards it as the most serious of all, the deaths depending upon the atmospheric temperature. If it is a cool summer the death roll is comparatively low; if a hot summer it is very high indeed. Thus in the year 1904, which was very hot, nearly half the infants in many towns throughout the country died in July, August and September. They died because they were poisoned.

Although "epidemic diarrhœa" is the official term in regard to the disease, Dr. Vincent points out it is altogether wrong. In the first place the diarrhœa is not the disease at all, but one of its symptoms, and represents nature's attempt to void the poison, and although it may be so exhausting as to kill the patient, its *motif* is essentially beneficent.

Then the disease is *never* epidemic. The reason it is so regarded is that, in the hot weather, it suddenly arises in a limited area, and kills large numbers of babies. The point to be noted is the cardinal fact that the breast-fed babies escape. They are practically immune, or, if they are attacked, the attacks are much slighter. Moreover, it will generally

be found that breast-fed babies who are attacked have been given other food in addition.

Again, it is not a sudden disease. It does not occur spontaneously or very quickly. It is, generally speaking, the result, the final result, of gastric and intestinal disorder. The fatal attack is the final expression of pathological processes which have been going on for weeks, and often for months past.

What, then, is the disease? It is, says Dr. Vincent, a filth disease, arising from the consumption of filth, and the fact that very large numbers of babies are attacked is only to be explained by the fact that very large numbers of babies are consuming filth. By filth Dr. Vincent says he means, for example, the ordinary milk supply of London.

Milk is the finest medium for the development of bacteria, which, when it is not properly dealt with, is enormous. Once it has been affected by the growth and development of bacteria it is impossible that it can be of any good; it must be a poison. Moreover, the toxins present as the result of such development are there, and sterilization is of little use. All that is achieved by boiling it is to give the baby dead bacteria instead of living ones. However carefully conducted, sterilization can never make dirty milk into clean milk. The essential thing is a really pure milk supply.

THE CENTRAL MIDWIVES BOARD.

LIST OF SUCCESSFUL CANDIDATES.

At the Examination of the Central Midwives Board, held on London on August 2nd, 316 candidates were examined and 268 passed the examiners. The percentage of failures was 15.2.

LONDON.

- British Lying-in Hospital.*—R. Hoare.
City of London Lying-in Hospital.—D. P. Adams, A. Ashton, G. M. E. Burke-Roche, E. F. Cooke, M. G. Cousins, A. A. C. Gray, E. F. Heseltine, H. Ison, D. E. Johnson, E. Lindsay, E. Pretty, L. Sage, J. Steyskal, M. Tidbury.
Clapham Maternity Hospital.—E. M. Avison, E. A. Martin, T. Selmar, A. J. Welsh.
East End Mothers' Home.—E. A. Edwards, F. E. Horn, F. R. Knight, J. Lohead, M. J. Parry.
Edmonton Union Infirmary.—D. Bridge, B. G. Piggott, G. H. Woodman.
General Lying-in Hospital.—M. C. Beck, M. E. Bennett, E. P. Brennan, A. M. Brockbank, R. A. Bromwich, D. M. Cash, J. A. Coleman, G. M. Ellis, E. Grainger, E. J. Grove, F. M. Hammond, J. M. Hart, F. E. Ingle, M. Keyes, D. W. Mannell, C. I. Marshall, W. M. Neville, M. I. Nicholson, H. E. Nidd, F. E. Nye, E. Oxley, A. Pentherer,

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