

INSTRUCTION IN HOSPITALS.

In the list of hospitals where instruction is given, published in the *BRITISH MEDICAL JOURNAL*, page 556, *et seq.*, the name of the Throat Hospital, Golden Square, London, was omitted.

We are informed that Mr. Startin has ceased to be a member of the staff of St. John's Hospital for Diseases of the Skin.

THE EVOLUTION OF PATHOGENIC ORGANISMS.

MR. WILLIAM SYKES, M.R.C.S. (Moxborough) writes: There are two rival theories of the origin of zymotic disease: one, that they have their birth in unsanitary conditions to which their victims are exposed—the *de novo* theory—now little accepted; the other, that each case has its birth in the infective material left by previous outbreaks, expressed in the formula "*omnis typhoidis ē typhoide*." Does not the bacterial theory of origin of this class of diseases provide an explanation of the apparently anomalous cases which occur which cannot be explained by the above formula? If the infective material in each case is a microzyme, one can imagine that it has a possibility of external life unconnected with the human frame; that it was originally, in fact, a harmless creation or development which, accidentally conveyed into the circulation, found there a suitable soil for growth and development, and, by the theory of natural selection, of increased vigour. But that other microzymes of the same species remained (and remain) as scanty growths sparsely scattered under less favourable conditions, which may occasionally find accidental entry into the human economy, as, in the first instance, must have been the case with the original *matrices morbi*. We find, then, that there is no specificity in zymotic disease; that the low forms of life causing it exist partly in, partly out of, the body; that the body provides a soil of superior fertility, and that, therefore, the microzymes in it flourish more, increase more rapidly, and are more numerous, than those outside it; that, therefore, most outbreaks of zymotic disease originate in the numerous and vigorous microzymes thrown off in the secretions of previously diseased persons; but that a small number of cases are produced by the accidental introduction of the weaker and less numerous external microzymes, and are examples of the anomalous *de novo* origination of disease.

More numerous observations must be made on the life-history of microzymes, their behaviour under a series of cultivations in unfavourable natural media, for example, earth or water. Careful search must be made among media not infected by the bacteria of disease for growths resembling these microzymes attenuated by cultivation in unfavourable environments.

PROTRACTED PREGNANCY.

MR. S. W. WOOLLETT (Southwold) writes: The following case is, I think, of interest medico-legally, and I should be very glad to have the opinion of any gentleman of the medical profession on it.

A girl, aged 16, is stated to have repeatedly had connection with a man, the last occasion being on the night of June 12th, 1885. Her menstruation had ceased on June 10th, and since that date has not recurred. I was called to visit her on the night of March 19th, 1886, having previously been engaged to attend her in her confinement. I found the labour-pains strong and regular, and the patient was greatly troubled with vomiting. On examination *per vaginam*, I discovered the os dilated to the size of a shilling, and I felt the membranous bag tense and presenting. I saw her again on the next day. The os was then dilated to the size of a florin, but the pains were feeble, and the vomiting had ceased. On March 21st, the pains were entirely absent. On March 22nd, milk had appeared in both breasts. For the next ten days or so, I attended the patient daily. She suffered from intense frontal headache, frequent vomiting, hæmorrhage from the bowels, and abnormal temperature. On the evening of April 23rd, she was confined naturally of a well developed female child, unfortunately not weighed at the time. From June 12th, 1885 (the date of the last admitted connection), to March 19th, 1886 (the date of the first symptoms of labour), an interval of 280 days took place. From June 12th, 1885, to April 23rd, 1886 (the date of confinement), an interval of 315 days took place. Judging from the absence of menstruation, the attempt at labour on March 19th (the normal date), the appearance of lactation three days later, and the excessive disturbance of the patient's system for the next month, is it possible for a sexual connection taking place on June 12th, 1885, to result in the birth of a child on April 23rd, 1886?

Simpson has recorded cases of protraction, in which pregnancy extended 336, 332, 319, and 324 days after the cessation of the last menstrual period. Dr. Meadows has mentioned a case that extended over ten months. Numerous other instances have been recorded by well known obstetricians. Dr. Playfair has, in his work on *Midwifery*, described two cases very similar to mine.

I think it is time that steps should be taken, not to fix the duration of pregnancy, but to relieve the mind of the unprofessional public of the absurd notion that protraction beyond a rigid period of time is impossible. Is the human race so distinct from all other species of living beings that separate laws should be created for it? It is a well admitted fact that cows and mares are subject to protracted pregnancies; why not women?

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BOOKS, ETC., RECEIVED.

- Clinical Manual for the Study of Medical Cases. Edited by James Finlayson, M.D. London: Smith, Elder and Co. 1886.
- The Science and Practice of Midwifery. By Dr. W. S. Playfair. Vols. I and II. London: Smith, Elder and Co. 1886.
- South Africa as a Health-Resort. By Arthur Fuller, M.B., C.M. London: W. B. Whittingham and Co. 1886.
- The Normal and Pathological Histology of the Human Eye and Eyelids. By C. F. Pollock, M.D., F.R.C.S., F.R.S. London: J. and A. Churchill. 1886.
- A Manual of Diseases of the Nervous System. By W. R. Gowers, M.D. Vol. I. London: J. and A. Churchill.
- Ambulance Work, Illustrated. Lectures by R. Lawton Roberts, M.D. Second Edition. London: H. K. Lewis. 1886.
- The Diagnosis and Treatment of Syphilis. By Tom Robinson, M.D. London: J. and A. Churchill. 1886.

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