

sex hormone, and hence to the premature expulsion of the fœtus, or to the full-time birth of feeble and puny children.

Another possibility is that a maternal deficiency of vitamin B may lead to premature thinning and separation of the decidual membrane.

It is sometimes held that abortion and premature birth are due, not so much to environmental causes, as to inherent weakness in the germ cells, the result of faulty nutrition of both parents(13). This is believed to occur in cases of early abortion where the germ cells have been weakened by a deficiency of vitamin E, and although fertilisation and implantation of the ovum takes place it is shortly followed by resorption of the ovum(14). It is not unlikely that in communities where certain dietary deficiencies are present inherent weakness of the germ cells may be a factor, as well as environmental conditions, in the premature stoppage of growth and the frequent premature expulsion of the fœtus.

However this may be, the trend of this paper goes to show the great importance of scientific investigation of the causes of early infant mortality. More evidence is needed before we can take up the attitude that prematurity or feebleness at birth is due to a parental dietary deficiency, but there can be no doubt it is due to obscure antenatal causes which are not understood at present and are not being combated. Yet they are of the gravest importance to the well-being of the race. The first month of life may be compared to a well which draws its water from many sources (antenatal) and scatters it abroad (first year). It is here that the key to the problem of infant mortality will be found.

Summary.

1. A large proportion of infant mortality in all countries occurs during the first month of life, and of this a large proportion is due to feebleness or prematurity of the child, the cause of which is unknown.

2. The incidence of the birth of feeble and premature infants is much higher in India than in England and is a marked cause of the higher infant mortality.

3. There is evidently some antenatal factor leading to weakness either of the germ cells or of the developing fœtus or of both; it is possible that this may be connected with a maternal or parental dietary deficiency.

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A Mirror of Hospital Practice.

CANCER OF THE BREAST IN A MAN.

By M. UMAR, P.M.S.,

District Hospital, Sitapur, Oudh.

THE patient, a Hindu male aged about 50 years, was admitted to hospital with a fungating mass about the size of an orange with the skin adherent.

The condition started with "slight itch" about 3 years earlier and there was a very minute gland to begin with. No history of injury of any kind. No enlargement of any gland in the armpit.

The wound was cleaned and the tumour was removed, with a portion of the muscle also.

A piece of the tumour was sent to the Provincial Pathologist, United Provinces, Lucknow, and it was diagnosed as round-celled carcinoma.

MULTIPLE INJURIES TO THE ABDOMINAL VISCERA.

By M. UMAR, P.M.S.,

District Hospital, Sitapur, Oudh.

A WOMAN after being severely beaten by her husband was found dead some hours later.

Post-mortem examination.—The only external injury noted was an ecchymosis over the right eye. The brain and thoracic organs were normal. The abdomen was found full of blood. The liver had two rents in it, one on the dome and the other on the anterior border, both about an inch in length. The spleen was slightly enlarged and there were three tears in it, and the right kidney had a tear, one and a half inches in length on its convex border.