

being follows the treatment. A full dose of the iron within five minutes causes a feeling of tension in the head, tingling sensations, and a flushing of the face. Doses larger than $1\frac{1}{2}$ grains may cause nausea or vomiting. The hypodermic method of administration obviates injury to the stomach or teeth and does not cause gastric disturbance or constipation. The treatment is contraindicated in fever or acute hemorrhage. Daily injections should be followed by a 5 to 10 per cent. increase in the hemoglobin at the end of the first week.

Nitrogen Injections in Tuberculosis.—L. BRAUER (*Deut. med. Woch.*, 1906, No. 17, p. 652) reports an instance of tuberculosis which was characterized by hectic temperature and extensive lesions, and in which nitrogen was injected upon four occasions, in quantity about three pints at a time. After the first injection the fever disappeared for about three weeks and after the subsequent injections similar results were noted, but they were less lasting. The collapse of the lung caused neither dyspnoea nor cyanosis and the patient's general condition exhibited improvement. The technique of the injection was as follows: The site chosen was in the seventh intercostal space between the posterior axillary and the scapular lines at a point where the pleura seemed to be normal and the lung little affected. Under local anesthesia an incision about an inch long was made down to the parietal pleura. The latter was punctured by a trocar and cannula, through which the gas was injected, having previously been passed through 1 to 1000 mercury bichloride solution. The wound was then sutured. The nitrogen is but slowly absorbed and the good effect of the treatment is produced by compressing the lung, lessening its congestion, and putting it at rest. The compression is evidenced by an increase in the expectoration following the procedure. It may be that a condition of venous stasis is established which acts upon the infectious process.

OBSTETRICS.

UNDER THE CHARGE OF

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Abdominal Section during Pregnancy for Carcinoma of the Ovary and for Ovarian Tumor with Twisted Pedicle.—SCHAUTA (*Zentralb. f. Gyn.*, No. 25, 1906) reports abdominal sections during pregnancy for ovarian tumor with twisted pedicle. The first case was that of a multipara, whose labors had been normal. At the fourth month of pregnancy she came under observation complaining of pain in the right lower portion of the abdomen. The pain suggested disease of the appendix. Under anesthesia a tumor the size of a fist could be found which was movable. Abdominal section was made with a right lateral incision, and a parovarian cyst with twisted pedicle was removed. The pregnancy went on undisturbed. The second patient was in the fourth

month of pregnancy when she was taken with severe pain in the right lower portion of the abdomen. This was thought to be appendicitis. The patient remained in bed eight days, when she was apparently better. Pregnancy proceeded and was terminated by labor. Four weeks after labor the patient was examined, and she was found to have a tumor the size of a fist, directed toward the left side of the abdomen. This tumor did not seem to be connected with the uterus. At operation an ovarian tumor was found adherent, and with a very long thin twisted pedicle. The appendix was adherent to the tumor and very little altered in its substance.

Schauta also reports a case of carcinoma of both ovaries complicating pregnancy. The patient was five and one-half months advanced, and complained of various indefinite pains in the abdomen, with fever and enlargement of the abdomen. This rapidly increased and on examination the uterus could scarcely be felt. On opening the abdomen a large quantity of ascitic fluid was removed, and five months' pregnancy was found present, and in addition a tumor of each ovary as large as a fist. These were found to be carcinoma with dissemination in the peritoneum of Douglas' cul-de-sac. The broad ligaments were removed as extensively as possible with the tumor. On the next day following operation the patient aborted.

Schauta also reports an interesting case of a woman who had had a tumor on the abdominal wall near the left flank, which was removed during the first month of a preceding pregnancy. From this she made a good recovery. In the seventh month of her fourth pregnancy a tumor appeared in the scar of the former operation. Through friction with the clothing, bleeding occurred from the tumor. Upon examination it was found to be as large as a child's head and involving only the abdominal covering. At operation the tissues were extensively removed, when the tumor was found attached to the fascia and attacking the peritoneum at only one point. It was a fibrosarcoma. The wound healed by granulation, as so much tissue was removed that the edges could not be brought together.

The Prevention of Difficult Labor.—HERMAN (*British Medical Journal*, June 30, 1906) contributes a paper upon this subject in which he calls attention to fatalities in labor following septic infection and disproportion in size between mother and child. Death from malpresentation and hemorrhage are largely avoidable. Death from eclampsia or rupture of the uterus in easy labor, or from acute yellow atrophy of the liver, cannot be foreseen and cannot be prevented. Accidents from disproportion between mother and child may be anticipated by measuring the mother's pelvis, and also by subjecting her to vaginal examination in order that tumors of the pelvis may be detected. Herman would not empty the uterus in cases in which the pelvis is so small that a living child cannot be born, but would let the mother go to term and perform, if necessary, Cesarean section. Pregnant patients should be examined after the seventh month, and if a malpresentation be found, attempts should be made to remedy it. When the back is posterior, the child can usually be turned by manipulation. If the child is obliquely, the head can usually be brought over the pelvic brim. In breech presentation it is often difficult to turn the fetus about. Premature labor is advised in cases of moderate disproportion, the method being the use