

of the cervix into the vaginal vault. I have never found ether necessary because of pain, but have used it where a rigid abdominal wall prevented the right hand from fixing and slightly depressing the fundus. Where the finger fails, the curette, always sterilized and at hand, is employed. I have found best a medium-sized sharp curette with so stiff a staff that it cannot be bent, except by exerting considerably more force than is permissible in using it. Only extreme carelessness can result in puncturing the firm-walled uterus of early pregnancy. An exception exists in cases where the uterine wall is broken down by a sepsis of some days' duration.

Whichever method is employed, the uterine cavity should be irrigated thoroughly. I have used corrosive sublimate (1-5,000), formalin ($\frac{1}{2}$ to 2%), and sterile water with equally good results, the quantity being more important apparently than the constituent. The uterus having been emptied, the cessation of bleeding is invariably instantaneous, except for the very slight lochial ooze. The use of rubber gloves causes so little inconvenience in digital manoeuvres that their value for asepsis far exceeds the delay they may occasion.

It has been my experience that most women, either through design or unwittingly, underestimate the duration of their pregnancy. I have noticed (and Dr. Minot confirms me) that judging from its length obstetricians generally underestimate the age of the fetus. These errors derive import from the variation in treatment according to the duration of the pregnancy. The following figures are quoted*:

Fetus 28 days =	Length	7.5 mm.
" 60 " =	"	28 mm.
" 3 mos. =	"	78 mm. (3 1-16 inches).
" 4 " =	"	155 mm.

It seems misleading to state that before the end of the third month there is no placenta. Embryologists seem to agree that coincident with the development of the ovum there occur those changes in the chorionic villi and the decidua serotina which result ultimately in the formation of the placenta. Before the end of the eighth week the general atrophy of villi, except at the decidua serotina, makes an easily perceptible differentiation.

Frequently in partial miscarriages at seven to nine weeks, I have found that just this small tufted piece of chorion remains attached to the uterine wall (that is, decidua serotina) and causes persistent bleeding; consequently, in very early miscarriages, this immature placenta must be sought. Here also may rest the etiology of subsequent fibrinous mole.

The health report for the week ending Nov. 8 shows the occurrence of 124 new cases of typhoid fever, the disease being in every ward but the eleventh and twelfth. This is seventeen cases more than last week. Over 500 cases are now being treated.—*Philadelphia Medical News*.

* Minot: Human Embryology, pp. 384 et seq.

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RECURRENT PAROTITIS FOLLOWING RECURRENT ATTACKS OF APPENDICITIS.

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Miss S., age nineteen, had a first attack of appendicitis in Portland in 1897. At this time there was a large abscess about the appendix which extended into the pelvis. The abscess was drained ten days after the onset of symptoms, and forty-eight hours after the operation the right parotid began to ache and swell; forty-eight hours later the left parotid became involved. The pain and swelling continued five or six days, and gradually subsided.

The patient developed a second attack of appendicitis one year later. At this time the abscess extended into the pelvis, as at the first attack, but was much smaller. The abscess was drained forty-eight hours after the onset of symptoms, and forty-eight hours later the right parotid became swollen and painful, followed in two days by the involvement of the left. A week after the onset of symptoms both sides had subsided.

The patient first came under the care of Dr. M. H. Richardson during a third attack of appendicitis in November 1899, two and a half years after the first attack. Thirty-six hours after the onset of symptoms the patient was operated upon, a small abscess about the appendix, extending into the pelvis, was drained, and the appendix removed. Two days after the operation the right parotid became swollen. The patient went through a third attack of double parotitis similar in all respects to the two previous. There was no chill, and the symptoms were comparatively mild; the temperature at its highest ranged between 100° and 101°.

Stephen Paget, in a paper published in the *British Medical Journal* in 1887, gives the following facts regarding parotitis. Out of 101 cases collected by him, 10 were due to disease or injury of the genito-urinary tract, 18 to disease or injury of the alimentary canal, 23 to disease or injury of the abdominal wall, and 50 to disease or temporary derangement of the generative organs. Of the 101 cases, in only seven was any other than the original septic process reported. Thirty-seven out of the 101 died, but all these Mr. Paget says died of the original disease or injury, and not because of the parotitis. In 25 cases of ovariectomy, both parotids were affected in nine. Of 78 cases, 45 went on the suppuration and 33 resolved.

STATE HOSPITAL FOR EPILEPTICS.—At a meeting of the Pennsylvania State Convention of the Directors of the Poor, held recently at Somerset, it was recommended that Highland Inn and 100 acres of ground be purchased for the purpose of establishing a State Hospital for Epileptics.—*American Medicine*.