

The infant shown is one of twins, born on June 8th. It remained in the "couvense" until July 20th. From June 8th to June 12th "gavage" was employed every hour with eight grammes of human milk; from June 12th to July 5th "gavage" was employed every three hours with sixteen grammes of human milk, and in the interval of two feedings milk was allowed to trickle into its mouth; after July 5th the child was able to suck, and "gavage" was discontinued. In some cases the child is too weak to be entirely suckled, and then breast-feeding and "gavage" may be combined; during the early days of "gavage" the child's body weight may decrease, but later it rises again. Two of M. Tarnier's cases were born soon after the one hundred and eightieth day of intrauterine life, and have been successfully reared; he does not altogether despair of rearing premature children, born even before the one hundred and eightieth day, thanks to "gavage" and the "couvense."

ABDOMINAL AUTOTRANSFUSION IN CASES OF POST-PARTUM CEREBRAL ANÆMIA.

Cases are occasionally met with in which the removal of large masses from the abdominal cavity (*e. g.*, hydrops amnii, twin births, large collections of peritoneal fluid) is followed by extremely alarming symptoms, not uncommonly leading to death from cerebral anæmia. It is probable that in such cases an enormous quantity of blood collects in the abdominal venous system (which we know is capable of very great dilatation), owing to the sudden diminution of the accustomed pressure, and that the disastrous results are due to the consequent anæmia of the brain. Ordinary remedies do not act powerfully enough in such an emergency.

Koppe (*Centralbl. f. Gyn.*, Sept. 19, 1885), on meeting with a case of this description, tried a new device for restoring the normal distribution of blood, and his experiment was crowned with success. The patient was a primipara, in whom the abdomen was most unusually prominent; the skin over it was extremely stretched, and all the other signs of excessive distention were present. Conjugata vera about 3.2 inches. It was possible to diagnose the presence of twins. During the labor great difficulties were met with: the first child could not be delivered without perforation; the second was smaller in size, and extracted by pulling at the feet. Both placentæ were expelled without much loss of blood, and the uterus contracted well. The labor appeared to be satisfactorily terminated, when suddenly the patient became pale and collapsed; no external hemorrhage had occurred, and the uterus continued well contracted as before. Rupture of the uterus and hemorrhage into the peritoneal cavity seemed out of the question at this stage. The only other supposition was that a large accumulation of blood in the abdominal veins had taken place. The patient's head was lowered and brandy administered, but without effect. On the contrary, the pallor seemed to increase, and the patient appeared beyond hope of recovery. Koppe, at this moment, resolved to try to reapply pressure to the abdominal veins, which, by the emptying of the uterus, were now under much less pressure than before. He used for this purpose a small, soft pillow, which was very firmly pressed down on the abdomen, and bound on. A beneficial change was immediately apparent; the patient regained her color; consciousness returned, and before long she was fully restored. Koppe believes that the cerebral anæmia and

pulselessness of his patient were due to a large amount of blood being removed from the general circulation and engorging the abdominal veins, and that the extra-abdominal pressure applied by the pillow made up for the loss of intra-abdominal pressure due to the birth of twins and the discharge of the two placentæ and the liquor amnii, and caused the excess of blood in the abdominal veins to reënter the general circulation.

INHALATION OF OXYGEN IN PUERPERAL ECLAMPSIA.

DR. SCHMIDT relates, in the *Russkaya Meditsina* (*Lancet*, Sept. 19, 1885), a case of puerperal convulsions successfully treated by inhalation of oxygen. The patient, who, in order to prevent the convulsions, had been kept constantly under the influence of chloroform, was unconscious and in a state bordering on asphyxia; but, after a few rather deep inspirations of oxygen, she began to show signs of returning consciousness, and, after inhaling rather more than a cubic foot of the gas, consciousness was entirely restored. No further convulsions occurred, and the patient made a gradual but complete recovery.

THE NEW SIGN OF PREGNANCY.

This sign, first described by Hégar, consists in a change in consistence of the lower segment of the uterus, by which it becomes very yielding and compressible, characters which make it easily distinguishable from the thick and firm cervix. This change is most distinct at the middle portion of the lower segment of the uterus, especially in the median line, the sides being much firmer and resisting.

COMPES (*Berliner klinische Wochenschrift*, Sept. 21, 1885) publishes the results of observations made to verify the above sign, and has formed a high opinion of its value for diagnosis. The examination is made in the following way: The thumb is introduced per vaginam till it reaches the portio vaginalis, and the index-finger per rectum till it gets past the sacrouterine ligaments which correspond to the level at which the cervix joins the lower uterine segment (this proceduro is sometimes facilitated by previously washing out the rectum). The disengaged hand is then placed on the abdomen immediately above the symphysis, and pressed down toward the index-finger (in the rectum), which is pushed forwards and explores the cervix, lower uterine segment (in all its portions), and, lastly, the higher parts of the uterus. The examination is facilitated by drawing down the portio vaginalis with a pair of forceps.

Compes looks upon this sign as a positive one of great value, utilizable at all periods of pregnancy, even as early as the second month, when other signs are so unreliable. He never met with it except during pregnancy, and believes the increased compressibility of the lower segment of the uterus (forming, as it does, the thinnest part of that organ) to be due to an infiltrated and succulent condition consequent upon pregnancy, and that the uterine contents can be pushed into this lower uterine segment in consequence of the increased elasticity of the wall of the upper segment of the uterus. It is, moreover, an almost certain sign of pregnancy, occurring, as far as is known, in but one other condition (*retroversion uteri*), and in that it is comparatively