the hand and takes it away. He examines the perineum immediately after birth, and sews it at once if it is torn. He considers a pulse over 100 as threatening bleeding. If a primipara has after-pains, something has been left in the uterus. He relies especially on the pulse as an indication of a good convalescence. He allows the patient to get on her hands and knees to micturate as early as possible.

A Case of Tetany in Pregnancy Following the Removal of Goitre.—In the *Archiv f. Gynäkologie*, 1898, Band lv. Heft 2, MEINERT reports the case of a multipara who developed tetany after the removal of goitre. The case became so severe that it was necessary to interrupt pregnancy, after which the patient made a slow recovery. Interesting trophic lesions accompanied the disease.

The Value of Alcohol as a Disinfectant.—In the *Centralblatt f. Gynäkologie*, 1898, No. 18, GOENNER reports the results of experiments to determine the practical value of alcohol as an antiseptic and disinfectant. His experiments were made by cleaning the hands in various ways, and then removing with an ivory nail-cleaner material from beneath the nail, and infecting animals with this material. His experiments showed very plainly that alcohol is much inferior to bichloride of mercury as an antiseptic, and is able to destroy the less virulent bacteria. Streptococci and other active germs and also spores of bacteria are not affected. He advises the use of alcohol in connection with thorough washing in soap and hot water and brushing in bichloride of mercury solution.

Ectopic Gestation and Eclampsia.—In the *Centralblatt f. Gynäkologie*, 1898, No. 18, a case is cited reported in a Norwegian journal by HOLST. The patient was a primipara, and the abdominal tumor was as large as a seven-months' pregnancy. Eclamptic convulsions were subdued by injections of morphia. It was, however, impossible to induce labor by the usual means. After two days' illness the convulsions passed away, and the patient became conscious and felt the movements of the child. She recovered and went about as usual. A month afterward fetal movements ceased and the tumor was smaller. Five months after the eclamptic outbreak a fistula formed in the vagina and another near the umbilicus, through which fetal bones were expelled. A fistula connected with the bowel, but finally closed, and nine months after her illness the patient entirely recovered.

A Second Cesarean Section for Highly Contracted Pelvis.—In the *Centralblatt f. Gynäkologie*, 1898, No. 19, BRAUN-FERNWALD reports the case of a patient with highly contracted pelvis on whom he had performed a cœlio-hysterotomy some years previous. The patient returned a few months pregnant, and at her desire, and because the pelvis was highly contracted, the pregnancy was terminated. She afterward returned pregnant near term, and it was decided to operate by cœlio-hysterectomy.

The wall of the abdomen and of the uterus was excessively thin. The silk stitches of the first operation remained, although no scar was present. The incision was made across the fundus and the child easily removed. It died

on the following day from weakness. The broad ligaments were ligated, the cervical arteries tied, the uterus amputated, and the stump stitched over. Two strands of iodoform gauze were passed down to the stump for drainage. The patient made a good recovery and the result of the operation was very satisfactory.

[We do not find it necessary to employ drainage in these cases, as under ordinary circumstances the patient is not septic and recovers promptly without a drain.—En.]

Facial Paralysis in the Child Following its Spontaneous Birth.—At a recent meeting of the Obstetrical Society of Vienna (*Centralblatt f. Gynäkologie*, 1898, No. 19), SCHUTZE reported the case of a child born in spontaneous labor who had facial paralysis, which was found upon autopsy to depend upon hemorrhage at the base of the cranium and pressure on the cortex. A depression was found on the left parietal bone, and the scalp showed the effects of severe pressure.

Incomplete Rupture of the Uterus in Placenta Prævia.—At a meeting of the Obstetrical Society of Vienna SCHUTZE also reported (*Centralblatt f. Gynäkologie*, 1898, No. 19) a case of placenta prævia in which it was necessary to immediately make version to stop a severe and prolonged bleeding. The os and cervix would admit but three fingers, but the cervix was very soft and the version was readily made. A half hour afterward the child was easily born. Very severe hemorrhage followed the expulsion of the child and placenta which could not be checked sufficiently early to rescue the patient.

On examination, an incomplete rupture of the uterus was found, and also a partial separation of the pubic joint and increased mobility of the left sacroiliac joint. The tear in the uterus began at the cervix.

In discussion it was brought out that special danger exists in placenta prævia of uterine rupture, because the cervix and lower uterine segment are always very greatly softened.

Posterior Positions of the Occiput and Presentation of the Parietal Bone.—In the *Monatschrift f. Geburtshilfe und Gynäkologie*, 1898, Band vii. Heft 5, MUELLER concludes an extensive paper on this subject as follows: He distinguishes three posterior positions of the occiput, right, left, and sacral. The two former in most cases end in spontaneous rotation to the front. Occasionally some other presentation develops. It is possible for birth to occur by the forehead pivoting under the pubes and the occiput being forced out over the perineum. It is important to recognize the difference between a presentation of the parietal bone and a posterior rotation of the occiput. Sacral rotation of the occiput is rare. Labor is prolonged in these cases, and laceration of the pelvic floor is inevitable. It is possible, however, in most cases to deliver the patient with forceps, although mother and child will undergo severe pressure during labor. Fortunately over 96 per cent. of all cases terminate in spontaneous anterior rotation.

Pregnancy in Fibroid Uterus, with Double Uterus in Addition.—In the last report of the Rotunda Hospital, *Dublin Journal of Medical Sciences*, May,