ceeded to extract the placenta he found the patient unconscious. The uterus was the seat of extensive rupture. Porro's operation was performed on this case also, the technique being the same as on the previous one. Profound collapse followed; the patient did not regain consciousness and died exhausted. The heart was found to be feeble, the valves being affected. After discussing the frequency of uterine rupture the author considers the causation to be due to narrow pelvis, transvers presentations, and deficient uterine resistance. It is generally admitted that the point of least resistance is the inferior uterine segment, and this becomes less resistant by reason of the contraction of the longitudinal muscular fibres, which tend to elevate the inferior segment and thin it, while enlarging the fundus. In these two cases the rupture took place below during energetic contractions, the tear being longitudinal. He considers Porro's operation to be the best treatment.

RESTORATION OF THE NEWBORN.

OEHLISCHLÄGER (*Centralblatt für Gynäkologie*, 1893, No. 31) contributes an article relative to the restoration of the newborn. In most cases he believes the failure of such efforts to be due to obstruction of the glottis by the backward pressure of the tongue, and advises that this be drawn well forward. Then, either by the direct application of the attendant's lips to those of the child or by passing a soft catheter into the larynx, the air can readily be caused to go into the child's lungs. Such cases are bluish or dark in the face. Should they, however, be pale and collapsed, indicating weakness or failure of the heart, then in addition to the above measures employ pressure to the cardiac region, making it rapidly and rhythmically, so as to imitate the normal heart-beat. As the walls are elastic and soft, direct heart manipulation may thus be practised.

A CONTRIBUTION TO THE KNOWLEDGE OF THE MUCOUS MEMBRANE OF THE NORMAL UTERUS.

HOFMEIER (*Centralblatt für Gynäkologie*, 1893, No. 33) contributes an article relative to the direction of the ciliary movement in the uterine mucous membrane. Having been induced to doubt the generally received assertion that the cilia wave from within toward the tubes, he caused numerous observations to be made on the uteri taken from recently slaughtered cows. As in all these the ciliary motion was from the tubes toward the external os, he then continued his investigations, using uteri freshly removed from women for various causes. The observations not merely included watching changes of position of minute particles scattered on the membrane, but also of the cilia themselves, the specimens being placed in fresh salt solution immediately after operation. The microscopic examination gave the following results: In all, seven specimens were examined; one uterus having been removed for sarcoma, the others for various affections, and in all the movement of the cilia was toward the os and from the tubes, except in one case where a small counter-current was observed, and in another where motion seemed altogether absent. In several, very slight motion could be seen. From these observations the author concludes that it may be asserted that uterine ciliary movement is from the tubes toward the external os; this being true even

in Case 2, who was fifty-three years old, although it is asserted that after the menopause ciliary movements cease.

ORBITAL TUMOR IN A NEWBORN INFANT.

COURANT (*Centralblatt für Gynäkologie*, 1893, No. 32) reports a case of singular orbital tumor in a newborn male infant. The child was normal in all respects save a large swelling of the left eye. There was protrusion of the bulb two centimetres beyond the root of the nose, which was separated by a shallow groove from an even tumor completely filling the orbit and mostly projecting beyond the lids. The circumference was 14.5 centimetres, diameter 4.5 centimetres. The tumor was readily removed, the orbit emptied with but slight bleeding, and a firm band which extended backward from it into the deep part of the cavity ligated and cut. Recovery was complete.

Under the microscope the contents of the tumor proved to be connective tissue, muscle fibres, mucous and sebaceous glands, hair roots, cartilage, and bone. Its embryonic origin was an anomalous formation of a secondary ocular sac.

SYMPHYSIOTOMY.

WALCHER (*Centralblatt für Gynäkologie*, 1893, No. 25), although not a special opponent of symphysiotomy, believes the operation should be limited to the utmost in its scope. Out of five hundred and fifty births per year in his establishment, he has as yet had no occasion to perform the operation. In the last year he has had to perform Cæsarean section but once for narrowed pelvis, all the other labors in this class of cases having come to a fortunate end for the mothers and generally for the children. The condition of the symphysis after the operation is also an objection. In many cases there is either a loose joint or ankylosis—both great disadvantages to the patient. The design of the symphysis is to form with the sacro-iliac joint an elastic, springy connection between the thighs and the vertebral column. This is so constructed that the haunch bones and sacrum do not move in one axis, but that the pelvic planes converging from before backward form two co-operating axes, which for the execution of a movement require a sliding of the haunch bones in the symphysis. If the symphysis be ankylosed, the movement in the sacro-iliac joint is lost. When this occurs the jar in walking will be transferred directly to the spine, a most important point in the movements and carriage of the patient. A loose joint in the symphysis lessens safety. Concerning the manifold injuries of bladder and urethra already published, the author believes that even with improved technique not much better results will follow in the future.

GENERAL PUERPERAL PARALYSIS.

SOTTOS (*Archives de Tocologie et de Gynécologie*, 1893, No. 6) reports the case of a woman, aged thirty years, of neuropathic antecedents and general ill-health, having had successively several difficult pregnancies followed by painful labors, who was almost immediately taken with an ascending paralysis. The disease appeared rapidly, invading the limbs and trunk with no cephalic