various forms produce practically the same effect, namely, strong contractions of the uterine muscle becoming tetanic; moist heat is much more vigorous as a stimulus than dry. Cold is more energetic as a stimulus to uterine contraction than heat. Uterine contractions are sharper and more tetanic in character under this influence, and tetanus of the uterus is more common after stimulation by cold than by heat. Increase in the temperature of the blood increases the contractile vigor of the uterine muscle.

In the same journal the same author gives the results of experiments to determine the influence of asphyxia and anæmia upon uterine contraction. He finds that asphyxia greatly lessens the reflex and contractile excitability of the uterine muscle. In experiments upon animals it was found that the intestines contracted vigorously under conditions when the uterine muscle remained absolutely immovable. In experiments upon animals, where an animal had been asphyxiated apparently for seventeen minutes, and then revived, the uterus became almost black in color, but did not manifest a single contraction.

A similar result is found in anæmia. When pregnant animals were deprived of a large portion of the blood the uterus failed to respond to stimulus. No evidence was found that a relationship existed between the degree of blood pressure and the strength of uterine contractions in the same individual.

The Treatment of Cases of Labor Complicated by Unusual Size of the Fetal Head.—SELLHEIM (*Zentralblatt für Gynäkologie*, 1905, No. 35) reports the case of a patient in her eighth labor who had been delivered spontaneously in the preceding seven. As engagement failed preparations were made to perform hebotomy. During these preparations the uterus ruptured and laparotomy was at once performed. A dead child with placenta and blood clot was removed from the abdomen. The uterus was removed and the patient recovered. The child was 57 cm. long, its occipitofrontal circumference measuring 36 cm. On the posterior parietal bone there was an evident depression caused by pressure.

The patient had been twice married, her first husband being a man of not unusual development; the second husband was unusually well developed, having a large and remarkably developed cranium.

The Treatment of Labor Complicated by Extreme Hypertrophy of the Cervix.—HAAN (*Zentralblatt für Gynäkologie*, 1905, Bd. xxxv.) reports the case of a patient who had suffered during pregnancy from prolapse of the extremely hypertrophied cervix. The pregnancy was in the tenth month, the pelvis slightly contracted, and the child in the second position vertex presentation. When labor occurred dilatation was exceedingly slow. It was finally necessary, under chloroform, to split the cervix with large scissors and to extract the child by forceps. A second child was born during the twelve hours following. After the delivery of the placenta the cervix was sutured, the patient making a good recovery. Two months later she returned to the hospital for amputation of the cervix.

Scopolamine-morphine during Labor—GAUSS (*Zentralblatt für Gynäkologie*, 1902, No. 42) reports the use of scopolamine-morphine in 300

labors. The drug was injected to produce an abatement of labor pain. In most a result could be distinctly observed, and in the remainder there was a varying degree of success. There was no influence upon the children produced by the drug.

Precipitate Labor.—WEINDLER (*Zentralblatt für Gynäkologie*, 1905, No. 37) reports the case of a woman in her second pregnancy at full term who had given birth to a child under the following circumstances. The day previous she had been exceedingly well, without pain, but with a sensation of weight and heaviness low in the abdomen. While straining at defecation she had pain in the sacral region, and before she could get into bed the child was delivered, falling upon the floor and rupturing the umbilical cord. The patient fainted after the birth of the child. The child was a large male, considerably above the average size. The vessels of the cord had been ruptured not far from the child's body, but hemorrhage did not occur. Mother and child made a good recovery.

Subcutaneous Hebotomy.—SELLHEIM (*Zentralblatt für Gynäkologie*, No. 36) reports the case of a multipara aged forty-two years, who had a contracted pelvis, of which the conjugata vera was a little less than 8 cm. Thirty-seven hours after the beginning of labor, with ruptured membranes, it was found that the head had not engaged. Subcutaneous hebotomy was performed after Döderlein's method and a child, although partially asphyxiated, was delivered and revived. After the operation a hæmatoma as large as a fist developed at the site of the severed bone. The patient had moderate fever for eleven days. On the eighth day after delivery the hæmatoma suddenly became much smaller. The tumor had evidently ruptured and dissected its way along the inner aspect of the thigh. The patient gradually made a good recovery with good motion.

WALCHER (*Ibid.*) describes a blunt-pointed needle which he has devised for passing the saw around the bone in pubiotomy. He follows Gigli's method and has found great advantage in the use of the needle.

The Treatment of Uterine Rupture.—EVERSMAN (*Archiv für Gynäkologie*, 1905, Bd. lxxvi., Heft 3) contributes an extensive paper upon this subject. His endeavor has been to ascertain what method of treatment is best adapted for the average case in the average surroundings and under the care of the average physician.

He finds that the greater part of the hemorrhage in these cases comes from the site of the placenta and not the laceration in the uterus. It is identical with atonic postpartum bleeding. Very rarely does serious hemorrhage arise from laceration of the uterine arteries or vessels of the broad ligaments. In but 12 to 15 per cent. of all cases is abdominal section indicated to check hemorrhage. In the remaining cases hemorrhage is better controlled by the use of a tampon.

In from 7 to 16 per cent. of all cases the child escaped into the abdominal cavity. This complication is relatively infrequent. It very rarely happens that the child escapes above the pelvic brim. In those cases abdominal section is plainly indicated. He reviews extensively the results of treatment by the gauze tampon, in which the gauze serves the double purpose of making pressure and promoting drainage. He