

os should not be awaited. In multiparæ, who have had previous successful labors, further delay is justifiable, with the hope that labor will proceed spontaneously.

He appends the report of 20 cases of labor in contracted pelvis, terminated by forceps; maternal mortality, 20 per cent.; morbidity, 50 per cent.: fetal mortality, 15 per cent.; morbidity, 20 per cent. The smallest true conjugate in which forceps was used measured 3.7 inches.

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#### RETENTION OF THE PLACENTA FROM CONTRACTION OF THE LOWER UTERINE SEGMENT.

FREUND (*Zeitschrift für Geburtshülfe und Gynäkologie*, Band 16, Heft 1) reports seven cases of retention of the placenta through contraction of the lower uterine segment immediately after delivery. He draws especial attention to three of these cases, in which congenital or acquired ante flexion of the uterus was the cause. In many cases of ante flexion, when pregnancy occurs, abortion results from the unyieldingness of the uterine walls, which do not dilate as the ovum grows. After labor such uteri contract promptly, and resume the condition of ante flexion.

In cases where the obstetrician is aware of congenital ante flexion before pregnancy, every precaution should be taken during labor to avoid irritating the lower uterine segment; the bladder and rectum should be emptied regularly, and ergot avoided. After the expulsion of the child the uterus should not be rubbed or pressed upon; no traction should be made on the cord, and small doses of narcotics may be given.

If contraction occurs, and the placenta is retained, bleeding should be checked by the tampon. If no bleeding is present, the patient should be left in absolute quiet, frequent antiseptic vaginal douches given, and narcotics and abdominal fomentations used. Chloroform is often efficient in bringing about relaxation. Forcible dilatation should rarely be resorted to; if the placenta and uterus become septic they should be extirpated together. In one case, reported by Freund, the placenta was expelled spontaneously fourteen days after labor, the patient recovering without complications.

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#### ACUTE MENINGITIS DURING PREGNANCY.

CHAMBRELENT (*Annales de Gynécologie*, February, 1889) reports seven cases of acute meningitis during pregnancy, some of them tubercular. In six cases labor was terminated artificially with the birth of a living child. In one case birth was spontaneous, before the death of the mother. Microscopic examination of the fetal tissues, with inoculation experiments upon animals, failed to reveal tuberculosis transmitted from the mother to the fetus.

The practical deduction from these cases is, that labor should be invariably induced in meningitis during pregnancy whether tubercular or not, as early as seven months. The prognosis for the mother is almost hopeless.

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#### SEVERE POST-PARTUM HEMORRHAGE FIFTEEN DAYS AFTER DELIVERY.

LABUSQUIÈRE (*Annales de Gynécologie*, February, 1889), reports a case of severe hemorrhage fifteen days after labor, supposed to have been normal.