traction on the umbilical cord, however applied, the placenta being as yet attached to the fundus of a relaxed uterus; as during the completion of the second stage of labour, the advancing child dragging on a short cord, or during the sudden birth of the child, the parturient woman being erect. Secondly, there were cases in which the displacement was the effect of an inverted action of the muscular fibres of the uterus, quite independent of, and often in the absence of, the attendant. The latter class of cases he believed to be the most frequent.—*British Medical Journal*, Nov. 19, 1870.

65. *Treatment of Puerperal Convulsions by Chloroform and Barnes's Dilators*.—Dr. A. WILTSHIRE maintains (*Practitioner*, Nov. 1870,) that in chloroform we have an agent capable of arresting and keeping in check the hideous convulsions which might of themselves cause death; and in Barnes's air-bags a simple and harmless means of rapidly dilating the maternal passages and securing a speedy termination of labour.

66. *Puerperal Fever*.—Dr. T. HULBERTMA, Professor of Medicine in the University of Utrecht, in a preliminary paper which appeared in the *Centralblatt f. d. Med. Wissenschaften*, July 9, 1870, remarks that, although the conviction has within a recent period become more fully confirmed as to the non-specific character of childbed-fever, still, in every recent work on obstetrics, puerperal fever is set down as a specific disease of the newly-confined female. While the term puerperal fever is most generally used in this restricted sense, by some it is applied to nearly all the febrile affections which occur during the puerperal period, hence it is important that, when the term is made use of, the actual disease intended should be clearly defined. In some of the so-called cases of puerperal fever observed by Dr. H., it was not possible to detect any difference between the pathological phenomena they exhibited, and those which occasionally occur subsequent to surgical operations, and in cases of traumatic diphtheria. Such conclusion is not, however, in accordance with those which others have drawn from their observations (Buhl and others); these confine puerperal fever, like milk fever, strictly to the lying-in female, and remove it entirely from the field of surgical pathology. Dr. H. remarks that, with Billroth, he should include, as fevers liable to occur in the puerperal period, and which have been, and still are, to a great extent, included in the books, under the general term puerperal fever, namely, traumatic diphtheritis (*endometritis diphtheritica*), phlegmonous inflammation of the womb (*parametritis*), peritonitis, lymphangitis, phlebitis, simple traumatic fever, pyæmia, and septicæmia. We have then, according to Dr. H., up to the present time, no evidence that there is any form of disease, occurring during the puerperal state, which, in respect to its etiology, its symptoms, and its pathology, differs from traumatic diphtheria, and the other occasional non-specific pathological results of parturition.

D. F. C.

67. *Cæsarean Operation performed four times in the Subject*.—Dr. OETTLER reports a curious case of this. The subject of it had a narrow pelvis, resulting from rickets, with which she had been affected from infancy. The first labour was in 1853, when she was 23 years of age, and her subsequent ones in 1857, 1859, and 1863. Each time she was delivered by Cæsarean section of a living and viable child, rapidly recovered from each operation, and at the date of the report was in good health.—*Revue de Thérapeutique*, 15 Sept. 1870.

68. *Diet of Parturient Women*.—Dr. HUGH MILLER calls attention to the very vague instructions given by obstetric writers on this subject. Particulars of a case were given, in which careful nourishing diet given during utero-gestation enabled the patient in her last confinement to escape suffering from uterine inertia. From an examination into the physiology of the changes in the uterus and breast, Dr. Miller believed that the fat-cells existing in abundance in the milk during the first few weeks were due to the changes in the womb after parturition; that the disintegrating uterus was broken up into fat-cells, which were absorbed by the blood, and through the circulation were se-