She also had a considerably contracted pelvis, the external antero-posterior diameter being 17.5 centimetres.

On examination a double promontory was found with a true conjugate of 8.5 centimetres. The transverse diameters of the pelvis were normal. On examination the induction of labor was declined because it was thought that the head could pass through the pelvis, and it was believed that the scar tissue present would dilate at labor. It was thought best to allow the patient to come into labor spontaneously, and then, should the necessity arise, to perform Cæsarean section.

When labor occurred the head entered the pelvic brim transversely. An effort to dilate the scar tissue in the vagina by a Barnes bag failed, and Walcher's position was necessary to secure the insertion of the bag. Multiple incisions were made in the cervix to loosen the scar tissue, and a solution of cocaine was applied. Suppositories of opium were given, and the character of the pains became much better. The head gradually descended, the scar tissue was stretched, and under strong pressure upon the abdomen the head was born spontaneously. The child was slightly asphyxiated, but quickly revived and survived. There was no laceration found upon examination. The mother made an uninterrupted recovery.

The second case illustrates the extraordinary possibilities of spontaneous parturition. It must be observed, however, that this patient was in a hospital where interference could be undertaken at any time, and that every essential help was given to her labor by the use of drugs and by incisions in the cervix. It is evident that had the patient received no help her child must have perished, and quite possibly the mother also.

The Most Efficient Preparation of Ergot.—PALM (*Monatsschrift für Geburtshülfe und Gynäkologie*, 1902, Band xvi., Heft 5) analyzes the effect produced by different preparations of ergot, and has made personal observations and experiments to determine which of these is most advantageous. He believes that the efficient principle of ergot is largely chrysotoxin, and that sphacelotoxin is most advantageous of all these preparations. In subcutaneous administration the dose is from $\frac{1}{100}$ to $\frac{1}{50}$ of a drachm, which produces prompt uterine contractions. The remedy has little effect upon the general condition of the patient. Palm regards the hypodermic use of ergot as much superior to the administration of ordinary preparations by the mouth.

Cæsarean Section by Transverse Incision of the Fundus.—CURSCHMANN collected (*Monatsschrift für Geburtshülfe und Gynäkologie*, 1902, Band xvi., Heft 5) 119 cases of Cæsarean section by transverse incision of the fundus. He gives statistics to prove his belief that the transverse incision offers no essential advantage over the usual incision upon the anterior uterine wall. He supports his assertion by measurement of the uterine wall at the fundus, and, anteriorly, by a comparison of convalescence after the two methods and by minute study of the cases. The mortality was 12.1 per cent., or 13 cases, 11 of which were cases in which the uterus was retained, and 2 cases in which the uterus was removed. One patient was admitted to the hospital in a septic condition. The causes of death were as follows: Carcinoma of

the uterus, 1; purulent bronchitis, 1; embolism of the lung, 1; death from shock immediately after the operation, 1; peritonitis, 8. In 3 cases entopy showed adhesions of coils of intestine with the uterine wound. This was also seen in several cases which recovered in which it was necessary to do abdominal section for the relief of obstruction of the intestine.

Repeated Cesarean section was done in 10 cases, in 8 of which the first operation was made by longitudinal incision in the anterior uterine wall, while in two transverse incisions of the fundus had been practised. In all of these cases there was adhesion between the uterus and the abdominal wall and omentum. No scar in the uterus could be discovered in these cases. Of these 10 repeated sections, 7 recovered without fever, 1 had fever and recovered, and 1 died.

Hydatiform Mole, with the Report of 2 Cases and Collection of 210 Cases.—FINDLEY (*Medical News*, December 6, 1902) reports 2 cases of this condition and summarizes his study of the subject as follows:

The causation of hydatiform mole is unknown. It is most frequently found between the ages of twenty and thirty years, more often in multiparae. It probably results from degeneration of the villi of the chorion through some disturbance of maternal circulation. The connective tissue stroma of the villi degenerates, with serous infiltration or edema. The syncytium and Langhans's cells penetrate more deeply when maternal nutrition is defective. In 16 per cent. of cases malignant degeneration occurs. It is very difficult to draw the line between benign and malignant cases. The examination of a specimen gives but little information regarding it. Retention of a mole within the uterus does not influence its disposition to become malignant.

Diagnosis can only be positively made from seeing the vesicles. The most constant clinical point lies in the rapid development of the uterus, with irregular shape and consistency and hemorrhage.

The treatment of the condition consists in emptying the uterus at once. Because the womb is thin and weak it is best to avoid the use of the curette and to employ ergot and vaginal packs to control the hemorrhage and stimulate expulsion. After the mole is expelled, the uterus should be explored with the finger, irrigated and packed with iodoform gauze. Two weeks after the birth of the mole the uterus should be curetted, the scrapings examined, and if malignant disease is beginning, hysterectomy should be performed. The patient should be kept under observation for three years afterward, and should hemorrhage occur the uterus should be again curetted and the scrapings examined microscopically.

Statistics show the average age of these patients to be twenty-seven years, the extremes being thirteen and fifty-eight years. In one patient eleven moles developed. In 8 cases there was cystic degeneration of the ovaries. In 1 case the mole developed in the Fallopian tube. The longest period at which malignant disease occurred after the development of the mole was four and one-half years. The mortality of this condition is 25 per cent. The causes of death are: syncytioma malignum, 16 per cent.; hemorrhage, 4 per cent.; septic peritonitis, 2 per cent.; other causes making up the remainder.