uterus, the broad ligaments ligated and the uterus entirely removed. The operation was partially performed through the vagina. The patient made an excellent recovery.

As regards the extraction of the child, it was rapidly and successfully done without bleeding, and the incision readily closed. It was thought best, however, as the uterus was infected, to remove it.

Cæsarean Section After the Mother's Death.—DOHRN (*Centralblatt für Gynäkologie*, 1898, No. 4), in a paper upon this subject, urges that no operation should be performed before the twentieth week of fetal life. It is also a rule that not more than twenty minutes should elapse after the mother's death before the child is removed by Cæsarean operation.

The Treatment of Placenta Prævia.—In the *Glasgow Medical Journal*, January, 1898, JARDINE reports the case of a patient eight and a half months pregnant, who had a marginal placenta prævia. The membranes were ruptured and the uterus stimulated by friction. The patient delivered herself spontaneously, and made a good recovery.

Jardine has collected fifty-one cases in which various methods of treatment were employed. In one of these labor was induced for contracted pelvis, and De Ribes' bag was introduced as a dilator. The bag burst, and severe hemorrhage occurred. The child was immediately delivered, when it was found that the placenta had been attached low down. The patient died of shock.

In discussing treatment, Jardine urges that emptying of the uterus is the only reliable method. While the tampon is valuable in many cases, it occasionally converts an evident hemorrhage into a concealed bleeding.

Oophorectomy During Labor.—In the *Boston Medical and Surgical Journal*, 1897, No. 26, REYNOLDS reports the case of a patient in labor who had an ovarian tumor. The tumor was at the bottom of Douglas' fossa, and about the size of a seven-months head. The os was as large as a five-cent piece and could be reached with difficulty above the tumor. The patient was etherized, placed in the knee-chest position, and gentle taxis tried for ten minutes. This failed, and some hours later was again tried without result. The abdomen was opened, when large quantities of pus escaped. The tumor was firmly adherent to the bottom of Douglas' fossa and was necrotic. The tumor was tied off with catgut. The forceps was then applied through the vagina, but failed to deliver. As the fetal heart did not beat, the head was perforated and the child extracted. The intestines and abdomen were cleansed as well as possible, and salt solution poured into the abdomen, a capillary drain inserted, the wound hastily closed, and the patient put to bed with the foot of the bed raised. The patient made a gradual recovery, complicated by a transient infection of the uterus.

The forceps failed to extract because of a tight constriction-ring about the neck. As the abdomen was opened this could be seen. The head of the child was contained in the spherical lower part of the uterus, its body so bent by the contracting uterine muscles that its backbone lay almost transversely across the abdomen.

Reynolds believes that in such cases gentle taxis should first be tried, with the patient under ether. Should this be unsuccessful, it should be repeated after a few hours. Should failure occur the abdomen must be opened, the uterus incised, the fœtus removed, and the tumor, if possible. Should unusually firm adhesions be present the removal of the tumor should be deferred. When the patient has been infected it would be better to remove the tumor and deliver the child through the vagina without opening the uterus.

Two Cases in which Porro's Operation was Performed for Pelvic Tumors Preventing Delivery.—ROBSON (*British Medical Journal*, No. 1921, 1897) reports the case of a suppurating ovarian cyst complicated with an abscess bounded by uterus, cyst, and intestines, in which he delivered the child by the Porro operation, followed by the gradual recovery of the mother. So soon as the child was delivered by uterine incision and the uterus was brought forward, a large abscess in the abdomen was opened, filled with offensive pus. The tumor and the womb were so adherent that both were amputated together, the abdomen washed out with hot boric solution, and a glass drainage-tube introduced to the bottom of the pelvic cavity. The patient's temperature immediately fell to normal and remained so. His other case was that of a myoma successfully operated upon in the same way.

HYGIENE AND PUBLIC HEALTH.

UNDER THE CHARGE OF

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Pollution and Self-purification of Rivers.—PROF. GUSTAV KEBREHL (*Archiv für Hygiene*, xxx. 32) has made, for more than a year, a daily bacteriological examination of the water of the Moldau, taken at three points: before and just after its entrance to the city of Prague, and where it leaves it. From the results obtained he finds that the number of bacteria occurring at any one point varies very widely, and, in general, that with rising water it increases, and with falling it diminishes. The variations are due to changes in the rate of flow, with consequent alteration of conditions for sedimentation and influence of light, and to the influx of temporary pollutions from various sources, such as washings from streets, dung-heaps, etc., which, under some circumstances, pollute more extensively than the regular normal urban effluents, such as sewage. Therefore, in judging of the pollution of a river, the abnormal factor—that is to say, the occasional foul influx after heavy rains—must be eliminated. This is the case when the falling stream, in a