twenty-four hours of labor. The only death was that of a woman operated on before labor. Dr. Hirst lays special stress upon a thorough cleansing and aseptic treatment of the vagina before operation. (G. J. M.)

A SIMPLIFIED TECHNIQUE FOR SUPRAVAGINAL HYSTERECTOMY.

Willard Bartlett, A.M., M.D., St. Louis, *Surgery, Gynecology and Obstetrics*, May, 1908.

The simple method of treating the stump facilitates the work so greatly that practically all of these operations can be done in fifteen to twenty minutes. The round ligaments are clamped and divided near their origin and the bladder stripped down. The broad ligaments are clamped and cut close to the uterus and then a ligature passed around the branches of the uterine vessels on each side, across the cervix in such a manner that a wedge-shaped opening is left, transversely disposed. Two clamps remain on each side, one on the round and one on the broad ligaments respectively. These structures from one side are placed in this wedge-shaped opening; a ligature is carried through the posterior uterine wall and under, then on out through the anterior wall, then brought back over the masses held with the two clamps on the same side, and tied, as though the object was merely to close up the wedge-shaped defect. The two clamped masses on the opposite side are treated in exactly the same way. Care is taken to pass the needle through the upper and lower edges of these flat pedicles, when passing under and over them, in order that there may be no possibility of them slipping out of the wedge-shaped defect. The resulting knots are on the posterior wall of the stump.

Now, to complete a peritoneal autoplasty, it is merely necessary to catch one bite with

the same needle in the peritoneum covering the bladder, and tie the two resulting ends. (L. E. B.)

THE PLACENTAL TRANSMISSION OF BACILLUS TYPHOSUS WITH REPORT OF A CASE.

By Benson A. Cohoe, *American Journal of Obstetrics*, June, 1908.

The possibility of infection of the foetus by placental transmission during the course of typhoid fever in the pregnant mother, has been known for more than a score of years, but the number of such cases reported in the literature has been small.

This patient, age 24, three and one-half months pregnant, was admitted to the medical service of Johns Hopkins Hospital on the fifteenth day of a typhoid fever infection. She presented the typical symptoms of typhoid, with a positive Widal. On the twenty-second day of the disease she aborted. The remainder of the course of fever was uneventful and the patient left the hospital well, on the forty-third day.

A bacteriological examination of the foetus and membranes was made. A pure culture of a motile bacillus, in every respect like that obtained from the mother's blood, was grown from the amniotic fluid, the heart's blood, the spleen, and the umbilical vessels. The organism was identified as bacillus typhosus.

In typhoid fever complicated by pregnancy, infection of the foetus is by no means the rule. While the typhoid bacillus may pass from the mother to the child in utero, placental transmission is rare. When this does occur, there is generally some placental lesion of a hemorrhagic type. If the syncytial layer is intact the transmission of the organisms will in all probability be prevented.

(G. C. T.)