produced symptoms causing the writer to diagnose appendicitis. The usual lateral incision was made when the true condition was recognized. A median incision was then made, and the ovary was removed successfully.

In the third case a solid tumor of the ovary (cancerous) was removed with the uterus.

OBSTETRICS.

UNDER THE CHARGE OF

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Rapid Dilatation of the Cervix with Rossi's Dilator.—In the *Centralblatt für Gynäkologie*, 1902, No. 35, KNAPP adds his testimony to that of Leopold in favor of the use of Rossi's dilator. It will be remembered that this instrument consists of several arms over which are placed corrugated tips to secure a firm grasp of the tissue. These arms are separated by a screw turned by a small wheel at the outer extremity of the instrument. It is inserted within the cervix, closed, and its blades gradually separated until dilatation is complete.

Knapp's case is that of a patient, aged thirty-eight years, in a critical condition from extensive pulmonary tuberculosis. She was seven months pregnant, and the cervix admitted three fingers with difficulty. It was desired to empty the uterus as rapidly as possible in the interests of the child and with the hope of somewhat relieving the mother. In a little over ten minutes it was possible to completely dilate the cervix and extract the child with forceps. The fetus had recently perished before extraction.

It must be remembered in judging of this case that in phthisical patients the tissues are often anæmic and relaxed, and hence dilatation would not be difficult. In spite of this, however, the action of this instrument is certainly remarkably efficient.

Two Vaginal Cæsarean Sections for Eclampsia.—JAHREISS (*Centralblatt für Gynäkologie*, 1902, No. 35) reports two cases in which vaginal Cæsarean section was practised, with version and extraction of the child, for eclampsia. The first of these was that of a primipara who had had twenty-three convulsions before she was seen. She had marked œdema, the pupils were very small, and the pulse full, hard, and rapid. The cervix was undilated, the head movable, and the membranes had ruptured. Vaginal Cæsarean section followed by version and extraction of the child were performed. Mother and child made a good recovery. In Case II. the patient had not been so long in eclampsia, but seemed much more prostrated and with much less power of resistance. The child was dead when the patient was admitted to the hospital. She was delivered by a vaginal Cæsarean section, with