

4. Nosological consequences of poisoning in the fœtus. It is important to note that if the placenta is frequently and gravely attacked by syphilis, it is at the same time the elective organ of accumulation of mercury. The accumulation of lead in the cerebral nervous system of the fœtus accounts for the gravity of saturnine encephalopathic accidents. The presence of arsenic in the skin of the fœtus only, explains its therapeutic action in cutaneous diseases.

A NEW METHOD OF PRODUCING PREMATURE LABOR.

BOISSARD (*Répertoire Universel d'Obstétrique et de Gynécologie*, 1894, No. 4), at a meeting of the Société Obstétricale et Gynécologique de Paris, presented a new method of producing premature accouchement by means of an instrument which is described as follows: The instrument is composed of an aluminium tube of some grammes weight; twenty-five centimetres long, the end drawn out and shaped to a flute mouth. This portion is intended to be introduced into the uterus. Its exterior is curved and has a ring six centimetres from the end, which gives the measure of its introduction into the cervical canal; when this touches the os externum, the *bec de flute* is in the uterine cavity. In this conducting tube is placed a caoutchouc tube with an ovoid ampullar extremity, thin and very dilatable. To use the instrument the rubber tube is covered with vaseline and is placed inside the metal, projecting a little beyond the flute-like end. The instrument is passed by the left hand into the vagina and the flute-like end into the cervical canal until the ring rests against the external os. The rubber-tube is then injected, and, as it fills, the ovoid end protrudes and gradually makes its way upward to the internal os. The metal tube is then withdrawn, the rubber balloon being left in place. He claims an infantile mortality of 8 per cent., with absence of complications on the part of the mother. No change in fœtal presentations has been observed.

SYMPHYSIOTOMY.

MORISANI (*Annales de Gynécologie*, April, 1894) contributes an article on symphysiotomy, and comes to the following conclusions regarding the operation:

1. This operation is perfectly justified both in theory and practice. By it a fœtus at term, fully developed, can traverse a pelvis narrowed between the limits of 67–88 mm.

2. If the fœtus be dead or its vitality gravely compromised, this operation is bad.

3. Usually symphysiotomy should be performed at term, when labor has begun and dilatation advanced. Its association with premature labor should not be accepted, though occasionally it may be conjoined with embryotomy, when the child is dead.

4. The operation itself is simple; it is indifferent whether Galbiati's knife or a simple probe-pointed bistoury be used, or whether the articulation be opened from above or below, provided the suprapubic ligament be cut.

5. The movability of the sacro-iliac joint must be assured.