

Also a case of tubal gestation at three months, with intra-ligamentous rupture and extra-peritoneal hæmatocele. The incision was T-shaped, extending along the linea alba and at right angles. The peritoneum and sac were sutured and ten days allowed to elapse before the sac was opened with the thermo-cautery. The sac and other pockets were tamponed with iodoform-gauze; no other drainage was employed. Recovery followed.

A third case of tubal abortion, with ovarian hæmatoma and hæmatosalpinx was also successfully treated by laparotomy.

ONE HUNDRED AND EIGHTEEN CASES OF INDUCED LABOR.

AHLFELD (*Centralblatt für Gynäkologie*, No. 30, 1890) has induced labor in 118 cases, from whose study he draws the following conclusions: The results of the induction of labor compare most favorably with those of Cæsarean section—80 per cent. of 111 cases leaving the hospital in good health. In 101 children born in contracted pelvis, $60\frac{3.9}{100}$ per cent. were discharged in good health. The method of introducing a bougie is best adapted to private and hospital practice. Labor should be induced as late as possible; and the smallest true conjugate which justifies the operation is two and three-quarters inches. Induced labor should be allowed to proceed as nearly like normal labor as possible.

OVARIAN CYST COMPLICATING PREGNANCY; RUPTURE OF THE CYST; RECOVERY.

RUGE (*Ibid.*) was called to a patient four months pregnant, who suffered greatly from the pressure of a pelvic cyst. Under anæsthesia the tumor was outlined and replaced; abortion followed. After recovery laparotomy was performed, when no cyst was found. It had probably ruptured during reposition, being most likely a broad-ligament cyst.

HYPODERMIC TRANSFUSION OF DILUTE SALINE FLUID FOR PROFOUND ANÆMIA.

HUZARSKI (*Centralblatt für Gynäkologie*, No. 28, 1890) reports a case of obstinate *post-partum* hæmorrhage in which the greatest benefit was derived from rectal injection of two pints of salt solution $\frac{1}{10}$ of 1 per cent.; in a recurrence of the hæmorrhage one and a half pints of the solution, warmed, were injected beneath the skin between the shoulders. Recovery resulted.

A CASE OF INVERSION OF THE UTERUS.

BARSONY (*Centralblatt für Gynäkologie*, No. 28, 1890) reports a case in which complete uterine inversion occurred four months before the patient came under observation, produced by rapid delivery of the placenta at the hands of a midwife. After pressure with a colpeurynter had been employed for several days without result, examination in the knee-chest position revealed the fact that the uterus was not in the pelvic axis, and that force was misdirected and lost against the vaginal portion. The vagina and parts about

the uterus were then tamponed with iodoform-gauze sufficiently to keep the uterus in place and pressure was renewed, when reposition occurred after a few hours.

PREGNANCY INTERRUPTED BY EXOPHTHALMIC GOITRE.

HABERLIN (*Centralblatt für Gynäkologie*, No. 26, 1890) observed the interruption of pregnancy at eight months by death of the fœtus, which resulted from premature separation of the placenta followed by the development of exophthalmic goitre. Hæmorrhage was controlled by antiseptic tampons and the uterus was emptied spontaneously. Normal puerperium and cessation of the symptoms of goitre followed.

AN ELECTRIC BREAST-CUP TO PROVOKE LABOR-PAINS.

Taking advantage of the familiar fact that irritation of the breasts often causes the uterus to contract, FREUND (*Ibid.*) has devised an electric cup shaped like an ordinary dry-cup, containing a moistened sponge which he applies over the mammary gland; the cup carried the kathode of a galvanic circuit. The anode was a broad plate placed over the abdomen. Six or seven milliampères sufficed to excite vigorous and persistent uterine contraction. The sponge in the cup was brought in contact with the nipple. The apparatus gave good results in two labor cases, and worked well in several pregnant patients.

THE TREATMENT OF PLACENTA PRÆVIA.

WYDER (*Correspondenz-blatt für Schweizer Aerzte*, No. 14, 1890) takes issue with the treatment of placenta prævia by the tampon for the following reasons: Hæmorrhage from the uterine sinuses is not certainly checked by the tampon, when the membranes have ruptured there is great danger of intra-uterine hæmorrhage persisting; version and immediate extraction, advocated after the use of the tampon, expose the patient to the dangers of septic infection and injury to the lower uterine segment and cervix; by this method of treatment hæmorrhage in the third stage of labor and artificial separation and delivery of the placenta are more frequent; in the use of the tampon much valuable time is lost. Wyder believes that combined version, tamponing the uterus with the breech and body of the fœtus, and spontaneous and slow expulsion of the fœtus, reduce the dangers of placenta prævia to a minimum for mother and child.

INDUCED LABOR IN HUNGARY.

DIRNER (*Wiener medicinische Presse*, No. 28, 1890) reports a case of induced labor for a flat rhachitic pelvis whose true conjugate was $3\frac{9}{16}$ inches; previous labors had been difficult. Bougies were introduced for five days, the uterus acting slowly, and delivery was effected by version. Mother and child recovered well.

The induction of labor has been performed in Hungary twenty-three times, Semmelweiss having first done it in 1856. Its rarity is explained by the fact that pelvic deformity is uncommon in Hungary.