

recovery was complete, while in thirteen no mention was made of the termination. The prognosis is worse when the paralysis is general, and best in the partial cases. As regards its pathology, degenerative neuritis has been found.

Pyralism During Pregnancy.—LVOFF (*Centralblatt für Gynäkologie*, 1897, No. 29) reports two cases of multiparæ who suffered from excessive secretion of saliva. In both this occurred at the second month, and increased during the third. Both patients had laceration and erosion of the cervix. The secretion was so profuse that the patients were excessively annoyed by it.

In one case the cervix was cauterized, bromides and cocaine were given, and, later, atropine, with good results. In the second case this treatment was without result, and abortion was procured. This was followed by cessation of the salivation. The writer considers this disorder as akin to pernicious nausea, and thinks both are caused by retention of decomposed albuminoids in the blood.

Different Methods of Incising the Uterus in Cæsarean Section.—JOHANNOVSKY (*Monatsschrift für Geburtshilfe und Gynäkologie*, 1897, Band vi., Heft 4) reports two Cæsarean sections on the same patient, in which different methods of opening the uterus were adopted.

The patient was a woman, aged twenty-six years, having a rachitic flattened pelvis. In the first operation the usual incision in the anterior wall of the womb was made, and the uterus closed with deep and superficial stitches of silk. During the recovery stitch-hole abscess occurred, and considerable formation of pus with prolonged fever persisted for three weeks. The patient made a good recovery, the uterus being the size of the fist, anteverted in the median line, the fundus being just below the umbilicus. It was firmly adherent to the abdominal wall. There remained also a small fistula just below the umbilicus communicating with the uterus. This occupied the position of one of the stitches.

The patient disappeared from observation and returned again in the pregnant condition. She stated that she had had a seven-months' spontaneous labor, the child being dead. She had made a good recovery. She was then approaching the end of her third pregnancy. The fistula still remained, and was about the size of a horse-hair. In view of these facts it was determined to perform Cæsarean section again and to open the uterus on its posterior wall.

The abdominal incision was made on the right of the old scar, and the adhesions were separated by the finger excepting those about the fistula, where it was necessary to use a knife. The uterus was turned out of the abdomen, and an incision parallel to the long axis of the uterus was made on its posterior wall. The child was easily grasped by the feet, was asphyxiated, and could not be revived. The uterus was closed with silkworm-gut, and also the abdominal wound. The patient made a good recovery. The fistula closed, the uterus was anteverted, the fundus two finger-breadths above the pubes. A slight fixation of the cervix on the right side was present. The pelvis, however, was otherwise free from adhesions. The patient was examined a year afterward and found in good health.

Incision of the posterior uterine wall was advised by Cohnstein in 1881. It was, however, opposed, as it was urged that the absence of adhesions to the anterior abdominal wall would allow a more ready escape of the contents of the womb into the abdomen. It was also urged that adhesions between the uterus and the bowel might occur.

The classic method has consisted of incision into the anterior uterine wall. This has been thought safer, as the adhesion between the uterus and the peritoneum shuts off the uterine from the peritoneal cavity. As an objection to this incision, it is urged that it is so made that the stitches are inserted parallel to the bloodvessels, and hence the vessels are not securely ligated by the stitches.

Sänger's method of incising the uterine wall near its junction with the cervix is of theoretical interest, but has never been accepted.

Fritsch has recently advanced the claim of the transverse incision across the fundus. Sufficient experience has not yet accumulated to inform us regarding the merits of this method of operating. It has, however, many theoretical points in its favor.

[We recall a case of Cæsarean section in which the patient could not be thoroughly prepared, in which stitch-hole abscess occurred from infection from the skin. In this instance the abscess extended to the uterine wall, but gradually closed. As some cases of Cæsarean section must always be emergency operations, the possibility of infection from the skin must not be overlooked.—Ed.]

A Case of Tuberculosis of the Placenta.—In the *Scottish Medical and Surgical Journal*, 1897, vol. i., No. 2, KYNOCH reports the case of a pregnant woman who died of acute tuberculosis. On post-mortem examination a pregnancy of three months was found. Both Fallopian tubes were distended with caseous material, while the placenta was studded with gray tubercles. The ovaries were filled with semifluid caseous material in which tubercle bacilli were found. There was no obvious tubercular lesion in the fetus.

The primary seat of the disease was in the Fallopian tube, thence it had spread upward to the ovaries, peritoneum, lungs, and liver, and also to the uterus and placenta.

The Advantages of Crede's Method for Preventing Ophthalmia.—In the *Archiv für Gynäkologie*, 1897, Band liv., Heft 1, SCHALLEHN urges the value of Crede's method for the prevention of ophthalmia. Among 917 infants two had inflammation of the eyes. Both cases developed eight days after birth, and were not severe. Immediately after labor no case developed, and the cause for this immunity is said to be the routine employment of nitrate of silver instillations. In no case were any results observed, nor was any inflammation seen to follow the use of the silver nitrate.

Is Routine Uterine or Vaginal Syringing Necessary after Parturition?—HORROCKS (*The Practitioner*, 1897, No. 352) discusses this practical and important question.

He cites the experience of Guy's Hospital Lying-in Charity. The work is entirely out-patient practice, and attendants are urged to cleanse the hands