

OLDAG (*Deutsche med. Wochenschrift*, 1897, No. 23) reports the case of a woman who stated that for two years before she came under his observation she had habitually introduced into the uterus immediately after coitus a long tube, through which water was injected to prevent conception. On the last occasion the tube broke; it was removed by the writer with some difficulty, after dilating the cervix with laminaria tents. The uterine cavity was irrigated and packed with gauze, and the patient made a good recovery. Three months later she aborted, having, as she insisted, not indulged in sexual intercourse since the accident. The inference was that she was pregnant at the time of the operation, and that the pregnancy was not interrupted by the insertion of the tube or the manipulations necessary to remove it.

Iodoform-ether in the Treatment of Cervical Catarrh.—DOLÉRIS (*Bull. Génér. de Thérapeut.*, 1897, No. 11) speaks highly of local applications of iodoform-ether in cases of obstinate cervical endometritis. The iodoform is thought to exercise an antiseptic action, while the ether, by causing strong contraction of the tissues, forces out the contents of the diseased glands.

Emphysema of the Abdominal Wall after Cœliotomy.—LÖNNBERG (*Hygiea; Centralblatt für Gynäkologie*, 1897, No. 49) adds three cases to the nine already reported. In each case the wound was closed with three rows of tier-sutures, in addition to through-and-through sutures; in two drainage was employed. The writer believes that the complication can be avoided by lowering the patient from Trendelenburg's to the horizontal posture and pressing the air out of the peritoneal cavity before tying the last sutures. It is also important that the different layers should be kept in close contact by including contiguous ones in the same sutures.

Hysterectomy for Hæmatometra.—MARGARITO, at the recent International Medical Congress (*La Gynécologie*, October, 1897) advocated abdominal hysterectomy in cases of hæmatometra of long standing, in which the connective and muscular tissue of the uterus becomes so much degenerated that its return to a normal condition is impossible. After evacuating the blood, disturbances in the surrounding organs, adhesions, etc., are apt to occur, which can only be relieved by a radical operation.

Bromine in the Treatment of Endometritis.—NIROR (*Ibid.*) believes that the prophylactic treatment of chronic disease of the uterus and adnexa consists in prompt attention to acute endometritis. To accomplish this it is necessary to resort to some diffusible medicament which can be applied to the entire mucous surface, so as to penetrate between the folds and into the uterine ends of the tubes. He has found in bromine vapor the most satisfactory agent. It is introduced into the uterine cavity through a double-current catheter attached to an atomizer, diffuses rapidly, and exerts a remarkable curative action in cases of acute endometritis and salpingitis.

New Method of Treating Retroflexion.—JONNESCO (*Ibid.*) describes the following method, applicable to cases in which there is no accompanying