

hemorrhage after the operation. A careful examination of the specimens and of the body of the mother showed that pregnancy had taken place in the fimbriated portion of the ovary and tube. This is an unusual occurrence, and its possibility is denied by some.

In the same journal and in the same issue SEREJNICKOFF reports a case of pregnancy in the rudimentary horn of a double uterus, in which abdominal section was performed in the hope of saving mother and child. The fœtus and appendages were removed and were found to have been contained in the rudimentary horn of a double uterus. The fœtal sac was packed with gauze and drained through the vagina. The peritoneum was stitched together above the gauze. The child unfortunately survived but a short time, and the mother made a tedious recovery, complicated by fever and by prolonged discharge through the vagina.

A Case of Extensive Tear of the Uterus and Vagina Occurring in Labor and Followed by Recovery.—VAN DER HOEVEN (*Monatschrift für Geburtshülfe und Gynäkologie*, Band viii., Heft 8) reports the case of a patient in tedious labor, during which the midwife in attendance thought she observed a change from a vertex to a shoulder presentation. Some time after version was done without anesthesia, and the child delivered as far as the head.

When the reporter saw the case he found it comparatively easy to complete the delivery. On examination there was observed an extensive separation of the vagina from the uterus, the placenta and cord having escaped through the rent. The hand could be passed beneath the peritoneum and beneath the abdominal cavity. The placenta was found high in the abdomen near the liver. The appendages were removed, clots also being extracted, and the birth-canal tamponed with iodoform gauze. The patient made a good recovery.

Forty Cases of Puerperal Fever, with Bacteriological Examination of the Uterine Contents.—In the *American Journal of Obstetrics*, September, 1898, WILLIAMS gives the results which he has obtained from the study of forty cases of puerperal fever. He has adopted the rule of making cultures from the uterine cavity if the temperature of a hospital patient reaches 101° F., and in out-patient practice 102° F. Of these cases, twenty-two were delivered in the obstetric wards of the Johns Hopkins Hospital; eight in the out-patient department of the hospital, and ten cases were seen in consultation. Thirty of these cases were delivered by persons connected with the hospital, and the remainder by those who are not so connected.

His results were as follows: Streptococci found in eight cases; staphylococci in three cases; colon bacilli in six cases; gonococci in two cases; anaerobic bacteria in four cases; unidentified aerobic bacteria in three cases; bacteria on cover-glass, but cultures sterile, in four cases; diphtheria bacilli in one case; gas bacilli (*Bacillus aerogenes capsulatus*) in one case; typhoid bacilli in one case; cover-glass cultures and blood sterile in eleven cases; cover-glass and cultures sterile, with malarial plasmodia in blood, in one case, making a total of forty-four cases.