

frequently associated with amniotic dropsy, twins, or an unusually large child.

As regards the treatment, the bromides were considered of value administered by the rectum or by the mouth. Dilatation of the cervix, either by the finger, by packing with gauze, or by dilators, has proven valuable. All those who discussed the question agreed that delay was too often practised in emptying the uterus, and that no hesitation should be felt in resorting to this procedure so soon as other treatment was not promptly effective.

[As illustrating the fact that the causes which produce dysmenorrhœa may bring about pernicious vomiting, we recall three cases of marked ante-flexion of the uterus in which the patients had habitually suffered great distress at menstruation. One of these came to autopsy, when a cyst was found in the cervix; in another premature labor came on, and the cervix could not be dilated without extreme difficulty, while in a third the ante-flexion gradually became less and the pregnancy was uninterrupted.—Ed.]

Labor Complicated by Abnormalities of the Cervix and Vagina.—In the *British Medical Journal*, 1897, No. 1921, CAMPBELL describes the case of a vigorous young primipara whose labor was ineffectual. A large red swelling protruded from the vagina, and was found to be the cervix, although no os could be detected. Under an anæsthetic a careful search found a red spot on the posterior aspect of the tumor. This was readily scratched through with the finger-nail, the finger swept round the cervix, when rapid dilatation took place, and delivery was effected by forceps. In the case of a multipara a faint ridge in the cervix was the only sign of the os; this was readily entered by the finger, and dilatation promptly followed. In addition, Campbell reported two cases of septa in the vagina, and also the case of a primipara brought to the hospital in labor, in whom the vaginal orifice was smaller and situated further forward than usual. It was supposed that the amniotic liquid was gradually escaping; the head could be felt in the pelvis, covered by a thick membrane. Under an anæsthetic, it was found that the supposed vagina was the dilated urethra. The gradual escape of urine had been mistaken for the passage of the amniotic liquid. When the hymen which had persisted was severed the vagina was found normal, and delivery followed. The patient never entirely regained power of retaining urine.

[To the foregoing may be added those cases of abnormally thickened cervix with adherent fetal membranes which result from chronic endocervical inflammation, often gonorrhœal in origin. This condition may be suspected when dilatation is extremely slow, the membranes failing to protrude into the os. In the first stages of labor the gauze tampon plays a most useful part in the treatment of these cases. If the end of the gauze be carried through the os and within the cervix, the membranes will be gradually loosened. Elastic dilators are usually incompetent to secure dilatation in these cases, and multiple incision of the cervix, followed by the use of the elastic bags, is indicated.

In a recent case of incomplete abortion at six and one-half months, the editor had occasion to employ gauze packing for two days, followed by multiple incision and dilatation, with delivery of the fetus piecemeal. The membranes were entirely adherent, as was also the placenta.—Ed.]