

was excised about a gallon of blood-stained fluid gushed out. On the posterior surface of the bladder there was an area of discoloration, and near the centre an aperture through which the urine was escaping. This area was excised and the bladder closed with fine silk. The peritoneum was thoroughly flushed out and the abdominal wound closed without drainage; a glass catheter was fixed in the urethra. The patient made a good recovery.

In the literature of the subject, Walsham reports 28 cases treated by suture, of which 11 recovered. Jones has collected 54 cases treated by suture, of which 26 died and 28 recovered. In view of the high mortality the result in this case was very fortunate.

The Treatment of Eclampsia by Parathyroid Extract.—In the *Revue di clinica medica*, March 4, 1905, VASSALE reports his results in the treatment of 3 cases of eclampsia with extract from the parathyroid glands. This extract apparently causes the convulsions to cease. In the case of a child with tetany it was clearly successful.

The Permanent Results of Dilatation with Bossi's Dilator.—LICHTENSTEIN (*Archiv für Gynäkologie*, 1905, Band lxxv., Heft 1) reports the permanent results of the use of Bossi's dilator in 28 cases. In order to use this instrument successfully, anæsthesia must be profound and the patient must not struggle. The instrument must be very gradually used, and when employed in this manner no tear of the cervix necessarily results. Of the 28 cases, 6 could not be traced after leaving the hospital, 3 wrote that they were in good health, and in 18 cases an examination was made; these comprised weak pains during labor, narrow pelvis, eclampsia, and tetanus of the uterus. Among these 18 there was no tear of the cervix in 11; a very slight tear of the vaginal portion in 2; an extensive laceration, unilateral, and a bilateral tear. In 10 cases the patients were free from any bad after-effects. In 8 there were various complications. It is estimated in cases delivered by various instruments from 25 to 30 per cent. suffer considerable tears.

Incision in the Median Line to Facilitate Labor.—In place of the usual lateral incisions, FLEISCHMAN (*Wiener klin. Wochenschrift*, March 16, 1905) employs an incision in the median line of the perineum in forceps delivery, and in delayed labor from rigid perineum, where it is not necessary to use the forceps. In 60 cases the incision tore further in only 1. In all these cases it healed without complications.

Operation for Appendicitis during Pregnancy.—MAUCLAIRE (*Annales de Gynec.*, April, 1905) reports the case of a woman, aged thirty years, who had appendicitis when four months pregnant. When the abdomen was opened in the middle line turbid fluid escaped. The uterus was congested, but showed no further abnormality to complete the diagnosis. Two other incisions were made, one above the pubes, the other over the appendix. The last revealed fetid fluid, and a gangrenous appendix full of pus was removed after draining through the right lumbar region. A fourth incision was made on the left side, which let out quantities of fetid turbid fluid. Drainage tubes were introduced into the two lateral incisions. The patient recovered, and the pregnancy was not interrupted.