

siderable fluid to escape. He then incised the tumor, and found that he was dealing with a multilocular cyst. He succeeded in emptying this, and extracting the greater part of it through the vaginal incision. He also ligated the tube which came down with the tumor. Labor pains, however, became so violent that the child was forced down before he could complete the operation, and he was obliged to extract it quickly with forceps. After removing the placenta, he closed the incision in the vaginal wall with catgut suture. The patient made a good recovery. The last is one of the rare cases, and possibly the only one, in which ovariotomy has been performed through the vagina during the actual process of labor.

PUERPERAL BRADYCARDIA.

An explanation of the slow pulse commonly observed after labor is given by NEUMANN, assistant in Schauta's clinic in Vienna, in the *Monatsschrift für Geburtshülfe und Gynäkologie*, Band ii. Heft 4. The writer has observed, in 500 cases, not only a slow pulse after labor, but also that the normal rhythm of the pulse is destroyed. To determine the occasion for this, he gave helladonna to patients in sufficient quantity to influence the pulse. The result of his investigations shows that irritation of the cardiac filaments of the pneumogastric nerve produces the slowing of the pulse. He calls attention to the fact that the peripheral filaments of this nerve are not affected, as shown by the absence of any disturbance of respiration, or the action of the intestines. The site of irritation must then be found in the pneumogastric centre. It is interesting to observe that patients suffering from cardiac lesions do not manifest this symptom.

DIPHTHERIA AND PUERPERAL SEPSIS.

In the *Zeitschrift für Geburtshülfe und Gynäkologie*, 1895, Band xxxiii, Heft 1, BUMM contributes an interesting report of a case of puerperal diphtheria. Attention has already been called by Vidal to a fibrinous membrane forming upon the mucous surface of the genital tract during certain cases of puerperal sepsis. This membrane, however, when subjected to microscopic examination, does not reveal the presence of diphtheritic bacilli, although streptococci are found in abundance. In the case reported the patient had been delivered of twins by a physician who was also in attendance upon several cases of diphtheria in children living in the neighborhood. On the evening of the third day after birth the patient was taken with a chill and fever, followed by the development upon the labia and in the vagina of diphtheritic membrane. On the eleventh day of the puerperal period diphtheria of the mouth and nose developed. The patient showed several attacks of very high temperature, followed by great prostration. Upon microscopic examination, diphtheria bacilli were found in the membrane upon the genital tract, although no streptococci were present. The treatment of the patient consisted in the free use of stimulants, and in three injections of antitoxin. Each injection was followed by a fall in temperature and general improvement in the patient's condition. The writer calls attention to the rarity of the case, as in the cases previously reported and called

diphtheria streptococci have been found in abundance. The effect of the antitoxin is also interesting, and to this may possibly be owing the failure of streptococci to develop in the case.

THE DEVELOPMENT AND SIZE OF THE FŒTAL CRANIUM.

GOENNER, of Basle, has made an extensive series of observations upon the heads of children to determine the factors which produce the predominant features in the child's cranium, and to ascertain methods by which the size of the cranium may be inferred before labor (*Zeitschrift für Geburtshilfe und Gynäkologie*, Band xxxiii. Heft 1). He concludes that in the majority of cases the cranium of the child resembles that of the parents. This undergoes change during the process of birth, but the resemblance develops continuously when the child recovers from birth-pressure. The heads of newborn children are much narrower at birth than later. As regards the resemblance which the child's head bears to one or other parent, it is impossible to say that either parent determines the shape of the child's head. Hereditary peculiarities may be present, dating back to grandparents. At present we possess no accurate means of foretelling peculiarities in contour in the fetal head. Palpation and internal examination remain our only methods of obtaining knowledge.

SCORBUTUS FROM STERILIZED MILK.

In the *Münchener med. Woch.*, 1895, No. 42, STARCK points out the danger of scorbutus following a prolonged use of highly sterile milk. He calls attention to the fact that the presence of certain kinds of bacteria in the milk is not harmful, as even breast-milk is not always free from bacteria. He would limit the use of sterilized milk to seasons of very hot weather and to the dwellings of the poor.

AN ALUMINIUM CASE FOR OBSTETRICAL INSTRUMENTS.

VON HERFF calls attention in the *Centralblatt für Gynäkologie*, 1895, No. 39, to the utility of aluminium as a material in a case for obstetric instruments. The lightness of the material makes it possible to construct a case sufficiently large to carry the forceps and other instruments, and in which they can be sterilized without taking them from the case. The size of the forceps has rendered other cases too heavy to be conveniently carried.

OBSTETRIC STUDY BY FROZEN SECTIONS.

In the *Edinburgh Medical Journal*, October 18, 1895, BARROUR concludes a series of papers upon the study of frozen sections and their bearing on the mechanism of labor. After passing in review the various sections which different investigators have described, he makes an estimate of the value of this method of study, which is briefly as follows: He considers that by means of such sections we have gained most in knowledge regarding the birth-canal. He acknowledges the limitations which are inevitable in such study, but considers that we have gained knowledge which revolutionizes our conceptions of labor by this method.