

Edis is anxious rather to direct attention to the unnecessary waste of life resulting from the frequent recurrence of miscarriages in the same patient, where there is some deranged condition of the uterus or its appendages: causes that may be termed preventable.

The hope of preventing the recurrence of miscarriage depends upon our tracing out—what in every case exists—the efficient cause of it.

50. *Uncontrollable Vomiting of Pregnancy cured by Hyoscyamia.*—Dr. PIRROIS, Professor at the Medical School at Rennes, reports two striking cases of this. After trying unsuccessfully all the usual means, it occurred to him to administer a teaspoonful every hour of a mixture containing 5 milligrammes of hyoscyamia in 125 grammes of fluid. The next day the vomiting ceased, did not recur, and the patient went on favourably to the natural term of her pregnancy. A second case of the same kind was cured by the same remedy.—*L'Union Médicale*, Sept. 14, 1875, from *Journ. de Méd. et de Chirurg. Pract.*, July, 1875.

51. *Rupture of Uterus.*—BANDL has given his views on this subject, founded on thirteen cases observed by himself, and nineteen extracted from the records of the lying-in wards of the Vienna hospital. To begin with, a pathological change in the substance of the uterus, which has been so generally accepted as a predisposing cause, especially in multiparæ, was not found in a single case. The uterus was invariably thick, well contracted, situated high, the cervix unusually thin. The fissure was found mostly in the cervix, or began there when the body of the uterus was also torn. The peritoneum was separated only in the lower parts, never from the fundus. A predisposition from disease of the uterine wall, Bandl doubts absolutely, and believes the final cause of the rupture to be always in disproportion; in his thirty-two cases there were nineteen of narrow pelvis, three of hydrocephalus, eight of shoulder presentation, one prolapse of the foot with the head, and only one case remained unexplained. Nor did pressure produce rupture, as he frequently found sloughing without rupture—in one case even both were present, but at different points. An unyielding os uteri, rudimentary or double development, fibroid tumours, are often adduced as causes, but not proven to be so. Like Chiari, Braun, and Spaeth, Bandl considers the predisposing effect of want of proportion increased by the want of equilibrium between a highly developed muscular wall and a thin cervix; and as he found by measurement that the uterine wall in multiparæ, especially when there had been disproportion in previous labours, was much developed, he believes the abnormality to consist in an excessive thinning of the cervix taking place during labour.

In normal circumstances, the passive cervix is drawn back over the head of the child by the muscular uterus; the orificium internum remaining, as investigations on the living, and dissections on the dead subject show, about the level of the brim of the pelvis. But if there exists a disproportion which does not allow the presenting part to descend into the pelvis, the cervix is abnormally stretched, the internal orifice is raised a handbreadth above the brim, and so rupture becomes possible. If this abnormal condition has once existed, it takes place again more easily in future labours, which is the reason why ruptures take place more frequently in multiparæ.

Bandl believes that rupture can be recognized as threatening when the orificium internum gradually ascends, whilst the cervix stretches and the fundus acquires a lateral position.—*Edinb. Med. Journ.*, Oct. 1875, from *Centralblatt*, No. 33, 1875.

52. *General Dropsy in a Fœtus.*—Mr. LAWSON TAIT related to the Obstetrical Society of London (Nov. 3d) the particulars of a case of this in which the skin was so tense that it was not possible to bend the limbs without risk of bursting the skin. The scalp was so distended that the bones could nowhere be felt, and, in fact, the head had been mistaken for the breech during labour. The abdomen was enormously distended by highly albuminous fluid, as also the pleuræ and pericardium. The placenta was large and very cedematous. The cause of the general dropsy seemed to be the premature closure of