

various forms produce practically the same effect, namely, strong contractions of the uterine muscle becoming tetanic; moist heat is much more vigorous as a stimulus than dry. Cold is more energetic as a stimulus to uterine contraction than heat. Uterine contractions are sharper and more tetanic in character under this influence, and tetanus of the uterus is more common after stimulation by cold than by heat. Increase in the temperature of the blood increases the contractile vigor of the uterine muscle.

In the same journal the same author gives the results of experiments to determine the influence of asphyxia and anæmia upon uterine contraction. He finds that asphyxia greatly lessens the reflex and contractile excitability of the uterine muscle. In experiments upon animals it was found that the intestines contracted vigorously under conditions when the uterine muscle remained absolutely immovable. In experiments upon animals, where an animal had been asphyxiated apparently for seventeen minutes, and then revived, the uterus became almost black in color, but did not manifest a single contraction.

A similar result is found in anæmia. When pregnant animals were deprived of a large portion of the blood the uterus failed to respond to stimulus. No evidence was found that a relationship existed between the degree of blood pressure and the strength of uterine contractions in the same individual.

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**The Treatment of Cases of Labor Complicated by Unusual Size of the Fetal Head.**—SELHEIM (*Zentralblatt für Gynäkologie*, 1905, No. 35) reports the case of a patient in her eighth labor who had been delivered spontaneously in the preceding seven. As engagement failed preparations were made to perform hebotomy. During these preparations the uterus ruptured and laparotomy was at once performed. A dead child with placenta and blood clot was removed from the abdomen. The uterus was removed and the patient recovered. The child was 57 cm. long, its occipitofrontal circumference measuring 36 cm. On the posterior parietal bone there was an evident depression caused by pressure.

The patient had been twice married, her first husband being a man of not unusual development; the second husband was unusually well developed, having a large and remarkably developed cranium.

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**The Treatment of Labor Complicated by Extreme Hypertrophy of the Cervix.**—HAAN (*Zentralblatt für Gynäkologie*, 1905, Bd. xxxv.) reports the case of a patient who had suffered during pregnancy from prolapse of the extremely hypertrophied cervix. The pregnancy was in the tenth month, the pelvis slightly contracted, and the child in the second position vertex presentation. When labor occurred dilatation was exceedingly slow. It was finally necessary, under chloroform, to split the cervix with large scissors and to extract the child by forceps. A second child was born during the twelve hours following. After the delivery of the placenta the cervix was sutured, the patient making a good recovery. Two months later she returned to the hospital for amputation of the cervix.

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**Scopolamine-morphine during Labor**—GAUSS (*Zentralblatt für Gynäkologie*, 1902, No. 42) reports the use of scopolamine-morphine in 300