

its effect on blood pressure need not be feared. In early pregnancy the drug does not act as an abortifacient. Uterine contraction may result, but the contents will not be expelled. In the induction of labor, after the bag has been introduced, the remedy has some effect. It will not, however, bring on labor. The remedy should not be used before the cervix is shortened and dilated sufficiently to at least admit three fingers. When, however, labor has well started, and especially, after the membranes have ruptured, should delay from simple inertia occur, the remedy has proved efficient. In the second stage good results were seen by giving pituitrin and strychnine, gr. $\frac{1}{16}$, at the same time, hypodermically. [In these cases why was not the good effect obtained as the result of the administration of strychnine, which is a powerful and reliable tonic in labor? E. P. D.] In the third stage of labor with inertia and bleeding, pituitrin causes intermittent contractions of the uterus, and is thus inferior to ergot, which produces tonic contraction. Where immediate contraction is demanded, pituitrin is valuable. It seems also to favor involution. In 7 cases of Cesarean section, ergotole, 30 minims hypodermically, was given at the beginning of the operation. Pituitrin was administered after the sutures were placed in the uterus. In 6 of the 7 cases the results were favorable. In 1 case where pituitrin was given earlier in the operation the uterus contracted so promptly as to interfere with the placing of the sutures, and later on considerable hemorrhage occurred into the abdomen beneath the uterine peritoneum, forming a hematoma which was afterward absorbed.

Primary Uterine Inertia.—Under this heading RYDER (*Amer. Jour. Obstet.*, September, 1912) describes 18 cases of labor characterized by delay due to poor uterine effort. These 18 cases occurred among 175 labors in private patients. Only 3 of these labors started spontaneously, 14 being induced labors by bags, and 1 an attempted induction by the use of bougies. The patients were near term, 12 multigravidae and 6 primigravidae. There was no marked disproportion between mother and fetus. Three cases were delivered normally by high forceps, 5 by medium forceps, 5 by version, 4 of these latter because of complications. There was no maternal mortality, but 5 stillbirths, and 1 infant death, a total infant mortality of 33.3 per cent. One patient lost 15 ounces of blood, and in 6 others the uterine cavity was packed with gauze to avoid hemorrhage. In 4 the placenta was extracted manually, in 2 part of the membranes; 8 had temperatures above 100.6°. Different methods were used in these cases. In the first 5, when inertia occurred, the effort was made to stimulate the uterus and to finish the labor immediately. The results were so discouraging that this method was discarded. If the membranes were unruptured the patients were left alone, and labor was allowed to start spontaneously. The results were good. In the 5 cases where the effort was made to terminate labor virtually by one operation, 4 of the children were lost. In 9 cases inertia was treated by a waiting method. In the 9 cases where the waiting policy was pursued, many of them had induced labor by the introduction of bags which failed to excite pains. The bag was then removed, when labor subsequently developed spontaneously. In 4 cases the premature rupture of the membranes,

or the persistence of weak pains which destroyed sleep without progress, made it necessary to terminate labor. Primary inertia is especially seen in women, aged over twenty-five years, but more often in patients aged over thirty years. It frequently results from mental conditions only, especially when labor is artificially induced. Rupturing the membranes artificially in primary inertia is a most dangerous procedure. Haste must never be practised, as it exposes the mother to suffering and injury, with a fetal mortality of 80 per cent. In patients where in previous pregnancies and labors there has been inertia, tonics and good hygienic treatment should be used during pregnancy. Labor should not be induced if it can be avoided. It is thought that when labor must be brought on, the dilating bag is less apt to cause rupture of the membranes than the bougie. The membranes should rarely be ruptured, and only when the head is well engaged and the conditions all favorable for delivery. With unruptured membranes, the patient should be left alone, and the nervous system quieted by sedatives until rest can be obtained. With ruptured membranes, there is danger to the fetus, and labor should terminate. Primary inertia is most frequent usually in the first stage of labor, and is not of especial importance in the second and third stages. Postpartum hemorrhage is not especially frequent after primary inertia. When labor has terminated ergot should be given freely, and intrauterine packing used if the uterus does not contract well. Cesarean section is often safer for mother and child in primary inertia than a hard forceps operation or breech extraction. Strychnine, quinine, alcohol, and ergot are not satisfactory in these cases. Pituitrin extract may give better results.

Treatment of Cancer of the Cervix Complicating Pregnancy.—LEVANT (*Archiv mens. l'Obstetrique*, September, 1912) believes that abdominal hysterectomy by Wertheim's method is the operation of choice in cancer of the cervix complicating pregnancy and parturition. It has the advantage of permitting the extraction of the fetus by Cesarean section if the child is viable, while in early pregnancy the uterus may be removed unopened. Vaginal hysterectomy for cancer complicating pregnancy was not satisfactory in his hands, as in 55 cases without Cesarean operation the mortality was 5.4 per cent. These operations were done before, or at the sixth month, and the patient suffered from a return in 31.8 per cent. In 25 vaginal hysterectomies made during the puerperal period, 32 per cent. had a return of the disease in less than one year. The mortality of abdominal hysterectomy by Wertheim's method in cases where cancer complicates pregnancy is considerably less; in the experience of the writer, 16 per cent. during one year; in a subsequent year 18.7 per cent.; then 11.8 per cent.; then 8.6 per cent.

The Treatment of Abortion.—PATEK (*Archiv f. Gynäk.*, 1912, Band xlviii, Heft 1) contributes a paper upon the treatment of abortion in which he analyzes the results obtained by active interference in cleansing the uterus by the curette, with the results obtained by a less vigorous and more expectant method. His conclusions indicate that although fever may be present, the uterus should be emptied