

5. The tension of the arteries is the criterion as to the amount of the solution to be employed, though this does not hold good in sepsis.

K. C. M.

Immediate Repair of Cervix.

The New York Obstetrical Society has published its "Transactions for the Year 1898-99." Many interesting subjects have been discussed, and amongst them the question of "Immediate Repair of the Cervix." On this question Dr. Thomas says: "The attempts which I have made towards repairing the cervix immediately after labor have taught me that it is extremely difficult to do. In support of this opinion I was rather pleased, not long ago, in looking over a work in gynecology by a member of this society, to see the statement made that, from a gynecological point of view, the procedure was not advised, on account of the difficulty in bringing the parts into proper apposition, owing to their extreme distortion at this time." This, we believe, to be correct. Our own practice is not to examine the cervix immediately after labor unless called upon to do so by hemorrhage, hemorrhage also being the only indication for immediate repair.

K. C. M.

Plugging of the Uterus in Abortion.

Dr. J. Keogh Murphy (*Treatment*, December 28th, 1899), in a thesis for the M.D. degree of the University of Cambridge, says:

"I would venture to put forward what I consider to be safe rules for the employment of plugging: 1. Plugging may be considered to be good treatment—indeed, the best—in cases of inevitable abortion, where the hemorrhage is very serious, and the os contracted so that neither a finger nor the curette can be passed into the uterine cavity. 2. In such cases plugging should only be used as a means of stimulating uterine contractions so as to obtain sufficient dilatation of the cervix to be able to empty the uterus. 3. Under no circumstances should plugging be used in incomplete abortion.

"Plugging, indeed, in cases of abortion only finds its place in the first three months of pregnancy; here the hemorrhage may be very alarming before there is any dilatation of the os—indeed, I consider the earlier the pregnancy, the graver the hemorrhage is likely to be. After the third month the hemorrhage is not likely to be severe before the os is sufficiently dilated to allow the finger to be introduced.

"I consider, even in the early months of pregnancy, the cases where plugging is really needed are very rare indeed. To illustrate from my own cases: out of nearly four hundred cases I only had to plug the vagina three times, and in one of these