

IRON AND COLLODION IN ERYSIPELAS.—Dr. Aran employs equal parts of tincture of iron and collodion (solution of gun cotton) in this affection. This application possesses many advantages over simple collodion, among others, in being thinner and more equally distributable, and in not falling off on movement of the part.—*Ibid.*

PROLAPSUS OF THE FUNIS UMBILICALIS.—In Scanzoni's contributions to obstetrics, Seyffert offers a few remarks on the aetiology and management of this complication, so fraught with danger to the unborn infant. After very great experience in the obstetric art, he comes to the conclusion that no *general* rules can be laid down for the management of prolapsus funis. He denounces the use of most instruments as of little worth. Hand and forceps well employed will meet most exigencies. He suggests the following as the causes of prolapsus :

1. Narrowness of the pelvis, abnormal position or size of child. In head presentations, well formed *pelvis*, and not too much liq. amnii; the child, at an early stage, lies low in the uterus; but in a narrow pelvis, large head, much liquor amnii, and where the promontory projects too far, or unequally to either side, the child's head does not become engaged in the pelvis, but lies on one side, leaving abundance of room on the other for the prolapsus. In such cases, reposition, by means of the hand, should be attempted (rarely by means of instruments), and the cord placed in its proper position, and kept there until a few pains engage the head. If the *accoucheur* fails in this, the directions of Siebold, Busch, and Wiegand, will not influence the result; for if it cannot be maintained *in situ* by the hand, it cannot by a sponge; to alter the position of the head is alike ineffective.

2. Oblique Position of the Fœtus.—In one case Seyffert was fortunate enough to return the cord, and retain it there until the complete evacuation of the "waters;" in two others the children were removed by forceps—alive.

3. Presentation of an Upper Extremity with the Head, whereby the head is prevented descending, and the cord slipped down alongside the hand. In two cases, in which the water had already flown, the hand only could be returned, and delivery was completed by the forceps. The children were apparently dead, but revived. In two other cases, the hand and head were returned before the discharge of "waters."

4. Large quantity of Amnial Secretion and Lengthy Cord. In six such cases delivery by the forceps; children born alive in five.

5. Low Position of Placenta, in neighbourhood of Os. Four such cases were observed by Seyffert and Naegle. In two cases were live children brought forth by forceps; in two, still-born.

6. Breech Presentation with Prolapsus. Four such cases were observed. In three punction was not interfered with as long as the cord did not rest below the buttocks. In three of those delivery of living children was accomplished with the forceps.—[Scanzoni's *Beitragen zur Geburtshilfe.*]