

moreover, not infrequently impossible to detect enlargement of the glands except through an exploratory incision, and hence an incision is advisable in all cases. Three situations should be particularly examined—(1) the region above the anterior part of the submaxillary gland; (2) the space under the chin between the two anterior bellies of the digastric muscles; (3) the region about the posterior part of the submaxillary gland.

—J. E. PLATT.

G. W.

## OBSTETRICS AND GYNECOLOGY.

IN CHARGE OF ADAM H. WRIGHT, JAMES F. W. ROSS, ALBERT A. MACDONALD,  
H. C. SCADDING AND K. C. McILWRAITH.

### Intra-Uterine Douches.

In the March number of the *Gynecological and Obstetrical Journal* is an article on "When shall the uterus be douched?" The answer given is, in septic infection and hemorrhage. With this we are in accord, but cannot agree with the author in recommending, in the former case, that the douche curette be used. He claims that in this way an anesthetic is rarely necessary, but we prefer to give an anesthetic, and thoroughly explore the uterus with the fingers, or hand if necessary. We agree with him in the belief that it is not wise to give repeated intra-uterine douches. Except in some cases of sapremia, the repetition of the douche is useless.

K. C. M.

### Vienna Clinic.

In the March number of *Obstetrics* there is given a very interesting account by Landesmann of the conduct of labor in Schanta's clinic in Vienna. In hyperemesis gravidarum first place is given to the taking of food in the horizontal position, which position is maintained for an hour after eating. Orexin is also mentioned among the remedies, but no account is given of its efficacy.

It is stated that rigid os during labor is incised. We sincerely hope that this does not mean that every rigid os that is met with is incised. Surely this must be only as the very last resource.

In the various degrees of contraction in flat pelvis, version and forceps are spoken of as indifferent measures.

In *ante-partum* hemorrhage from detachment of the placenta the treatment is accouchement forcé. This is in itself a dangerous operation, and not sufficiently rapid to save a large percentage of serious cases. The Rotunda plan, which we prefer, is as follows: In concealed hemorrhage, Porro's operation, or