

surgical, and consists of immediately opening the synovial membrane under, of course, the most approved antiseptic precautions, allowing the joint to drain, or, if necessary, washing out the joint cavity, providing it is infected. Another is that recommended by Christian Heath, who immediately places such patients in bed, applies belladonna and glycerine freely to the affected joint, and gives quinine in five-grain doses every six hours. He does not use splints, and pays no attention to the urethral discharge.—*Medical Review*.

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## OBSTETRICS.

IN CHARGE OF

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### PRECOCIOUS MENSTRUATION.

E. Perier mentions a child which began to menstruate regularly at 9 months of age. When seen three months after menstruation commenced, the breasts were well formed, nipples protruding, pubes covered with hair, and labia majora and minora well developed.

### HYPEREMESIS GRAVIDARUM.

Dirmoser believes that auto-infection from the intestinal tract is the usual cause of hyperemesis, and that the etiological importance of hysteria is largely over-estimated. He refers to the similarity of post mortem changes in hyperemesis and acute infection. Urinary analysis shows an increase of indol, skatol, and other products of retrograde metabolism, also albumin, acetone and peptone. Organic structural elements are found in the urine, indicating a nephritis. There exists an individual predisposition, probably owing to the abnormal condition of the intestinal canal. The best treatment for this obstinate and often serious complication of the pregnant state would be intestinal antiseptics, and the author states that the results obtained from such treatment will be published at a later period.

### AMNIOTIC INFECTION BEFORE RUPTURE OF THE MEMBRANES.

Lehmann reports a case of undoubted infection of the liquor amnii before rupture of the membranes. A thick and extremely fetid fluid escaped as soon as they were artificially punctured.