

and there is a distinctly marked bellying of the anterior wall. After from four to six weeks' development this segment of the uterus presents in a very perceptible degree the characteristic elasticity of the fluid cyst which it contains. To the well-trained touch the bellying of the lower segment of the uterus, especially its anterior wall, and its fluid elasticity, are sufficient for the diagnosis of pregnancy in a large number of cases from the fourth to sixth week. These signs are obtained by the "bimanual," as practised in ordinary gynecological examinations. To the signs above mentioned, Hegar has added another. This consists in the marked softening and thinning of that portion of the corpus uteri immediately above the cervix, especially as obtained by Hegar's method. His method of examination is as follows: A preliminary distention of the rectum with water may be necessary to facilitate manipulation. Chloroform may be used if required. Depressing the uterus with one hand over the abdomen, pass the index finger of the other hand into the rectum, up through the third sphincter, and press the finger tip against the posterior wall of the uterus immediately above the utero-sacral ligaments. Pass the thumb of the same hand into the vagina and bring it in contact with the anterior wall of the uterus just above the cervix. The intervening tissues may, in most cases, during the last half of the second month, be compressed by the grip of the thumb and finger almost to the thinness of a visiting card. This compressibility of the lower uterine segment thus obtained is Hegar's sign. It has been confounded by writers with the before-mentioned changes in the uterus, from which, as a sign of pregnancy, it is entirely separate and distinct.—*Brooklyn Medical Journal*.

PORRO'S OPERATION.—There was a short discussion on Porro's operation at the Obstetrical Society of London on February 6th. Dr. Galabin narrated a case on which he had operated in Guy's Hospital, saving mother and child. He had chosen to perform Porro's rather than Säger's operation because the woman had been in labor 48 hours before she was admitted into the hospital and because the uterus had probably been bruised

during unsuccessful attempts to apply the long forceps. He, however, thought that Säger's was probably the better operation, even when labor had been protracted, and expressed the opinion that as yet neither Säger's nor Porro's operation should be recommended to the family practitioner as an alternative to craniotomy, when the pelvis exceeded two inches and a half in conjugate diameter, unless there were marked transverse contraction as well. When the pelvis was narrower, Porro's operation was preferable for the practitioner to Säger's. India-rubber tubing and a knitting needle would serve in the absence of a *serre-naud* with the special pins, as Hegar, Kaltenbach and Tait had already shown. Dr. Mathews Duncan objected to the treatment being varied according to the grade of the practitioner; at present craniotomy was better than Cæsarean section, because it was the safer. But a still further reduction of the mortality after that operation would probably be attained, thanks to the exertions of Säger and Leopold, and the perfection of Porro's procedure: then, craniotomy might be entirely banished. He objected to the patient's wishes being considered an element in coming to a decision. The surgeon must decide what operation should be done and how it should be done. The patient might adopt or refuse the advice, but could not give or modify it. Dr. Galabin in his reply took the more reasonable view that the wishes of the parents should be allowed due weight, and also urged that circumstances in regard to operator and to place made a great practical difference in respect to serious operations. Experts in a difficult operation generally performed it in a well-appointed hospital; the practitioner, called upon to perform that operation, was never so favorably placed. He had often to operate in a small, and perhaps insanitary, house, with no skilled assistants.—*Philadelphia Medical Times*.

ICHTHYOL AS AN EXTERNAL REMEDY IN SKIN DISEASES.—Ichthyol is a distillation derived from the fossilised remains of fishes, and was discovered by Schroeter. It has the appearance and consistence of treacle. It acts in three