

vertebræ, to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and pruritus pudendi of the puerperal condition yielded as readily, and to one application."

CERTAIN MICRO-ORGANISMS OF OBSTETRICAL AND GYNÆCOLOGICAL INTEREST.

In a paper read by Dr. G. D. Robinson before Obstetrical Society, London, he pointed out the fact, that in fatal cases of puerperal sepsis, the streptococcus pyogenes is constantly found in the blood and tissues. Normally after labor the uterine cavity was known to contain no microbe, but many are found in cases of sepsis. Of all those found, the streptococcus pyog. appeared alone to be able to pass through the uterine wall along the veins and lymphatics, and so to cause general infection. This microbe might cause death without producing any obvious lesion, or it may set up suppuration in various tissues. It may produce false membranes on the peritoneum or genital tract with or without suppuration. The writer next pointed out the supposed connection of the bacillus coli communis with various inflammations (usually suppurative) of the human body. He quotes a case in which a woman four months pregnant had intestinal obstruction from retroversion of the gravid uterus. Abortion occurred four days after reposition of the uterus, followed in a few hours by fever, then diarrhœa which continued for five days until the patient died. During life pure cultures of the bacillus coli communis were obtained from the uterine discharges, and after death from the uterus, peritoneum, and blood in the heart.

DYSTOCIA FROM VENTROFIXATION.

Milander (in *Zeit. f. geb und gyn.*, 1895, Band 33 H 3) has collected seventy-four cases of ventrofixation which subsequently became pregnant. Of these, one woman died before labor commenced. Ten were still pregnant. In six cases abortion occurred, three were prematurely delivered and fifty-four went on to full term. Of these cases three were transverse presentations and two other abnormal presentations, leaving only 49 normal presentations. Some of these had pain at the site of fixation; there was feeble labor in two, and eleven cases needed aid consisting of two Cæsarian sections, three cases of version, and four times the forceps. The author points out the large proportion of abnormal positions and seriousness of the operations required.

Edebohls (in *Med. News*) holds the same views, and says: "The indications for ventral fixation of the uterus should be limited to the utmost degree in woman liable to future pregnancy."