

were made, and some degree of reaction had set in. In cases 70 and 71, it was indeed with great difficulty that the women were kept from dying on the table, while case 85 clearly died from oedema of the lungs. Now I do not find such alarming symptoms referred to in any report of cases by British operators. I am therefore forced to the conclusion, that either under the strain of rivalry they do not operate in very desperate cases, or their mode of administering anæsthetics is a safer one than ours. Fully impressed with this idea, I have lately been using Dr. Allis's improved inhaler and have thus far found it to act promptly, safely and economically.—*M'd. Med. Jul.*

In urethral stricture "I have," says M. Diday, "in order to avoid confounding it with a spasm and to overcome this, if it exists, an infallible method. When the end of the sound is in contact with the coarctated portion of the canal I suddenly put the following question to the patient: 'How long is it since you have been with a woman?' If it is a simple spasm the sound immediately enters."—*Lyon Méd.*

Midwifery.

THE CAUSES OF HEAD PRESENTATIONS.—Meeh (*Arch. f. Gynäk, N. Y. Med. Jul.*) regards the frequency of head presentations as being due to the muscular movements of the fetus. Extension of a limb, if it meets sufficient resistance, acts upon that portion of the fetal body contiguous to the limb extended. The most resistant part of the uterus is in the pelvic regions, the most movable, at the fundus and sides. The vertical position, whether the head or the breech is in advance is then the most favorable to stability. Should the breech be in advance extension of the legs, acting upon the resistant pelvis, would most likely cause the fetus to change position. If the head was in advance the extended feet would act at a disadvantage against the softer parts of the uterus, and the fetus would be more apt to remain at rest. So also if the arms were extended, they would act upon the softer parts of the uterus above the pelvis. The further the head has advanced into the pelvis the more stable

the position. The limbs are usually directed towards the side walls of the uterus which are more yielding than the front, and the right side than the left, where the descending colon and its contents are located. This accounts for the greater frequency of the first position, whether of the head or of the breech, and indeed the same holds true of the transverse position.

POST-PARTUM POLYPOID TUMOURS.—Dr. H. G. Landis said the physician is sometimes blamed for not completely delivering the placenta, when the real condition is due to other substances than placental tissue.

1. Blood polyps may form after delivery, consisting only of coagulated blood.

2. Blood polyps may be associated with retained fragments of placenta or membrane.

3. The same condition may occur with strips of decidua, prematurely detached.

4. The decidual membrane may undergo hypertrophy in places, giving rise to a sessile tumour of some magnitude and causing secondary hemorrhage, septicæmia, etc.

To the few cases on record the writer added the details of two cases observed by himself.

Dr. John Morris, of Maryland; Dr. Watkins, of Kentucky; and Dr. H. O. Marey, of Massachusetts, cited similar cases.—*Med. News.*

MIGRATION OF THE OVULE BY VIBRATILE CILIA.—In support of this view late experiments have been made in female guinea pigs in heat, the results of these observations, through defective conditions, were not altogether satisfactory. But in frogs at the menstrual epoch in the clearest manner was observed a complete covering of epithelial cells with vibratile cilia, upon the internal surface of the peritoneum. This epithelium did not exist in males nor in females at any other season. Quite lately very active ciliated epithelial cells have been found upon the peritoneum of female tritons.—*L'Un. Méd. du Nord Est.*

AFTER-PAINS.—Dr. E. L. Horriott, of Jacksonville, in his Report on Obstetrics to the Ill. Med. Soc. says (*Weekly Medical Review*) that he has accidentally discovered that aromatic sulphuric acid is the best remedy for after-pains.