

be obtained it must be carried out within a few hours of the accident. The operation of suturing up a uterine wound is difficult and unsatisfactory. Porro's operation has the advantage that it can be quickly performed, and it is suitable if the body of the uterus only is ruptured. It has the drawback, however, that vaginal drainage cannot be so well established as after the total hysterectomy. An argument brought forward by the writer in favor of hysterectomy is that if the woman recovers from a complete rupture and again becomes pregnant, there is very great risk of cicatrix in the uterus again giving way, and so exposing her to a recurrence of all the dangers of rupture. He quotes Krukenberg's figures, who collected 13 cases operated upon by Cesarean section, in which at a subsequent labor, the cicatrix ruptured and the child escaped into the abdominal cavity.

If the fetus has partially passed into the peritoneal cavity, Winckel (*Die Therapie der Gegenwart*, 1901., Vol III.) advises that it should be extracted by the vagina, together with the placenta. Immediately afterwards abdominal section should be carried out. When the fetus is lying completely in the abdominal cavity the fetus must be extracted by abdominal section.

If the tear of the uterus is simple and not much lacerated, it should be closed by catgut suture. If the tear is extensive, he advises Porro's operation. In two cases which he records the abdominal cavity was carefully closed without drainage. If however, infection is present, or likely to have occurred, total hysterectomy, followed by vaginal drainage, is preferable to Porro's operation.—*Medical Chronicle*.

RENAL TENSION AND ITS TREATMENT.

This is the title of a very cleverly-written article delivered before the British Medical Association by this well-known surgeon (Dr. Reginald Harrison). Patients suffering from some obstruction to the free outflow of urine frequently have a congestion of the kidney and a consequent tension of its tissues and capsule. This tension and passive congestion may be the starting point of some of the pathological changes in the kidney which are included under the term of Bright's disease. In certain of these cases surgical intervention is justifiable in order to obviate this serious condition. Until recently our knowledge of the various pathological conditions of the kidney associated with albuminuria was gained almost exclusively from *post-mortem* examinations, and consequently by means wholly imperfect and unreliable. Eminent authors who have written upon the many conditions of the kidney, found as the result of inflammation of its