

The membrane was perforated in but four out of fifty-six cases, and in none of these was the pneumococcus found. Letters found the pneumococcus in thirty-one autopsies, in otitis sup. in twenty-nine, in broncho-pneumonia in twelve, in meningitis in two, in pleurisy, pericarditis and peritonitis each in one. Among the author's cases, forty-two out of forty-three who had pneumonia showed inflammatory changes in the ear. In but one of those afflicted with pneumonia were the ears normal. The association of otitis with inflammatory affections of the respiratory tract has been commented upon by Werden, who believed that imperfect and weakened respiration was a causative factor.

Ninety-nine per cent. of the children dying of broncho-pneumonia in the Communal Hospital had ear disease. In seventy-seven pus was found. The author believes that neither disease, broncho-pneumonia or otitis, depends one upon the other, but that both are due to infection, to invasion of the pathogenic germs in the mouth or respiratory passages.—*Archives of Pediatrics*.

MIDWIFERY.

Palliative Treatment of Uterine Cancer.

—Boldt (*Archiv. of Gyn.*) speaking of cases where operation is impracticable as the malignant deposit cannot be removed entire, recommends as the best form of treatment curetting, and subsequent cauterization. Curetting and packing with pledgets saturated with chloride of zinc will also prove beneficial. If rigid antiseptic precautions be taken piercing of the uterus by the curette may do no harm. The uterus is first curetted, then the cavity is repeatedly sponged with a mixture of commercial acetic acid (1 drachm), glycerine (3 drachms), and carbolic acid (20 grains). Lastly, the cavity is packed with absorbent wool.—*British Med. Jour.*

Relaxation of Sacro-iliac Synchronosis.

—Richard Braun (*Centralbl. f. Gynak.*, Nov. 28, 1894) describes a case of this condition. The patient did hard work for an inn during her first pregnancy. She applied for relief after suffering for a fortnight from pains on the right of the sacral region. On careful exploration the right sacro-

iliac synchronosis was found to be loose. This lesion was easiest to detect when the patient was made to walk; she walked with the legs apart, swinging from side to side. Distinct crepitation was repeatedly detected. The affected joint could not be conveniently explored by bimanual palpation. There was no loosening of the symphysis pubis. Gustavus Braun, in the discussion, said that he also had carefully examined the case, finding that the loosened joint was becoming firmer. Had not the defect begun to mend because the cause (the pregnancy) had passed away? Richard Braun observed that the symphyses of the pelvic bones were always movable in pregnancy; this condition was best marked in young (not older) multiparæ. The mobility was less in primiparæ. Yet in very young primiparæ, especially when of fair complexion, the mobility may be marked. It is least in elderly primiparæ. He had found the symphyses as movable in young primiparæ as when symphysiotomy has been performed.—*British Medical Journal*.

Symphysiotomy in Australia.—Rothwell Adam (*Australian Med. Journ.*, May 20th, 1894) claims to have performed the first operation of symphysiotomy in Australia, or even in the entire Southern Hemisphere. The patient was 33; at the first labor (1886) craniotomy, cephalotripsy, and version were found necessary. At the second (1888) she was delivered of a living male child, 5 pound in weight, by podalic version. The child died in an hour. Over eleven months later premature labor was induced at the end of the seventh month, a stillborn child being delivered by podalic version. The fourth confinement was on May 20th, 1891. The foot presented, and a small dead female child was delivered with difficulty. The measurements shortly before the operation were: Interspinal, $7\frac{1}{4}$ inches; intercrystal, $9\frac{1}{4}$ inches; conjugata vera, $2\frac{3}{4}$ inches. The patient was at term, and Adam, for certain reasons, passed a bougie into the uterus on December 19th, 1883, to induce labor, which set in early on the 21st; then symphysiotomy was performed. The patient was placed in the extreme dorsal position, the thighs flexed on the abdomen and held apart by a Glover's crutch. Pinard's free incision was made. The enlarged venous plexuses about the clitoris