

that a combination of chloroform and ether ought in every instance to replace pure chloroform or pure ether as an anesthetic, and the combination of anesthetics might be further extended by giving an injection of scopolamin and morphine before the inhalation. It was only through the use of combinations of anesthetics becoming general that the dangers of anesthesia by inhalation could be reduced to a minimum. With respect to the method of administering an anesthetic by inhalation, preference ought to be given to those forms of apparatus which gave the best quantitative admixture of the anesthetic in the air which the patient respired. With regard to the third point—the utility of scopolamin for producing drowsiness during labor—he said that in women who were sensitive or of nervous temperament or neurasthenic a tedious and painful labor often brought about long-continued and not unimportant states of nervous exhaustion. In those cases it was desirable to reduce the woman's suffering to a minimum by a method which was not injurious to either her or the child. Since Steirbüchel had recommended the scopolamin-morphine treatment for this purpose Dr. Gauss has been working in Dr. Krönig's clinic on specially introduced systems of testing the state of consciousness at any given time, and has greatly improved the methods for the production of the drowsiness in question. On the basis of a clinical material amounting at the present time to 2,000 deliveries it might be stated that the production of drowsiness by scopolamin was free from danger to both mother and child, and accomplished the object in view by either completely abolishing or else reducing to a minimum the pains of parturition.

FIBROIDS OF THE UTERUS AND PREGNANCY. By Prof. Samuel Pozzi, Paris.

He pointed out that under the influence of pregnancy fibroid tumors of the uterus may undergo an important series of modifications as regards their size and position. It is generally taught that fibroids become enlarged during pregnancy, but this is very variable, the change in size being at times slight, at other times sufficient to cause pressure symptoms. In some cases, as he has pointed out specially, these tumors undergo during pregnancy a very rapid and remarkable increase in size. The enlargement of a fibroid tumor concurrently with pregnancy is usually due to edematous infiltration, but it may be caused by actual hypertrophy of the tumor elements, which produces a more or less marked softening of the whole tumor. In other cases a process of aseptic necrosis takes place, but more often cystic degeneration