

position. The pains being feeble and setae failing to act, the long forceps were applied, and the child was born alive and the patient did well."

NOTES AND COMMENTS.

THORACIC ANEURISM TREATED BY GALVANO-PUNCTURE. — Dr. McCall Anderson, in the *Glasgow Med Journal*, Feb. 1873, mentions a case of thoracic aneurism, in which electrolysis was had recourse to as a last resort. A Stohrer's battery was used, with only a single insulated needle connected with the positive pole. The point of insertion was previously frozen by means of Richardson's spray apparatus. A zinc plate, connected with the negative pole, was placed on the chest, about seven inches from the point of insertion of the needle, and separated from the walls of the chest by a sponge dipped in salt and water. This was repeated four times, and the result was the reduction of the tumor to one-fourth its former size. It became quite solid, and firmer than the surrounding structures, while the pulsation and systolic murmur became less distinct, the purring tremor entirely disappeared, and the patient was relieved of all pain and discomfort, and felt in perfect health. Dr. A. thought that, in carrying out the operation, the object should be to induce only a partial coagulation, in the hope that this might be followed by a slow deposition of fibrin in successive layers. Sudden coagulation would tend to produce inflammation and sloughing.

DETERMINATION OF THE LIFE OR DEATH OF THE FÆTUS. — Dr. Cohnstein (in *Arch fur Gynak.*, vol iv 3rd part, 1872) (*Med. Record*, Lond.), states that the information whether the fœtus is living or dead during pregnancy, but especially during parturition, is often of the greatest importance, and where hearing the fœtal heart and feeling the fœtal movements fail, or are uncertain, ascertaining the temperature *in utero* will often very materially assist if not decide us in determining the question. It is a fact that the temperature of the fœtus *in utero* is higher than the maternal temperature, and experience proves that the careful introduction of the thermometer into the uterine cavity, between the membranes and the wall of the uterus, is unattended by harm. We have thus a ready mode of settling the question when it is otherwise doubtful.