

brile cases, in first and second stage cases, where the expectoration is free, the cough distressing, or much bronchitis exists. In febrile cases it often is valuable, but must be administered more cautiously.—*Merck's Archives*.

Labor Complications after Vaginal Fixation.

Rühl (*Cent. f. Gyn.*, 1899, No. 51) calls attention to the severe labor complications which may follow both vaginal fixation of the uterus and ventri-fixation. The predisposition is greatest in the vaginal operation when the top of the uterine body is fixed to the anterior vaginal wall; and in the abdominal operation, when the fundus itself is immovably fixed close above the symphysis. The obstruction to labor may be so serious that although the pelvis be of normal dimensions, Cesarean section may be required. In passing he calls attention to the fact that Cesarean section, when performed for this cause, has been attended with a very high mortality, amounting to 50 per cent. In a normal pregnancy at the fortieth week the long axis of the uterus lies exactly at right angles to the plane of the pelvic inlet. In the pathological conditions under consideration the fundus is fixed much lower than it should be, whilst the cervix is drawn up and retroposed, with the result that the uterine axis may make an angle of only about 40° with the plane of the inlet. When the uterine contractions occur under these conditions, the tendency is for the presenting part of the child to be driven backwards against the sacrum, instead of downwards and backwards in the pelvic axis. The cervix may be drawn so far up and back as to lie above the level of the sacral promontory, and the true pelvis may be bridged over by the anterior wall of the uterus and vagina in such a way as to leave between the anterior lip of the cervix and the sacrum no room for the passage of the child or for the manipulations necessary for artificial delivery. In these cases the author advocates an anterior utero-vaginal section, consisting of an incision passing through the anterior lip of the cervix, the anterior uterine wall, and vagina. Special care is needed to avoid injury to the bladder. As much natural dilatation of the cervix as possible should be obtained before making the incision.—*British Medical Journal*.

OLD SPECULA.—The *Bulletin d' Oculistique* relates a story answering the query, "What becomes of the old speculum?" A physician happening to enter the kitchen in a country hotel saw a brightly polished bivalve hanging among the cooking utensils, and upon inquiry learned that it was used by the cook for moulding sausages. The proprietor had bought it at an auction of second-hand household effects.—*Med. Record*.