the vagina to hasten dilatation. Henrotay watched the patient through the night; the pains were weak and occurred at long intervals, the flooding moderate. In the morning he could reach the edge of the placenta, high above the left border of the os. When he felt certain that the head presented he ruptured the membranes widely. A fair amount of hemorrhage followed, but stopped directly the waters had ceased to flow. Massage of the uterus failed to stimulate its slow and weak contractions. Ergotine was therefore injected. Strong pains set in, and two hours later a healthy female child was born. The placenta was delivered a few minutes later; there was no flooding, and the uterus contracted firmly. One more injection of ergotine was given. The puerperium was normal and the child was reared. Henrotay insists on the tampon in placenta previa when the hemorrhage is not excessive and can be checked by plugging. But the plug must consist of sterilised iodoform gauze; then, as in his case, there need be no fever, no fear of sepsis. The old "kite tail" row of plugs along a piece of string should be discarded. Henrotay has removed many such plugs introduced into the uterus for hemorrhage after abortion; they were nearly always fetid. Iodoform gauze is easy to procure in these days. Henrotay did not think that the case was severe enough to require version, which would have greatly endangered the child. In short, when the bleeding is not very severe in placenta previa, plugging and careful watching is the best line of treatment in the interests of mother and child.—*British Medical Journal.*

LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF J. PRICE-BROWN.

Case of Nasal Hydrorrhea.

Urbano Melzi (*Jour. Lar., Rhin. and Otol.*, December, 1899) gives an interesting account of a case of this rare disease. The report is instructive, as from the careful chemical and bacteriological examinations made, it was evident that the discharge was not of cerebro-spinal fluid. Some of the cases reported being unilateral and presenting no physical condition indicative of etiology, have been believed to be of that nature. Hence the carefulness of examination in this case.

The patient was a lady aged 40. Otherwise healthy, she had suffered from a continuous discharge for six years of a clear limpid fluid from the left nostril. It produced no excoriation, was not coagulable, did not stiffen or discolor the handkerchief.