

the elbows were found swollen, red, hot and painful. After a week, distinct fluctuation was obtained on both sides in the neighborhood of the olecranon. Incisions were made, giving exit to pus, which contained streptococci in large numbers. The abscesses did not communicate with the joints. From the time of the operation the patient made a rapid recovery. Rocaz expresses the opinion that the rash was due, not to scarlet fever, but to septicæmia, and that the whole illness, including the affection in the neighborhood of the joints, was due to the infection by streptococci, the primary lesion being the angina, which afforded a point of entrance for the streptococci.—*British Medical Journal*.

MIDWIFERY.

Urethral Incontinence of Urine.—Schultze (*Centralbl. f. Gynäk.*) uses this term to imply incontinence of urine due to insufficiency of the muscular apparatus which closes the bladder. A patient, aged 45, had borne a child twenty years before, and ever since had been unable to hold her water. Her health was much reduced. The urine contained pus, there was no evidence of renal disease. She had undergone various operative procedures. The meatus was lacerated, exposing a third of an inch of the urethral mucous membrane. Behind the meatus was a fistulous orifice, and from it ran upwards a long cicatrix with evidences of former sutures. The patient's health was first improved by appropriate treatment, then in July, 1892, the meatus, fistula, scar, and the neck of the bladder, immediately above the beginning of the urethra, were slit up and the edges of the incision thus made were vivified and sixteen silkworm gut sutures applied. A catheter was retained. After nine days the sutures were removed, as well as the catheter. The wound had united by first intention throughout, and the patient could hold her water perfectly. Schultze, with less success owing to the impatience of the patient, endeavored afterwards to increase the retaining power of the bladder, which was small, on account of the long duration of the incontinence of urine. However, she continues able to control the passage of urine though micturition is frequent.—*British Med. Jour.*

Cæsarean Section Performed by Mistake.—Loviot (*Répert. Univ. d'Obstét. et de Gynéc.*), early this year examined, with the patient's consent, a wet nurse, suspected of being pregnant. He recognized pregnancy at the third month. A few months later he heard that his patient did not believe that she was pregnant, and that she had been admitted into a hospital, where an operation was performed. A live infant was discovered. On making inquiries, Loviot found that abdominal section had really been undertaken. The surgeon, and also the obstetrician of the hospital, gave evidence as to the patient's statement that in her capacity of wet nurse she had not menstruated, and could not be pregnant. Relying too readily on the patient's assertions, an operation was performed, with the result as above stated.—*British Medical Journal*.

Rupture of Uterus and Vagina.—Dohrn (*Centralbl. f. Gynäk.*) relates how a woman, aged forty-one, in her eleventh labor, was driven in a sledge over eighteen miles to Königsberg last December. The presentation was transverse, and the uterus had been ruptured during an attempt at turning. The child was extracted, but not the placenta. She arrived in an exhausted condition, anæmic, and with distended abdomen. The funis hung out of the vulva, whence blood trickled rather freely. The vulva was at once cleansed by washing with a 5 per cent. solution of carbolic acid. A 1 in 1,000 solution of sublimate was used to swab the vagina, which was afterwards irrigated with boracic acid lotion. Then, on exploration, a large rent was found in the cervix, extending into the left vaginal fornix. In the rent were coils of intestine, and the placenta, which was extracted. After reduction of the bowel, over six yards of iodoform gauze three inches wide were passed into the vagina. A binder was firmly fastened round the abdomen. The patient at once began to recover. On the sixth day the tampon was removed. A little lochial secretion had trickled through it, but it was free from smell. On the fourth week the patient had an attack of pneumonia, from which she recovered. The uterus became fixed and dextroverted. According to Merz seven out of fifteen cases of ruptured uterus treated by the tampon recovered.—*British Medical Journal*.