tage, and sometimes with positive advantage.

After the legs have been suspended half an hour or an hour, it would usually be desirable to discontinue the position for a time, since it is tedious and may cause interference in the venous circulation of the legs and thighs. After a rest of an hour, the position can be resumed if necessary.

The application of the forceps in this position will probably be found less easy than in the classical lithotomy position. It may be that this difficulty can be remedied by placing the patient in the Trendelenburg position, in which the condition of extension would still be preserved.

The contribution of Walcher to practical obstetrics is certainly a valuable one, and will often prove as useful as it is simple and harmless.—*Med. News.*

RUPTURE OF THE UTERUS, WITH RECOVERY.—Queisner (*Centralbl, fur Gynäkologie*, 1895, No. 51, p. 1341) has reported the case of a woman, 38 years old, who in the course of her ninth labor experienced a sense of something having torn in the abdomen. The pains, which previously had been active, suddenly ceased, and the woman lost consciousness and presented the appearance of collapse. External examination showed the breech to be above and the head at the superior strait; the small parts could not be detected. On introducing the hand into the dilated os a uterine laceration, between four and five inches long, could be felt at the right side of the fundus, in which rested the right lower extremity of the fœtus, which projected into the peritoneal cavity through a tear two inches in extent. The umbilical cord was pulseless. The right foot was carefully drawn into the uterus, and version readily effected. The placenta was seated upon the anterior uterine wall, and was removed by the hand. After the removal of the fœtus the uterus contracted well upon the left side, the right half remaining relaxed and boggy. The pulse was improved by injections of ether, The hæmorrhage was slight and tamponade was unnecessary. A five-pound sand-bag was placed over the uterus, a bandage applied, and opium administered. The woman was out of bed on the 14th day. After the lapse of four months the uterus was anteverted and displaced to the right. Upon the right side a firm, sensitive cicatrix could be felt. Five months later the cicatrix could still be appreciated, but the sensitiveness was less. The only predisposing influence to which the rupture of the uterus could be related was the lifting of a heavy weight, as there appeared to be no disproportion between the uterus, the fœtus, and the uterine contractions.—*Med. News.*

DECIDUOMA MALIGNUM.—Apfelstedt and Aschoff (*Arcivd. f. Gynak.*,) add to medical literature two more cases of the remarkable disease generally known by the above title, though, on histological grounds, they believe that it should rather be termed chorioma malignum. The first patient, aged 33, aborted at the fourth month on October 4th, 1894. The membranes were passed unruptured. As usual in this newly-recognized disease severe uterine hæmorrhages followed the miscarriage. On Feburary 5th, 1895, a mass was removed from the uterus; as the membranes had been discharged entire it could not have been a placental polypus. On May 17th, the patient being worse, the curette was used. The masses removed were found to be sarcoma deciduo-cellulare. On May 24th the uterus was removed by Runge. The patient died on the twenty-sixth day. The uterus contained a malignant deciduoma, and there were metastatic deposits in both lungs and in the liver, pancreas, mesentery, intestines, and cancellous tissue of the head of one femur. The second patient was 42. She was delivered of a vesicular mole on March 21st, 1895. The left labium became swollen, and the swelling extended up the vagina; it was laid open on June 19th; then, to the surprise of the observers, tissue precisely resembling a vesicular mole was found growing from its walls. On June 20th similar masses were removed from the uterine cavity. Pyæmia, originating in suppuration in the cavity laid open in the labium, caused the death of the patient on July 25th. Metastatic deposits were found in the lungs and spleen.—*Brit. Med. Jour.*

ANTISEPTIC DOUCHES AFTER LABOR.—In the obstetric clinic the question is frequently asked, do you give antiseptic douches after labor? In answering this question Dr. Wills gives his opinion as follows: After a perfectly normal labor conducted under antiseptic precautions, in a clean room, the hands of physician and nurse having been perfectly prepared, and the patient a healthy woman, one free vaginal douche containing some mild antiseptic agent, such as creolin, lysol or boric acid, is sufficient, provided the vulva be kept covered with an occlusion dressing. Both the liquor amnii and lochia are in such cases sterile fluids, and infection is not likely to occur except from without, this being prevented by the occlusion dressing. When, however, the labor has been long, forceps have been used, or the physician's hand inserted within the uterus for version or removal of the placenta, or considerable laceration of the parts has occurred, an antiseptic douche may be used once a day for five or six days with good effect.—*Philadelphia Polyclinic.*