

now the most highly cultivated sphere of practice, we find that the men who are both physicians and surgeons, and something in addition, have not by any means neglected their opportunities or failed to advance the subject of their special care and study. At the late meeting of the British Medical Association, Dr. Wiltshire did good service in directing attention to the great improvement in practical results flowing from the improved character of the teaching in this department; but, perhaps, still greater benefit was conferred by his clear and forcible exposition of the lines and method in which this increased utility might be, and should be, still further extended. Upon the subject of puerperal mortality and its relation to obstetric teaching, Dr. Lombe Athill also, on the same occasion, gave utterance to facts and opinions of similar import; and these two speeches alone should suffice to mark an era in the history of the science. Henry L. Horton has this year warmly advocated the injection of atropine into the substance of the cervix uteri, for the purpose of diminishing the pains and shortening the duration of the first stage of labour. He cites eight cases in support of the practice. At the last meeting of the American Gynecological Society, Dr. Emmet read a paper on the necessity of early delivery, as demonstrated by the analysis of one hundred and sixty-one cases of vesico-vaginal fistula. Nearly all the speakers agreed that the forceps were less dangerous than delay. Hélot confirms Budin's statement as to the utility of waiting till pulsation in the funis stops before ligating it. Dr. Rigby, of Preston (Eng.), records a case of labour complicated with occluded double vagina, in which delivery was happily effected as far as the mother was concerned. The vaginal orifice was so small as to be found only with great difficulty, and the whole canal so contracted as scarcely to admit the finger. Barnes's water-bags accomplished dilatation of the vaginal canal in an admirable manner; a face presentation, mento-posterior, was found, and the long forceps applied, but craniotomy had ultimately to be resorted to. Dr. Albert S. Morton, of London, has the courage to put on record a case of breech presentation, in which he fractured the femur in endeavouring to draw

down the leg. Schülein, Münster, Schede, Schücking, Kehler, and Chamberlain record the use of antiseptic injections and lavations after every labour; and Zweifel, Langenbeck, and Richter record a similar practice in their hospitals, attended with excellent results. Küstner and Fritsch both report cases of sudden collapse, unconsciousness, and rapid pulse supervening on the injection of disinfectant solutions into the uterus immediately after delivery. Salicylic and carbolic acids were the disinfectants employed. Dr. Gœlet, of New York, reports a case of hour-glass contraction of the uterus before the expulsion of the fœtus. In an interesting discussion at the American Gynecological Society upon the subject of post-partum hæmorrhage, Penrose advocated swabbing the interior of the uterus with linen rags dipped in vinegar; White, of Buffalo, agreed that the practice was a good one, but recommended dilute alcohol or hot water. Thomas maintained that the careful prevention of clots collecting in the uterus would suffice in the majority of cases. Albert Smith agreed, stating that the law of the contractile tissue of the uterus makes it contract if it is empty—a clot acts like a splint, and so does a piece of retained placenta. Atlee and Barker thought that when the hand is introduced it should be allowed to remain until expelled by the uterine contractions. Prevention being better than cure, the lesson of the whole is this: that the fundus uteri should be gently, but firmly, grasped the moment the fœtus leaves the uterus, and that this preventive stimulant should not be intermitted until firm uterine contraction has been established and maintained. The hæmostatic effect of intrauterine injections of hot water has been amply attested during the year by numerous observers, foremost among whom stands Lombe Athill, the Master of the Rotunda. Large doses of turpentine in post-partum hæmorrhage has formed the theme of many minor contributors to the English journals during the year. Saint-Philippe, and Chantreuil, and others report favourably of the use of ergotin hypodermically. Chantreuil records four cases of post-partum anæmia wherein transfusion appeared indicated, but which were successfully treated