incision at the superior border of the symphysis in the middle line. The finger is passed down through this incision, pushing the tissue out of the road, and the posterior wall of the interosseus cartilage nicked by means of a knife. A curved needle is then inserted above the sheath of the clitoris close under the symphysis and guided upwards to the superior border of the bone, where the saw is connected with it, and the needle withdrawn. During this procedure the urethra may be held to one side by means of a catheter. Three or four movements of the saw are sufficient to cut through the cartilage. As a rule, after separation of the symphysis spontaneous delivery is awaited. The advantage claimed by the author for this method of operation is the avoidance of arterial vessels and its freedom from hæmorrhage.

He reports in detail three cases of successful operation. The idea that the cartilage does not heal as well as bone is, he thinks, unlikely, from his experience. He then discusses the objections of Gigli and Henckel to opening the symphysis because it is a joint; and agrees with Stoeckel that this position is untenable, as there exists no synovial membranes or synovial fluid in connection with the so-called joint. In conclusion, he thinks that in the case of pubiotomy, the enlargement of the pelvic girdle, obtained thus by symphysiotomy, is permanent and subsequent births may occur spontaneously.

JARDINE, ROBERT, M.D. I.—"Eclampsia during Pregnancy; Death from Suppression of Urine; Extensive Infarction of both Kidneys." II.—"Eclampsia during and after Labour; Recovery after upwards of 200 Fits." *Jour. Obstet. and Gyn. Brit. Emp.*, July, 1906.

Two interesting and unusual cases of eclampsia are recorded by Dr. Jardine. The first, a VII-para, æt 36, seven months pregnant, was admitted to the Glasgow Maternity Hospital suffering from fits. The usual premonitory symptoms had been present the day before admission. Venesection and transfusion of 2 pints of saline, followed by washing out the stomach, administration oz. 2 of Epsom salts, colon irrigation and hot packs were immediately employed. Within a few hours reaction took place and the next day the patient passed 35 oz. of urine containing a small quantity of albumen and over 1½ per cent. of urea, though there were granular casts, but no blood present.

The next day she was delivered of a seven months fetus, presenting the breech. The after-coming head was gripped by the cervix and chloroform had to be given to get it through. Vomiting began shortly after delivery and persisted for some hours, and but very little urine was passed, this showing a very small quantity of albumen and 1¾ per cent. of urea.