the obstetrician finds that it is adherent. In two cases where he acted thus and a small piece of placenta remained, the uterine cavity and vagina were plugged with iodoform gauze. The plugs and the remains of the placenta were spontaneously discharged. Of course care must be taken lest fragments of membrane remain after the placenta has come away entire.—*British Medical Journal.*

Breech Presentations.—Ettienne reports a series of fifty breech labors, with viable fetuses, with no infantile mortality—a remarkable result, considering the usually accepted mortality of 10 per cent. or even 25 to 33 per cent. (Hegar) in primiparous cases. Ettienne's cases were conducted in the Nancy lying-in hospital between 1883 to 1891; there were seventy-six cases in all; but twenty-six were rejected in which the fetus was either dead ante-partum or non-viable. The secret of the success in the Nancy clinic is a skilfully exerted suprapubic pressure during the extraction, whereby the extension of the head and the slipping up of the arms are prevented. This is no new manœvure; it has long been taught in the best schools, and its importance is occasionally emphasized in journal articles. It is probable that the usual mortality, while partly due to a general want of obstetric skill, is almost entirely attributable to the want of intelligently applied *vis a tergo* while the operator is making traction on the child's legs and trunk. Unquestionably well directed pressure in the proper axis on the fundus uteri through the adominal walls will almost invariably prevent the extension of the head and the upward displacement of the arms; and consequently it should be an invariable rule of practice that the obstetrician should have with him, during the second stage of breech cases, a skilled assistant. It is not enough to send for assistance after the arrest of the head has taken place, for then it is too late. We are confident that if the above rule is conscientiously followed, the fetal prognosis in breech cases will be greatly improved.—*Columbus Medical Journal.*

Child Crying in Utero during Version.—Dr. E. Grandin (*New York Journal of Gynæcology and Obstetrics*, April, 1894) observed this phenomenon during turning. The child was large and the pelvic brim contracted. As the foot appeared at the vulva, the child's head occupying the upper uterine segment, a distinct cry was heard resembling that of an angry child. With each traction of the foot the cry was repeated, being heard by Grandin, Marion Sims, and two nurses. With emergence of the trunk the crying ceased. The child was born asphyxiated, but speedily revived. The air passages contained no liquor amnii. M. McLean has recorded a similar case. The explanation was simple: Air obtained entrance into the uterus during the first step in podalic version. S. Marx, in a case of contracted pelvis, attempted to deliver rapidly by introducing the hand and seizing the leg. The child cried during this manœuvre, as though smothered under a pillow. It was born asphyxiated, and could not be resuscitated. H. L. Collyer heard a child cry several times when traction was being made on its head with forceps. At once turning was performed, but the child was born dead.—*Medical Record.*

GYNÆCOLOGY.

Treatment of Acute Metritis.—The following treatment of acute metritis is given in the *Revue Obstretricale et Gynecologique*, March, 1894: Absolute rest, laudanum fomentations upon the stomach, frequent hot irrigations with emollient and slightly aromatic liquids. The following represents an excellent formula:

℞ Chloral,
Naphthoi,
Alcohol, of each.....ʒii.
Water .....ʒviii.

A tablespoonful of this mixture is added to a quart of hot water. After each injection there is placed in contact with the os a pledget of absorbent cotton soaked in the following mixture:

℞ Iodoform.....ʒi.
Chloral .....ʒi.
Glycerin .....ʒiii.

In case of very severe pain, blisters applied to the abdominal surface give relief, or in milder cases these may be replaced by compresses sprinkled with turpentine or alcohol and covered with oiled