

risks of permanent impairment of vision. This is a serious point, well worthy of consideration, and in future obstetricians will be well advised if they adopt the suggestion to empty the uterus as soon as, at latest, ophthalmoscopic examination reveals the familiar and easily recognized signs of albuminuric retinitis. There remains as an additional reason for adopting this course the fact that even in women who either do not have, or who survive, the fits, the kidneys do not always recover from the disturbance to which they have been subjected, and the patient not unfrequently remains the victim of chronic Bright's disease. On these grounds, therefore, severe albuminuria ought to be added to the list of indications for the induction of premature labor without waiting for the super-vention of eclamptic convulsions before coming to a decision. This is not a specialists' question. It is one which any practitioner may be called upon to consider at any moment, and it is to be hoped, in the best interests of his patient, that he will henceforth recognize the extreme and manifold gravity of the risks attending the continuance of albuminuria in pregnant women.—*The Medical Press*.

**Delivery in Uterus Duplex.**—Von Dittel (*Centralbl. f. Gynäk.*, No. 25, 1894) observed this case. The patient was a healthy primipara. The last period occurred on April 15th, 1892. Pains set in on January 10th, 1893, at 6 a.m. The pelvis was normal. The vagina was found to be double, having a perfect septum. The right vagina led to a perfect portio vaginalis with an os externum which admitted the tip of the finger. The left led to a dilating os, with protruding membranes and breech presentation. The septum was completely torn through as the breech descended, excepting at the vulva and a strip which joined the remains of the septum at the vulva. It was proposed to tie and divide this strip, when it became stretched and was torn asunder. At 10 p.m., on January 10th, the labor ended, after manual assistance. The torn ends of the strip of septum required ligature, the placenta followed rapidly, and there was no fever in childbed. The child was a living male, over 18 inches long and  $5\frac{3}{4}$  lbs. in weight. Fourteen days after delivery, a crest was found to represent anteriorly and pos-

teriorly the attachment of the septum complete before labor; the lowest part and the remains of the strip, which gave trouble during delivery, still existed. The bodies of the uteri seemed quite separate. The left or puerperal uterus was ante-flexed and as big as a man's fist; the right was stretched and as large as a fig. Three months later the left uterus had not undergone complete involution, and the right lay more backwards.—*British Medical Journal*.

**Pregnancy and Heart Disease.**—Solovieff (*Annales de Gynéc. d'Obstét.*, April, 1894) read notes of five cases at a recent meeting of the Moscow Obstetrical Society. The patients were admitted in the fifth, sixth, eighth, eighth and a-half, and ninth month, respectively, with severe symptoms of mitral incompetence, with or without stenosis. The first patient was delivered of a dead child; abortion was induced in the second. In the third and fourth, dilatation of the cervix and podalic version without chloroform were practised. The fifth was delivered spontaneously after dilatation of the cervix. All the women rapidly recovered; three of the children were saved.—*British Medical Journal*.

**Adherent Placenta.**—Poitou-Duplessy (*Archives de Toccol. and de Gynéc.*, May, 1894) read a case at a meeting of a French society, which gave rise to an interesting discussion. The placenta adhered. Its removal was at once attempted, but as there was much resistance at the cervix and as all hæmorrhage had ceased he did not persevere in his attempts until a few hours later, when the flooding reappeared. Guéniot said that adherent placenta was the most serious of all the more frequent complications in obstetrics. The degree and extent of the adhesion can never be absolutely determined. Poitou-Duplessy had done rightly under the circumstances. In one case, where Guéniot attempted to remove the adherent mass entire, the patient died. A piece of tissue was found, firmly adherent, and also a perforation through which the finger could be passed. Parak related two fatal cases of retraction of the cervix after delivery of the foetus and before expulsion of the placenta. Charpentier insisted that, as a rule, the placenta should be delivered artificially directly