

ing nor fever were observed. In six instances the patient recovered. The curette and dilator, etc., were used in one for diseased appendages, after Doleris' principles. There was delirium for a few days. The same phenomenon was seen in a patient on whom he operated for prolapse and cystic cervicitis; this case was alcoholic. In a case of procidentia, the patient being 52 years old, symptoms of melancholia had been seen before a plastic operation for procidentia. Afterwards she was troubled for a time with acute delirium and ideas of persecution, etc. A nervous young Syrian woman had fits of violent fear after an operation on the cervix. Lastly, a stout phlegmatic woman had acute delirium and insomnia after an operation for prolapse. No other neuroses of the kind have been noted by Doleris in the course of about 2,000 similar operations.—*Br. Med. Jour.*

MEDIEVAL GYNÆCOLOGY.—Dr. W. S. Robertson gives (*Edinburgh Med. and Surg. Jour.*) the following description taken from the works of Father Mayster Alexis, of Pimont, who lived in the latter part of the sixteenth century. The tampon and postural method were evidently well known at that time: "To heale a woman that has the matrice out of her natural place. Take a flint stone that hath been alwaies in the earth and not taken the aire, and put it in some basket covered in a great fire, and when it is verie hotte put it in a little tubbe or barrell, and wet it with vinegar cast upon it, and cause the woman to stand over it to receive the smoake or parfume of it, and then let her goe to bed. Ye shall after this take the juice of Rue and make a little rounde ball of cotton, whereunto ye shall tie a threede, and then dippe the said ball in the saied juice of Rue, and put it into the mouth of the matrice, the whiche will incontinent take the ball and drawe it in, and then it will return into his natural place again. But you must binde and tie the ball sure and well, least peradventure it should remaine within. After this an ointment is to be applied to the reynes of her backe, and laye hotte towes upon it, and then swaddle her as women do young infantes. And so she must be laied in her bed with her bellie upwarde and her heade lower than her buttockes. This must ye doe from night to night three times, and she shall be healed. She must also eate hot things in operations, as pigeons and hennes, with spices and other like things.—*Med. Rec.*

BLEEDING FROM VARICOSE VEINS OF THE VAGINA AND VULVA AS A COMPLICATION OF LABOR.—Thiele (*Deutsche medicinische Wochenschrift*, 1895, No. 50) reports the case of a multigravida who was seized with hæmorrhage from the vagina. On examination the source of bleeding was found to

be varicose veins in this region. The hæmorrhage became severe, and was checked with the application of ice and iodoform-gauze tampon. Repeated transfusion of saline solution was also practised. The patient came into labor, and was delivered spontaneously of a dead child. Profuse bleeding from the vagina and urethra occurred. The patient made a slow but uninterrupted recovery.

He also reports the case of a multigravida with valvular heart-lesion, who was taken with severe bleeding from the varicose veins of the labia. While the midwife in attendance was cleansing the patient the left labium ruptured, and profuse hæmorrhage followed. The child's head was perforated, and at once extracted during very severe hæmorrhage. Bleeding continued until the uterus was completely emptied. The ruptured veins were then closed by suture, and the patient made a prolonged recovery.

DELAYED PUERPERAL INFECTION.—Dolérus points to the established fact that the bacilli of infection may be temporarily innocuous until some incident again arouses their former virulence. Thus it comes that an infection which has been latent for weeks or months suddenly flares up with surprising intensity. He refers to cases of mild puerperal infection which during the puerperium gave either very slight or no symptoms at all. Weeks later, owing to some influence unknown, the latent bacteria are again aroused to activity and produce serious symptoms of puerperal infection. Infection may also occur some time after labor or puerperium, which may still have a puerperal character, because the sexual organs have not regained their former condition and still possess a special morbid receptivity.

A CONTRIBUTION TO THE PHYSIOLOGICAL ANATOMY OF PUERPERAL ECLAMPSIA.—The various organs of two cases of eclampsia were subjected by Leusden to a minute microscopical investigation. He gives his results as follows: I have found nothing which indicates the infectious (bacteria) origin of puerperal eclampsia. The probability is that a toxic substance circulating in the blood is the cause of the eclamptic attacks. The changes in the kidneys are the principal organic lesions. The placental giant cells which are found in the lungs are neither a cause nor a result of eclampsia. The embolism of these cells is only an accidental coincidence. Even the most careful searching failed to show emboli containing liver cells. The minute necrotic changes in the parenchyma of the liver, present in both cases, could not be connected with the cause of eclampsia. The hyaline (fibrous) thrombi of the lung and liver capillaries are the result of secondary changes (uremic?) which occur independent of eclampsia.