

vagina from decomposition. This tampon, above described, may be left in the vagina for several days at a time, and it will remain neat and sweet, and will not irritate the membranes with which it comes in contact.

Some of the tampons that are made after my description will not have a projecting tuft of wool at the lower end, and the makers will wonder why the apparatus does not stay in the vagina better. A majority of first specimens will be wound so tightly that the uterus will be irritated, or so loosely that the uterus is not comfortably supported.

The wool spoken of is surgeon's wool. To be obtained at all wholesale drug houses at about \$1.50 per pound.

INDUCTION OF PREMATURE LABOR.

In a lecture on this subject (*N. Y. Medical Journal*), Dr. Wm. M. Polk said, that this operation was much more common than formerly. In former times it was thought that the mother's life should not be considered so long as she could be delivered of a living child; and in France and some other countries this rule still holds good. In this and in most other civilized countries the mother's life is considered of greater value than that of the child.

He enumerated many of the causes which tend to threaten the life of the mother, most of them by producing extreme exhaustion.

Dr. Polk advises that consultation be obtained in every case where it is possible, before determining such an important question. He gave the following rules as to the length of time one can wait.

If you have a woman with a pelvis only two inches and three-quarters in diameter antero-posteriorly, you should induce premature labor at the seventh month. If you have a conjugate diameter of three inches, you can put off the induction of premature labor to the thirty-third week; if the diameter is three inches and a quarter, you may wait till the thirty-fourth or even the thirty-sixth week; and if the diameter is three inches and a half or over, I think you can safely let the pregnancy go on to term, and the chances are that by performing version you will then be able to extract the child alive. These are the general rules for determining the best time to induce premature labor in cases of deformity of the pelvis; but when the deformity is not in the bony structures but in the soft parts, remember that the impeding mass will now bear a certain amount of compression, and so in estimating the diameter of the outlet you should introduce your hand into the vagina and compress the swelling as much as you can, and then measure the distance between it and the opposite wall of the pelvis while you keep up the pressure on the tumor.

In regard to Bright's disease as a complication,

he says, the development of edema of the lungs in connection with convulsions of albuminuria is a complication from which few escape with their lives.

In those cases in which pregnancy is complicated with kidney disease, the physician is brought face to face with one of the greatest responsibilities that he is ever called upon to bear, in determining the exact danger to which his patient is subject. He says so long as the patient is passing plenty of water and the specific gravity remains high, even though it contains a very large amount of albumen, if she does not complain of persistent headache, she is doing well enough and by well directed therapeutic measures she may be brought through to full term.—*Weekly Medical Review*.

A POSSIBLE CAUSE OF PELVIC DISORDERS IN WOMEN.

Amidst the excitement and enthusiasm attending the treatment of pelvic disorders in women, both from a medical and surgical standpoint, it is not improbable that a possible cause of these disorders may have been overlooked. Some years ago a professor of obstetrics and gynecology was considered of little advantage to a college unless he had performed ovariectomy, and when a new man was to be selected, the first question was: How many ovariectomies has he done? To illustrate the point we would make, let us take for example, the case of parturition, and it is well known that many of these arise in connection with the first confinement. There is strong uterine contraction, and it is not beyond the possibilities that in these strenuous efforts on the part of the patient, that some portion of the liquid contents of the womb may find its way into the peritoneal cavity, there to set up inflammatory action. True, this inflammation may be of such a limited character that nothing will come of it, and the patient being compelled to remain in bed for a reasonable time, nature will do much to overcome the disposition of the inflammatory product to increase, while the germs of infection may remain. Time only and favorable conditions are demanded for the development of abscess, cellulitis or other affection, and to save the patient's life, laparotomy is the only course left. Medical treatment is powerless to combat the disease, and in view of the knowledge we now possess regarding such conditions, is worse than useless. It will be said, however, that the dangers are remote, that the objection is trifling, and a pyramid of statistics will be erected to show the improbability of such an unfortunate result, but the fact remains that many of these cases date the beginning of their trouble from an unfavorable confinement.

In the study of this subject, a line must be drawn somewhere, and usually it is drawn in connection with the use of intra-uterine irriga-