## GYNÆCOLOGY

UNDER THE CHARGE OF S. M. HAY, M.D., C.M., GYNAECOLOGIST TO THE TORONTO WESTERN HOSPITAL.

## PUERPERAL TETANUS.

Tetanus in the puerpera furnishes a special opportunity for the study of this still mysterious disease. The difficulties attendant upon infection in many puerperal cases, the differences in findings, the extreme mortality of the type, all demand special consideration. In a paper read recently before a Strassburg medical society (Deutsche medizinische Wochenschrift, September 19) Freund reported three fatal cases of puerperal tetanus. One followed manual delivery, the others were abortions induced by introducing familiar objects, one wooden, into the uterine cavity. In none of these cases was there found any trace of a bacillus, either in the uterine secretions, the dust, or garden soil. Animal antitoxin had absolutely no favorable influence, while opiates gave temporary relief. In this connection Freund cited a case of tetanus neonatorum due apparently to the application of wood dust in the umbilical stump. In this case, in contrast to the preceding, the tetanus germ was found in both the secretion of the navel and in the wood dust. The paper gave occasion for considerable comment. One member of the society cited a case of inversion of the rule that prolonged incubation means a more favorable prognosis. In a case of only two days' incubation period, recovery promptly followed antitoxin exhibition. Unusual was the fact that in this case injury of the knee was first succeeded by stiffness of the corresponding leg. Only later did tetanus proper follow. Ledderhose is so impressed with the frequency of splinters and other wooden articles in causing lockjaw that he always insists on a prophylactic injection of antitoxin in wounds of this type.—Med. Record, Oct. 19.

## VACCINES IN PUERPERAL SEPIS.

Rowlette (Journal of Obstetics and Gynacology of the British Empire, June, 1912) reports a series of cases of puerperal sepis treated by vaccines. His method of making a bacteriologic diagnosis, which is first necessary, is that of Dæderlein. He introduces into the uterus through a speculum, a sterile bent glass tube and applies suction by means of a syringe. The tube is then withdrawn, sealed, and sent to