

case he had recorded a few years ago, where one of his consultants clung to the diagnosis of malaria in the face of a metastatic abscess on the wrist. This case he had considered pure septic pyæmia. He was convinced that peri-uterine exudations were often overlooked, for the simple reason that careful vaginal examinations were not resorted to. These were, of course, the very cases where intra-uterine irrigations would be productive of harm instead of good.—*Am. Jour. of Obstetrics.*

#### THE MANAGEMENT OF PLACENTA PRÆVIA.—1.

In any case, avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hemorrhage. At the very first, the patient should be put in a state of absolute rest, body and mind, and a mild opiate is often desirable at this stage, to quiet irritation.

2. Inasmuch as the dangers from hemorrhage are greater than all else, to both mother and child, at the earliest moment preparations should be made to induce premature labor, and labor being once started, the case should be closely watched to its termination by the accoucheur.

3. In primiparæ and mothers with rigid tissues, the vagina should be well distended, by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

3. In the majority of cases, and in all cases, especially where there is reason to believe that rapid delivery may be required, it is more safe to rely on the thorough, continuous, hydraulic pressure of a Barnes' dilator than on pressure on the fetal parts.

5. Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot and leaving one thigh to occlude and dilate the os, may be practiced, according to the method of Braxton Hicks, except in cases where the head presents well at the os, when,

6. The membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

7. In the majority of cases, podalic version is to be preferred to the application of the forceps within the os.

8. In some cases, in the absence of assistance or the necessary instruments, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by the uterine contractions and the voluntary efforts of the mother. In cases of favorable presentation—occiput or breech—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta and child will be expelled rapidly and safely without artificial assistance.

9. The dangers of septic infection by means of

the tampon or india-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

10. Whenever it is possible, dilatation and delivery ought to be deliberately accomplished, in order to avoid maternal lacerations.

Finally. As cases of placenta prævia offer special dangers from post-partum hemorrhages, septicæmia, etc., the greatest care must be exercised in every detail of operation and nursing to avoid conveying septic material to the system of the mother. M. McLean in *Am. Jour. Obstetrics.*

#### BICHLORIDE OF MERCURY IN UTERINE CATARRH.

—I have been using a solution of bichloride of mercury as an application to the cervical canal and uterine cavity in cases of chronic mucopurulent discharge. Originally it was suggested to my mind by some considerable success with the same agent in gonorrhœa, as recently recommended. The suspected relation between many chronic inflammatory conditions of the female genital organs and gonorrhœa still further suggested the use of the bichloride, though in much stronger solution. One-half to one grain to the ounce of water was the strength I employed, and, on trying it, my success was so much better than ever before that I have continued to use it in all possible cases of the kind. It has several manifest advantages. Applied with the cotton-wrapped applicator, it excites no immediate uterine contraction, as iodine, carbolic acid, and other agents generally do. This enables one to make two, three or more applications in rapid succession, and affords a much better chance for reaching the entire endometrium. It leaves behind it no coagulated mucus, or film of chemically-altered epithelium, as carbolic acid and nitrate of silver do, to be detached and expelled subsequently by a process almost necessarily involving fresh supuration. A similar solution may, as a final measure, be applied to the whole vaginal membrane as the speculum is withdrawn, and irrigation with hot water or a very weak solution of bichloride continued for some days. In obstinate catarrh of the cervix, with almost endless ropy secretion, I have also had good success, while I do not remember, after many trials, any success worth mentioning with any agent employed previously. In nearly all the cases two or three applications entirely checked discharges of long standing. Sometimes they recurred at the monthlies, but were again checked for good apparently by another application. In two cases single applications did the work, and out of the twenty-three cases treated solely in this way, two only resisted treatment, and were complete failures.—*Dr. Watson, Therapeutic Gazette.*

AVIAN TUBERCULOSIS.—The study of comparative pathology will, it may be hoped, ere long at-