

OBSTETRICS

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Ophthalmia Neonatorum.—The frequency and prevention of this disorder are considered in the public health report of the city of London, on which an abstract is made in the *British Med. Jour.*, September 16, 1916. 537 cases during a year were investigated, of which 456 completely recovered. In 6 there was permanent impairment of vision, in 1, definite history of gonorrhea in both parents, and both eyes of the child were affected from the moment of birth. Instructions were given to take the child to the hospital for treatment, but this was not done, and the child became blind in both eyes. Among the mothers there was a history of vaginal discharge in over one-third of the cases, 39.6 per cent. Among the children having ophthalmia 20 died while suffering from the disease. In 53 cases the parents took the child from observation before a definite termination of the case had occurred.

Lumbar Puncture in the Fetus.—COSTA (*Jour. Ann. di Ostet.*, No. 6, 1916) discusses the problem of lumbar puncture upon the fetus in cases of breech presentation where birth is difficult because of contracted pelvis in the mother, or excessive development in the child. He described a case of contracted pelvis with a conjugate avara 7.4 cm. in which lumbar puncture was done upon the fetus in breech presentation, resulting in the spontaneous expulsion of a female child weighing 3200 gm. and 50 cm. in length. The fetus died on the fourth day after birth from general debility, and a careful examination failed to disclose any injury to the nervous system resulting from the lumbar puncture. Other similar cases are cited, and the conclusion of the writer is that this method has a distinct field of usefulness, especially in cases in which there is moderate pelvic contraction.

Rupture of the Scar of a Previous Cesarean Section.—FINDLEY (*Am. Jour. Obst.*, September, 1916) has collected 63 cases in which rupture of the uterine scar has occurred in patients upon whom previously Cesarean section had been performed. The analysis of these cases shows that a perfectly healed scar may be relied upon to resist the force of labor, but as one cannot tell what happens to the Cesarean wound after operation in most cases, every precaution must be taken to secure accurate and aseptic union. The principles of suture produced by Säger which call for the accurate closure of the uterus muscle separately, followed by closure of the peritoneal covering of the uterus, must be strictly followed. A second important factor is absence of infection. There may be present a latent gonorrheal infection which may defeat the most careful efforts to secure a perfect healing. When after Cesarean section the patient's convalescence has been complicated