OBSTETRICS.

UNDER THE CHARGE OF

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Protargol in Ophthalmia Neonatorum.—PIOTROWSKI (*Centralblatt für Gynäkologie*, 1901, No. 31) has employed protargol in varying solutions in a large number of cases for catarrh of the conjunctiva. The result of his experiments has been the adoption of the following method: Immediately after labor the lids are cleaned with 3 per cent. boric acid solution and the eyes thoroughly irrigated with 10 per cent. solution of protargol. Secondary catarrhs have not followed this practice, and it has proven thoroughly satisfactory.

Rupture of the Symphysis.—RUTH, from the clinic at Riga, reports in the *St. Petersburger Medicinische Wochenschrift*, 1901, No. 24, the case of a patient who had borne a child and gave a history of uninterrupted health. In her second labor she was attended by a midwife, who examined her without antiseptic precautions. As birth did not proceed, the midwife endeavored to pull out the head with her hands, and, failing in this, physicians were summoned, who delivered the child with much difficulty by the use of forceps. There was an extensive laceration and hemorrhage. The patient became septic, and in this condition was seen by Ruth.

On examination the bladder was found intact. The lacerations had not healed. An abscess was found behind the symphysis, and a fistula leading thence into the connective tissue of the pelvis. The symphysis had been ruptured extensively. The abscess was opened and drained, the patient freely stimulated, but succumbed to septic infection. At autopsy the septic process was independent of the rupture of the symphysis, and no direct connection could be traced between the abscess cavity and the joint.

Contributions to the Pathology of the Newborn.—In the *Comptes Rendus de la Société d'Obstétrique, de Gynécologie et de Pédiatrie de Paris*, 1901, vol. iii., PORAK and KATZ report the case of an infant, about one month old, born in spontaneous labor, who had after birth intense icterus and failing respiration. Convulsions supervened, limited to the face and eyes. The child died in a convulsion. Upon examination an extensive cerebral hemorrhage limited to the right ventricle was found. It seemed most probable that an acute infection was the cause of the hemorrhage.

Softening of the cerebral hemisphere in a nursing infant was also observed in the case of a child born in the eighth month of pregnancy and delivered in an easy labor. The child had no symptoms pointing to cerebral disease, and seemed to perish from weakness. It lived thirty-six days after birth.

A congenital diaphragmatic hernia was reported by the same observers in a child born of a multipara strong and healthy. The child presented no apparent malformation, breathed badly, became rapidly cyanosed, and perished. It was noticed that the apex of the heart beat upon the right side instead of upon the left. In the left half of the chest there was resonance over a greatly distended intestine. Upon autopsy the left half of the chest was filled with the intestine. The left lobe of the liver was behind the costal cartilage. The stomach, duodenum, pancreas, and spleen were also within the thoracic cavity. This rare condition could not be traced to violence, and must be considered as a congenital malformation.

Fatal Poisoning with Bichloride of Mercury.—LA PAGE (*Comptes Rendus de la Société d'Obstétrique, de Gynécologie et de Pédiatrie de Paris*, 1901, vol. iii.) reports the case of a woman who had an abortion and in whose case it was proposed to curette the uterus and douche it with a solution of carbolic acid. By mistake a strong solution of bichloride of mercury was allowed to run through a catheter into the uterus. The woman was at once washed out with sterile water and packed with gauze.

The patient speedily developed suppression of urine, mercurial diarrhoea, and delirium, and died. An autopsy could not be obtained. Before death she suffered greatly from irritability of the bladder, diarrhoea with tenesmus, and exceedingly fetid discharges.

[This case may serve as a reminder that bichloride of mercury is an unsafe substance to introduce within the uterus. In ordinary dilutions its employment has been followed by fatal absorption.]

Extra-uterine Fœtation.—MALCOLM (*British Medical Journal*, July 13, 1901) describes his experience in cases of extra-uterine fœtation. He draws attention to the fact that the fœtal bones may be retained for a long time with comparatively little injury, and describes the case of a patient upon whom he operated for ovarian tumor, removing at the same time the bones of a fœtus that had died seven years before. They lay between the ovarian cyst and adherent coils of small intestine, and could not be left. He compares the growing ovum to an ovarian tumor developing deeply between the folds of the broad ligament, and those anatomical relations which the operator will find are much the same in the two cases. As illustrating the obscurity of diagnosis with many of these patients, he describes the case of a woman, married twenty years and having two children, the younger eighteen years old. She had discharges from the uterus and irregularities of menstruation for fifteen or sixteen years. She had been seized with sudden illness some weeks before coming under observation. Upon examination a large mass was found in the pelvis, and when the febrile symptoms and pain abated a rounded tumor was found fixed in the hollow of the sacrum. Upon operation the mass was a collection of blood, due to the rupture of the Fallopian tube.

Rupture of the Uterus in a Multipara.—SIMPSON (*British Medical Journal*, July 13, 1901) reports the case of a woman, illegitimately pregnant, who was taken in labor when alone. When seen the patient was dying, the