tolerance of the patient. The result is a drying and hardening of the tissues, retardation of the growth, and diminution of the bleeding and foul discharge. The result is only palliative.

PREGNANCY AFTER SALPINGO-OVARITIS AND SUPPURATIVE PELVIC PERITONITIS (TWELVE CASES).⁷

This anonymous article makes a very strong plea in favor of the conservative treatment of these affections. As regards the question whether in cases of peri-uterine inflammation, which he admits are generally of infectious origin, the better operation is, according to Lawson Tait, the removal of the appendages, or, following Péan and Segond, total extirpation per vaginam, the author considers the latter course more logical. But he is of the opinion that in many cases a conservative treatment will result in complete functional restoration to health.

He bases his views on his own clinical experience, and gives the histories of twelve cases of these severe inflammatory affections in which more or less prolonged local treatment was followed by pregnancy. With the exception of one case where there was placenta previa with a very large fetus, and death followed immediately from post-partum hemorrhage consequent upon uterine inertia, the pregnancy in every case was normal, without accident of any kind, confinement easy, and the puerperium satisfactory.

The author says he is convinced that the influence of these peri-metric inflammations upon pregnancy is generally null. In fact he considers that it has a happy influence upon the pelvic conditions which follow the original trouble.

COMPLETE VAGINAL HYSTERECTOMY.

Richelot⁸ describes a new method of operating for fibroids which merits notice on account of its simplicity. The operator stands between the patient's legs and makes the abdominal incision. The tumor is then delivered, and if large is enucleated either as a whole or by morcellement. The peritoneum is then stripped off the anterior uterine wall, so as to free the bladder. The index and middle finger of the left hand are then inserted into the vagina and pressed up against the anterior cul-de-sac. These are cut down upon from above with the scissors, the vault perforated in the middle, and the vaginal insertion divided as far as the sides of the broad ligaments. With the thumb in front of the ligament and the fingers behind, perforate the posterior cul-de-sac at a point which will enable the whole broad ligament to be grasped by a large pair of forceps. The same is done on the other side, and all that remains to be done is to separate the rest of the posterior cul-de-sac. An iodoform gauze dressing completes the operation. The author has operated this way three times, the time occupied being forty-five, thirty-five, and thirty minutes including the suture of the abdominal wound.

CLINICAL RECORDS.—*Athlete*: "Did — I — break it, doctor?" *Doctor*: "Your arm is crushed, your collar-bone broken, your skull —" *Athlete*: "But — have — I — broken —" *Doctor*: "What?" *Athlete*: "The — record?" — *Exchange*.

⁷ Arch. de Toc. et de Gyn., August, 1895.
⁸ Loc. cit.

New Instruments.

NEW INSTRUMENTS.

BY EDGAR GARCEAU, M.D., BOSTON,
Surgeon to Out-Patients, Free Hospital for Women.

HYSTERECTOMY HOOK AND GUIDE.

In performing the operation of vaginal hysterectomy according to the method of Péan, this instrument will be of service. It is simply a blunt-pointed hook (Fig. 1) on the end of a staff. The staff itself is grooved on the surface corresponding to the hook; the groove serves to guide the scissors in slitting the anterior wall of the uterus, while the hook serves to pull the organ downwards. The staff is made of pliable metal, which is at the same time firm; it can therefore be bent to conform to the canal of the uterus.

Those who have not seen the operation in which the uterus is made to descend by splitting up the anterior wall after preliminary hemostasis of the uterine arteries can form no idea of the simplicity of the thing. The fundus is everted with ease, even when there are considerable adhesions or when the ovaries are cystic and so cause obstruction to the descent. There is, however, at times some difficulty in finding the canal when the cervix has been amputated, and it is to obviate this difficulty that the instrument was devised.

Three advantages are claimed for it. In the first place, traction downwards can be made, the hook being imbedded in the uterine wall anteriorly; in the second place, it serves as a guide, telling the operator the exact position of the uterus, so that wounding the viscera may be avoided; and, finally, the groove serves as a director along which the straight scissors slide.

MODIFICATION OF KELLY'S CYSTOSCOPE FOR EXAMINATION OF THE FEMALE BLADDER.

Kelly's instrument is very familiar to the profession at present on account of the great aid it has given in diagnosing previously-obscure diseases of the female bladder. Now, the diseases attributed to the vague action of the *reflexes* is rapidly diminishing, and it is probable that this is truer of the bladder than of any other organ in the body. A simple hyperemia of the urethra is much more common than is generally supposed, and this alone is sufficient to upset a woman's nervous system completely. Inflammations of the neck of the bladder, as well as ulcers, tubercles and other lesions of the bladder itself, hitherto explained by the term *irritable bladder*, are now diagnosed with accuracy by actual inspection. The study of the ureters is also easy. With Kelly's instrument a sound can be passed directly up into the pelvis of the kidney, and the conditions here be ascertained. In short, a revolution has been accomplished by this little instrument.

The method of using it is simple. It is introduced into the urethra and into the bladder after preliminary deadening of sensibility by means of cocaine. Light is then reflected into it by the head mirror, and all parts of the bladder are inspected with ease. I found, however, that the urine which continues to be secreted while the instrument is in place gave a great deal of bother and that much time was lost in removing it with Kelly's suction bulb, so that the membranes of the bladder could be inspected. At times, too, if the woman stirred at all or happened to cough, and the

urine had collected in any amount, the whole quantity would be suddenly expelled and go over everything, making the woman very uncomfortable and very much annoyed. The best way out of the difficulty seemed to be to remove the urine just as fast as it was secreted; by so doing much time would be saved and much annoyance avoided.

The modification which I have made in Kelly's instrument is simply a little tube of small bore which is soldered into the speculum (Fig. 2) in such a position that when the handle of the speculum points towards the woman's right thigh, when the speculum is in the bladder, the little tube lies at the lowest part of the speculum, so that every drop of urine is taken up by it. If now a Davidson's syringe is attached to the outer end of the little tube every single drop of urine can be sucked out as fast as it is secreted. The bulb of the syringe can be held by the same hand that holds the handle of the speculum so that an extra assistant is not needed. It is possible to make applications to the bladder wall or to the urethra in about one-third of the time that it would otherwise take, and when it is considered that time is an important element, the advantage is considerable. The little tube being soldered in the speculum is, of course, stationary; it does not, however, take up so much room that it interferes in any way. The obturator has a groove filed in it so that it can be inserted over the little tube. There is one detail which is worth mentioning, and that is that the little tube reaches quite to the end of the speculum and is occluded at its extremity, otherwise the bladder wall would choke it up and the syringe would not work; the holes through which the urine is sucked are three in number, one on each side close to the extremity, and one a little higher up.

The instrument can be obtained at Codman & Shurtleff's.

Reports of Societies.

AMERICAN ORTHOPEDIC ASSOCIATION.

NINTH ANNUAL MEETING, CHICAGO, SEPTEMBER 17, 18 AND 19, 1895.

THE Society met in the Columbus Memorial Building, 103 State Street, and was called to order by the President, DR. JOHN RIDLON, of Chicago.

After the transaction of some routine business, the President delivered his Address. He selected for his subject

THE GROWTH AND PROSPERITY OF THE AMERICAN ORTHOPEDIC ASSOCIATION.

He said if one thing more than another had been instrumental in bringing about the present healthful organization, it was a wisely framed Constitution and By-Laws and a strict adherence to their requirements. To become a member, the candidate must be personally known by at least two members of the Association who voluntarily nominate him for membership, and he must have a creditable record of orthopedic work either as a writer, a teacher or a clinician.

The generous expenditure of practically the entire income of the Association in the annual publication of its volume of Transactions had played no unimportant part in the development of the Society. In this regard President Ridlon urged upon the members the serious consideration of the publication of a monthly or, at least, bi-monthly journal, which shall contain all the papers read and discussions before the Association, and abstracts of all other worthy publications upon orthopedic subjects, whether first appearing here or abroad. Such a journal could be issued at little if any increase upon the cost of the present Transactions, and in the hands of an enterprising editor could within a year or two be made almost self-supporting.

Dr. Ridlon closed his Address by paying a tribute to the memory of Drs. Little and Detmold. Wm. John Little was born in London on August 17, 1810, and died July 7, 1894, being nearly eighty-four years old. Wm. Detmold was born in Hanover on December 27, 1808, and died in New York, December 27, 1894. In reviewing the record of the long and active lives and of the work accomplished by Drs. Little and Detmold, one feels that truly there were intellectual giants in those days.

DRS. R. W. LOVETT and JOHN DANE, of Boston, contributed a joint paper entitled

FLAT-FOOT.

They submitted the following conclusions: (1) That the feet of the infant at birth are not flat; that the tracing at that time resembles the adult normal foot. That a body of fat develops under the arch, which gives the appearance of flat-foot for some years, and that at the age of four or five years this is absorbed. (2) That the smoke tracing is not a perfect method of studying abnormalities of the arch of the foot, because it fails to detect the slighter cases or to record pronation. (3) That the element of pronation is more constant than breaking down of the arch of the foot, and may be entirely separated from it. (4) That the condition of pronated foot without breaking down of the arch of the foot should be recognized and not confused with flat-foot. (5) That the treat-