been delivered with difficulty by forceps. This child survived. Spontaneous labor in the second instance had failed, and the physician in attendance had not succeeded in delivering with forceps. The head was but partially engaged; the heart-sounds were very rapid. The pelvis was symmetrical in contour, but contracted in all its diameters from one-half to two cm. The ground for symphysiotomy was disproportion between the pelvis and the fetus, due not only to the pelvic contraction, but to the increase in the size which the fetus displays in repeated pregnancy. The heart-sounds of the fetus were very rapid, but distinct. Symphysiotomy was performed by suprapubic incision, the joint being readily opened with a bistoury. The occiput rotated posteriorly, and the child was delivered with axis-traction forceps. It was a male, weighing eight pounds, its measurements in several of the diameters of its head being from one-half to one cm. above the average. A very perceptible odor was noticed when the child was delivered; it survived eighteen hours, perishing from inspiration-pneumonia. The mother developed sapræmia, but made a good recovery. A slight discharge of sanious fluid issued from the incision for several days. She made a complete recovery and left the hospital seven weeks after admission. Subsequent measurement of her pelvis showed an increase in its diameters of one-half cm. One year after operation she was in excellent health, never having experienced the slightest inconvenience from the condition of the pelvis. Sound union in the pubes followed the operation.

GYNECOLOGY.

UNDER THE CHARGE OF

HENRY C. COE, M.D., M.R.C.S.,
OF NEW YORK.

Etiology and Treatment of Cancer of the Uterus.—BAECKER (*Archiv für Gynäkologie*, Band liii. Heft 1), from an analysis of 705 cases of cancer of the uterus, arrives at the following conclusions with reference to the etiology of the disease:

1. The true origin of malignant disease of the uterus is as yet unknown, nor can it be referred to a specific micro-organism. 2. The indirect cause is endometritis, generally of puerperal origin, which furnishes a suitable nidus for its development. This is shown by the fact that cancer is common in women who have borne children, while it is comparatively rare in single and in sterile women, as well as in those who have had gonorrhœa. Moreover, in nearly every case of cancer there is a chronic catarrh of the endometrium. Endometritis is the primary condition, malignant degeneration being secondary. Hence the practical importance of treating endometritis actively from the outset as a prophylactic measure.

In the treatment of carcinoma of the cervix total extirpation is always

preferable to high amputation, because in leaving behind the body of the uterus the surgeon leaves a chronic endometritis which furnishes a favorable nidus for the development of malignant disease, even if the latter is not already present.

Primary Cancer of the Fallopian Tubes.—ECKARDT (*Ibid.*) reports the following case of primary alveolar cancer of the tube, the fifth on record. Twelve other reported cases were of the papillary variety.

The patient, a multipara, aged forty-five years, had complained for four weeks of pains in the back and abdomen, with loss of appetite and rapid emaciation. On entering the hospital she was very pale; the abdomen was tender on pressure, and on vaginal examination a nodular mass the size of a child's head was felt in Douglas's pouch.

On opening the abdomen the tumor was found to be universally adherent; on separating it, it tore apart and a quantity of soft, brain-like material escaped from its interior. The left adnexa were normal. Examination of the specimen showed that it consisted of the enlarged right tube, the corresponding ovary being normal, as well as the uterine end of the tube. Microscopically the structure showed the papillary-alveolar type. There was no evidence of chronic salpingitis. It is impossible, according to the writer, to diagnose this condition before opening the abdomen. Total extirpation of the uterus and adnexa is preferable to salpingotomy.

Emphysema of the Skin following Cæliotomy.—HEIL (*Archiv für Gynäkologie*, Band lli. Heft 3) reports this interesting case, nine others having been recorded. On the third day after a Porro operation (the abdominal incision having been closed with deep and superficial sutures) emphysema developed along both edges of the wound. By the eighth day it had disappeared on the left side, but on the right it extended to the iliac region, when it gradually subsided, no trace of it remaining four days later.

Madlener affirms that Trendelenburg's position favors the development of emphysema, as air is drawn into the abdominal cavity by the upward movement of the intestines and diaphragm; hence he advises that the sutures should not be tied until the patient has been lowered to a horizontal posture. Gräfe advises that the abdomen should always be compressed by an assistant before sutures are tied. However, in cases reported by Leopold and Brosin the patient remained in the horizontal position throughout the operation.

The writer believes that emphysema is due entirely to imperfect approximation of the deeper layers of the abdominal wall, with firm union of the skin. This he demonstrated clearly by experiments on rabbits. To avoid emphysema, he concludes, as well as hernia, exact approximation of the recti and their sheaths is all-important, the position of the patient being a minor consideration.

Hypertrophy of the Cervix Uteri in a Virgin.—HELMÉ (*British Medical Journal*, December 26, 1896) describes a case of hypertrophy of the cervix in an unmarried woman, aged twenty-one years. The fundus uteri was not

nearly its normal level, while the cervix protruded from the vulva, a sound passing to the depth of four and one-half inches.

The following operation was performed: a circular incision was carried around the cervix at the level of the vesical attachment, and lateral incisions were made on either side parallel with the bases of the broad ligaments. The cervix was then freed as in the preliminary step of vaginal hysterectomy and both uterine arteries (including the cervical branches) were ligated, in order to cut off the blood-supply from the hypertrophied part. The cervix was drawn forcibly downward and transfixed antero-posteriorly with silver wire. Circular amputation was performed, followed by bilateral section of the cervix, forming anterior and posterior flaps. The vaginal and cervical mucous membranes were united, and lastly the cervix was sutured to the edge of the vaginal wound on either side.

The stitches were removed on the ninth day and the patient was discharged at the end of the third week. When examined six weeks after the operation the canal was patent and the uterus measured two and three-quarters inches.

Bicycling for Women.—THEILHABER (*Münchener med. Wochenschrift*, 1896, No. 48) recommends cycling in cases of amenorrhœa, especially when the uterus is undeveloped. Dysmenorrhœa of nervous origin in young girls and sterile women is often relieved. In endometritis the writer has seen no result, either favorable or unfavorable, from this form of exercise; in the hemorrhagic form he advises against it on theoretical grounds. It should be forbidden in chronic as well as in acute gonorrhœa, in salpingitis, and in subacute and chronic peritonitis of whatsoever origin.

Flexions and versions do not constitute a contraindication; in fact, cycling is often recommended for patients with these conditions with the view of relieving nervous symptoms and strengthening flabby muscles rather than actually relieving the displacement. This may account for the good results claimed in some cases of partial prolapsus.

The use of the bicycle is inadmissible by patients with fibroid and ovarian tumors. The writer notes the rapid increase in size of fibroids in two women who rode contrary to his advice. Bladder-troubles are usually aggravated by cycling, though on this point there is some difference of opinion. Hemorrhoids are sometimes relieved, but are sometimes made worse, especially when improper saddles are used. Such benefit as may be experienced is usually due to the relief of constipation. Women ought not to ride during menstruation, though the writer admits that several of his patients had done so without injury. Pregnancy is a positive contraindication. Two of the patients who disobeyed his injunction aborted, but a third went on to full term, though she had a retroflexed uterus and prolapsed ovaries.

In general, he approves of cycling in moderation.

H. MACNAUGHTON JONES (*Medical Press*, November 4, 1896) calls attention to the fact that cycling may have an injurious effect on women at the time of the menopause, and should not be indulged in except on the advice of a physician, especially if the patient is anæmic and has functional cardiac trouble. He doubts the propriety of women with retrodisplacements of the uterus riding, with or without pessaries; this applies especially to anæmic young girls. Hemorrhoids are aggravated, and coccygodynia may result.

The writer recommends a pneumatic saddle, so constructed as to support the ischia, but not to press upon the external genitals or the coccyx; there should be no projection under the pubes. He approves highly of this form of exercise, which he regards as far superior to massage.

PÆDIATRICS.

UNDER THE CHARGE OF

LOUIS STARR, M.D.,
OF PHILADELPHIA;

ASSISTED BY

THOMPSON S. WESTCOTT, M.D.,
OF PHILADELPHIA.

A Simple Means of Throat-examination.—MILLIGAN (*Medical Record*, November 21, 1896, p. 765) suggests as an improvement upon the usual spoon-handle or depressor for examining a child's throat, the use of the child's own index-finger. Almost any child over three years of age can be quickly taught to slip his own finger along the tongue as near the base as possible, with the insertion to open the mouth wide and press down the tongue. The advantages of this method are that the child does not fear injury from his own finger; that his own effort will not provoke emesis or straining; and that there is no danger of contamination by a dirty spoon or depressor, and no possibility of autoinfection. This plan is, of course, impracticable in the moribund and in infants, but at least 95 per cent. of all cases of acute and chronic diseases of the throat or of foreign bodies can be more successfully examined by it than by any other method.

Somatose as a Galactagogue.—DREWS (*Journal de Clinique et de Thérapeutique Infantile*, 1896) refers to the unsatisfactory character of all plans of treatment previously advocated for the purpose of preserving or increasing the supply of maternal milk. His attention was first drawn to somatose by the quite unexpected effect of its use by a mother in the third month of lactation, one of whose breasts was dry and the other failing. Under the use of a teaspoonful of somatose three times a day in a cupful of warm milk the woman began to gain in weight, and the breasts filled and yielded such an abundance of milk that nursing was continued into the seventh month. Discontinuance of the somatose for a few days, in spite of maintenance of good appetite, was followed by diminution of secretion and a return of symptoms. Twenty-five cases have been treated by the author in a similar manner, almost uniformly with the same favorable results.

A Case of Pre-natal Cerebral Palsy of the Arm.—PLACZEK presented to the Medical Society of Berlin at its meeting of June 17, 1896 (*Revue mensuelle des Maladies de l'Enfance*, September, 1896) a newborn infant seen the