PART III.

SPECIAL REPORTS.

A RETROSPECT OF OBSTETRIC AND GYNÆCOLOGICAL PRACTICE FOR TWELVE MONTHS.

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IN reviewing the work done in the above subjects during the year we cannot but feel satisfied with the result. Thoughtful and unremitting attention has been expended on both branches, and we are confident that much of the work will bear permanent fruit.

The year has added confirmation to the belief that true asepticism cannot be obtained by mere cleanliness alone, but to achieve this end the free use of antiseptics is still necessary.

Much also has been done to place the different antiseptics in their proper spheres. It has been proved that boiling water (temp. 212° F.) is the ideal antiseptic for all instruments, and none but those capable of being so treated should ever now be used.

Corrosive sublimate (1 in 500) is still regarded as the most powerful and efficient disinfectant of epidermic structures, and ought, therefore, to be used exclusively for the operator's hands, taking care, of course, to remove every particle of soap before immersion. On the other hand, its poisonous qualities, its instability when brought into contact with albuminous fluids and steel instruments, and the hardening of the skin which follows its application, have rendered its use obsolete as a uterine injection.

Jeyes' creolin (2 per cent. sol.) has appeared within the year to answer all the requirements of a safe and efficient intra-uterine antiseptic.

Lysol has come to be extensively employed, and its lubricating properties render it particularly serviceable, as by its use we can now dispense with greasy applications, none of which are found in practice to be free from risk.

The revival of symphysiotomy is undoubtedly the greatest advance which has been made in midwifery practice for some considerable time. Within the past twelve months it has been performed twice in the Rotunda Hospital, once in England, and several hundred times throughout the continents of Europe and America.

The excellent results obtained from this operation have effectually silenced any mere theoretical objections to its use.

The year's experience has almost conclusively proved it to be probably the safest of the major operations, comparatively easy in its execution, and free from the disadvantage of giving rise to a movable joint at the symphysis—an objection strongly urged against its employment a year ago. It will, undoubtedly, in the future be the operation employed in all cases of contracted pelvis where the deformity is not of an extreme degree (not below $2\frac{3}{4}$ inches in the conjugate, with a living foetus in utero), and where there is no reason to believe that septic infection has been established. It is obvious that those conditions of ankylosis of the pelvic joints, as a Roberts' Naegele or coxalgic pelvis, must at all times prove a contra-indication to this operation.

Plugging the uterus with iodoform gauze in cases of alarming *post-partum* hæmorrhage, has become a recognised and very valuable method of dealing with this complication in spite of the theoretical objections urged against its use, especially in the London School.

The advantages claimed for it are safety, efficiency, and rapidity in its application.

In the collapse following serious flooding, a new departure has occurred in the method of transfusion. The intravenous injection of enormous quantities of a 2 per cent. saline solution (3 to 4 quarts) has been found a reliable means of restoring the blood pressure.

Every one who has had to deal with a case of interstitial mastitis, knows how very unsatisfactory the treatment of the disease was when it consisted in early incision, poulticing, drainage tube, and irrigation with antiseptic solutions. A new method which promises a cure in eight or ten days will therefore be hailed as a decided advance in our knowledge.

The method of procedure is as follows:—As soon as pus forms, the breast is incised and a finger inserted into the abscess cavity, the diseased structures surrounding it being broken down by the exercise of force. The cavity is then plugged with moist iodoform

gauze, and a pad and tight bandage applied. The packing is renewed on two successive days, after which an ordinary dressing suffices, the lips of the wound being brought together, and a tight bandage still being used as a support to the breast. The patient is convalescent on the seventh or eighth day.

Turning to the treatment of diseases peculiar to women, we notice the decline in a remarkable manner of the electrical treatment of fibroid tumours. On the other hand, gynæcologists have come to look on myomata as not the harmless tumours we were but a few years ago taught to regard them. Twelve months ago the burning question centred on the treatment of the stump in hysterectomy for myomata. The introduction, however, of total extirpation in cases heretofore treated by the extra- or intra-peritoneal method has proved so much superior to either operation that further discussion on this point is valueless.

The disadvantages of the latter operation—namely, greater difficulty of execution, prolonged anæsthesia, and severer shock to the nervous system—are found to be more than compensated for by the greater freedom from sepsis, pain, secondary hæmorrhage, and delayed convalescence. This operation has within the past few months been still further simplified by Professor Martin, of Berlin, who now removes the stump through the abdominal incision.

We cannot believe that Dr. Martin's operation for the resection of the Fallopian tubes will ever be of practical use. One has only to think of the narrow lumen of the tube, the tendency of all such dilated structures to contract, and the destruction of the ciliated epithelium which occurs in all tubal diseases, to be rendered sceptical as to the utility of this treatment.

On the other hand, the resection of the ovaries, as described and performed by Dr. Pozzi, of Paris, promises to be not only most interesting to scientific gynæcologists, but also of great practical value. By it we can remove the diseased part of the ovary, and yet leave the woman free from the stigma of barrenness. This operation will have its special field of usefulness in cases where the other ovary has become useless or been previously removed, and we feel confident that it will appeal to all gynæcologists as a great advance.

Yet another medical treatment for cancer of the uterus has been evolved—this time by Dr. Schmitz. His treatment consists of injection of alcohol into the affected part. Although we do not wish to bias our readers, we may state that we only believe in one

treatment for uterine cancer—total extirpation of the organ; at all events, we should be sorry to recommend this treatment in any but those cases where the disease had spread too extensively for surgical interference.

Dr. Säger's operation for the repair of lacerated cervix overcomes the objection to Emmet's old operation—namely, narrowing of the cervical canal. It is easy in its accomplishment, and in every respect is as efficient as the American operation.

Dr. W. T. Lusk describes, in the July number of the *New York Journal of Obstetrics and Gynæcology*, a very interesting operation which he performed for ectopic gestation, the foetus being alive and between the sixth and seventh month. Having cut down on the sac, he ligatured the ovarian arteries, and was thus able to remove the foetus with its placenta and membranes attached, the hæmorrhage resulting therefrom being easily controlled by pressure on the aorta, and subsequent plugging with iodoform gauze.

Now that curetting has become so universally and rightly employed in the treatment of endometritis—the commonest disease from which women suffer—the experience of many operators had better once more be noted. That this is not always a harmless proceeding, and that it also requires some special skill in its accomplishment, is evident from the many unfavourable cases which from time to time come under our notice. The complications which have occurred with greatest frequency are—1st, hæmorrhage; 2nd, perforation of the diseased and softened uterus; and 3rd, acute sepsis.

ELECTROCUTION.

THE *Medical Record* of 5th August comments severely on the execution by electricity of a convict at Auburn (N.Y.) on the 21st July. It is impossible to conceal the fact that the new method proved, in this case, a ghastly failure, although the criminal was ultimately extinguished by electricity.

DOMINION MEDICAL MONTHLY.

WE have received the first number of this periodical, published at Toronto. It promises well. One very obvious reform it undertakes to advocate—the establishment of a central licensing board for the Dominion. At present each province has its own qualifying body or bodies, and admits graduates of other provinces to practice only after re-examination.