PART III.

SPECIAL REPORTS.

REPORT ON MIDWIFERY AND GYNÆCOLOGY.

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CÆSAREAN SECTION AND THE BEST MATERIAL OF UTERINE SUTURE.

MUNCHMEYER (*Arch. für Gynäkologie*, Band 37, Heft 2) reports three cases of Cæsarean section performed according to Säger's method, making the record of the Dresden clinic twenty-eight Cæsarean sections with three maternal deaths and one foetal death. He also adds seven cases of amputation of the uterus, with the removal of the foetus, performed for septic infection ; for uterine tetanus ; for threatened hæmorrhage after incision of the uterus and the extraction of the foetus, caused by occluded cervix with contracted pelvis ; for highly contracted pelvis, death of the foetus, albuminuria and beginning septic infection, and two cases of highly contracted pelvis, with failure of the uterus to contract after incision, and a case of cancer of the cervix, which had extended so far as to render amputation necessary. All of the mothers in these seven cases recovered, and two of the children survived.

M. has had the opportunity of examining, *post mortem*, two uteri on which the Cæsarean section had been performed. The patients had survived several months, and died by some intercurrent disease. Microscopic examination of the chromic acid catgut sutures employed found them holding the parts firmly in good apposition, and the suture material itself undissolved, and resembling in firmness silver wire. The silk suture, however, which had been used to close the abdominal wall had been partly absorbed. It is Manchmeyer's opinion that chromic acid catgut is the best suture for the uterus, and silk the best for the abdominal wall.

Ahlfeld (*Centralblatt für Gynäkologie*, No. 30, 1890,) states that he has induced labour in 118 cases, from whose study he draws the

following conclusions:—The results of the induction of labour compare most favourably with those of Cæsarean section—80 per cent. of 111 cases leaving the hospital in good health. In 101 children born in contracted pelvis, 60 per cent. were discharged in good health.

The method of introducing a bougie is best adapted to private and hospital practice. Labour should be induced as late as possible, and the smallest true conjugate which justifies the operation.

ON THE TREATMENT OF BREECH PRESENTATIONS.

Winter (*Deutsche Medicinische Wochenschrift*, February, 1891) contrasts the different line of treatment to be adopted in breech and foot presentations, and the more favourable prognosis offered by the former variety. Expectancy is the attitude to be adopted in footing cases, but interference is necessary if in breech presentations delay becomes dangerous to mother or child. The indications for bringing down a foot in breech cases and completing delivery are complications endangering the life of mother or child, such as slowing of pulsation in the cord, impending asphyxia, hæmorrhage, septicæmia, &c. In prolapse of the cord, eclampsia and contracted pelvis, this method of procedure may also have to be adopted. The writer quotes the opinions of various authors as to the particular form of contracted pelvis in which the operation can be performed with beneficial results. He considers that in normal conditions it is wrong, because it is unnecessary, and while not entirely harmless for the mother may be very detrimental to the child. In eighteen cases where delivery speedily followed drawing down of the foot, seventeen of the children survived, while in nine cases, where delivery was more tediously accomplished, four of the children were lost.

The writer advocates bringing down a foot in preference to traction with the fingers, loop or blunt hook, all of which are either tedious or dangerous. If these were so safe an instrument for the breech as forceps for the head, there would be no necessity for bringing down the feet. All the breech forceps invented have been failures.

If the foot cannot be brought down, the author recommends traction with the finger, inserted between the thigh and abdomen of the child, and if this be unsuccessful, a skein of worsted or silk may be employed; but this is often difficult or impossible of application. Poppel advocates introducing it by means of a Bellocq's

sound. Winter strongly recommends an instrument invented by Bunge, and called a "loop carrier." It consists of a curved metal staff, grooved on its concave surface, and containing a thick hempen cord covered with gutta-percha, and about eighteen inches long. The latter is passed by means of the staff between the thighs and abdomen of the child, the staff is withdrawn, and the loop can then be used as a tractor.

His conclusions are :—(1.) Normal cases to be treated by the expectant method. (2.) Bring down a foot in cases of prolapse of the cord, eclampsia and contracted pelvis, but not, as a rule, before the os is well dilated. (3.) Complete the labour in breech cases where desirable by bringing down a foot, and proceed at once to extraction of the child. If the breech is too low in the pelvis for this operation, use the finger as a tractor, and should this prove unsuccessful, employ Bunge's instrument or a skein of wool.

THE VAGINAL OPERATION IN EXTRA-UTERINE PREGNANCY.

Fenger (*American Journal of Obstetrics*, April, 1891). The writer begins by giving the history of a case in which he was called upon to operate.

He then reviews at some length the question of the indications for, and the advisableness of, the vaginal operation in extra-uterine pregnancy, and its relation to laparotomy for the same condition. First, the anatomical condition calling for, or making possible, the vaginal operation.

The vaginal operation is to be considered only when the sac or fœtus is located so deeply in the recto-uterine fossa that it pushes the walls of this region downward, so as to form a prominent tumour in the posterior wall of the vagina.

He then quotes Hecker (Bandl) as having found the fœtus expelled through the rectum in 28 out of 132—that is, in 20 per cent. of extra-uterine pregnancies. This frequency, however, does not indicate that the sac was always situated deep down in Douglas' fossa, as the opening into the intestinal canal might be located high up above the rectum in almost every part of the tract.

The writer then enters into the "Dangers of the Operation," and sums up with the following conclusions :—

1. In cases where the fœtal cavity is still aseptic, the vaginal operation exposes the patient to the danger of sepsis in the fœtal sac, which cannot be guarded against. Abdominal section gives far better means of protection against septic infection.

2. Hæmorrhage from the placenta cannot be controlled by the vaginal method.

3. Delivery of the child at full time is usually difficult, and thus dangerous to the mother, by the vaginal operation, but easy by the abdominal.

4. If the fate of the child is to be considered, the vaginal operation must be abandoned.

5. Where suppuration has set in, in an extra-uterine pregnancy presenting low down in the pelvis, and the placental circulation has ceased, the vaginal operation may be considered in comparison with the abdominal.

EFFERVESCING POWDER AS A HYPNOTIC.

IN the November number of the *Archivio Italiano per le malattie nervose* gives an account of some observations made in the lunatic asylum of Ferrara on the effects of the effervescing mixture of sodium bicarbonate and tartaric acid. 124 observations were made on 40 patients suffering from insomnia due to various morbid conditions. He found that the mixture exhibited in the evening produced a decided hypnotic effect. Half of the patients, however restless and however unfavourably situated for sleep, slept within half an hour of administration, most of the remainder within an hour, few at a later period. The sleep produced was calm and not profound, natural, and lasting from 5 to 8 hours. The usual dose was 6 grains of the mixed powders, exceptionally increased as far as 12. Young people were found to be more susceptible to the influence of the remedy than adults or the old. The effect is attributed to the absorption of carbonic acid and its well-known anæsthetic action.

MEDICAL EDUCATION OF WOMEN IN EDINBURGH.

THE Scottish Association for the Medical Education of Women has published its first Report, and from it we learn the medical ladies in the modern Athens do not agree like "birds in their little nests." The Edinburgh School of Medicine for Women was founded in 1879, but is not, the Association considers, "conducted on sound and catholic principles," nor has it been "truly an open and public establishment." Fresh efforts were necessary, and this Association was constituted in January, 1890. At first great difficulty was experienced in obtaining clinical teaching for the students attached to the new school, the older one having secured a monopoly, which it refused to share, of the Leith Infirmary. This difficulty has been overcome, the Royal Infirmary having been opened to lady students. Twenty-eight students are now upon the rolls of the College, of whom ten obtain clinical instruction in Glasgow.