The infantile mortality has been also increased 41.3 per cent. instead of 17.6 per cent.

Complete oæsthesia was employed in 11 cases; of these 4 had uterine inertia and hemorrhage at the moment of delivery, obliging artificial extraction of placenta. Chloral hydrate sometimes gives similar results.

SYMPHYSIOTOMY.

TOUJARI (*Annales de Gynécologie et d'Obstétrique*, Morch, 1894) reports a case of symphysiotomy with favorable results for mother and child. The patient, a rachitic orange peddler, aged twenty-eight years, had right scoliosis in the dorso-lumbar region, with general contraction of the pelvis. The patient's first labor had been terminated by basiotripsy, delivery by forceps being impossible. In the eighth month of the present pregnancy the fetus presented by the breech, but subsequently changed spontaneously to a vertex presentation. After fifty hours of vain uterine effort, symphysiotomy was performed in surroundings most unfavorable to the patient's recovery. A space of 25 mm. was obtained after section of the pubic joint and delivery was effected by means of forceps, the uterus assisting vigorously. Recovery was prompt and complete. The child, although somewhat asphyxiated, was quickly resuscitated. The pubic bones were united by two bony sutures of catgut. Five months after operation a measurement of the pelvis gave the following:

Height of pubic symphysis	45 millimetres.
Promonto-pubic diameter	7.5 centimetres.
Coccy-pubic diameter	9 "
Bi-ischiatic diameter	8 "
Bi-ischiatic diameter	9 "

DYSTOCIA CAUSED BY EXTRAORDINARY DEVELOPMENT OF THE FETAL BLADDER.

WALTHER (*Zeitschrift für Geburtshilfe und Gynäkologie*, Band xxvii., Heft 2): The case occurred in the clinic of Prof. Löblein, the mother being a II-para, having had one child by a normal labor. There was no albuminuria or specific history. Up to the time of pregnancy menstruation had been regular. In this her second labor the child presented by the feet, and great difficulty was encountered in extraction, although the soft parts were well dilated. There was but a small amount of liquor amnii, but examination was followed by an amount of amber-colored fluid, after which a dead macerated female fetus was extracted. The maternal patient recovered and left the hospital at the end of two days.

On examination of the body of the fetus it was found that the cause of the dystocia lay in a great dilatation of the bladder, with excentric hypertrophy of its walls, with ascites. Both lungs were in a state of atelectasis. Pericardium showed an old inflammation. Liver and kidneys were enlarged, the left kidney being the seat of beginning cystic degeneration. Ureters were dilated. The following pathological changes were also present: Deficient development of anus and rectum, the latter having a small fistulous

connection with the bladder. Incomplete atresia of the urethra, especially at its central portion. The outer and internal genital organs showed imperfect development, the position of the vagina being abnormal, and there being complete absence of the cervix and of the middle portion of the corpus uteri, through lack of union of Müller's ducts (uterus bipartitus). Traces of an old peritonitis were to be seen in company with the subsequent adhesions of the abdominal organs and the formation of ascites.

GYNECOLOGY.

UNDER THE CHARGE OF

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OF NEW YORK.

THE ULTIMATE TERMINATIONS OF NERVES IN THE FEMALE GENITAL ORGANS.

GAWRONSKY (*Centralblatt für Gynäkologie*, 1894, No. 11) summarizes the result of his microscopical studies as follows: There are two sets of nerve fibres in the uterus, one set being distributed throughout the muscular layer without anastomosing, and terminating in multipolar ganglion cells in the submucosa; from these cells spring numerous filaments which enter the mucosa, and terminate either in the epithelial cells or in terminal bulbs. Another set, which also traverse the muscular layers, end directly in the epithelial cells and glands. In the Fallopian tube the nerve fibres interlace freely and give off numerous twigs which terminate in points or bulbs just beneath the epithelial layer. Bundles of nerves can be demonstrated in the parenchymatous zone of the ovary, which do not communicate with one another. In some preparations delicate branches can be traced to the follicles, where they either end directly in the theca folliculi, or enter the latter after a more or less circuitous course. Fibres are frequently seen which end in terminal bulbs in the membrana granulosa. Occasionally fibrils can be traced through the granulosa to the immediate vicinity of the ovum, though it is impossible to establish their ultimate termination.

The nerves in the muscular coat of the vagina present numerous sharp bends; at these points lateral branches are given off which take the same course as in the muscular layer of the uterus. After they enter the submucosa the fibres change their direction, form flexures, and reach the epithelial surface. They terminate in points or bulbs in the deeper layer of epithelium.

PRURITUS VULVÆ.

SCHULTZE (*Centralblatt für Gynäkologie*, 1894, No. 12) calls attention to the fact that pruritus is often directly due to the condition of the endometrium. He has repeatedly demonstrated the fact that the irritation of the vulva may