than they have yet been able to offer, the profession at large will be very slow to abandon the tried treatment by version. In this connection I am impelled to quote from Martin Dooley's article on Christian Science: "If doctors opened fewer patients and more windows there would be fewer Christian Scientists."

CAESAREAN SECTION FOR PLACENTA PREVIA.

BY P. J. CONROY, M.D., EVERETT, MASS.

I WAS called on the night of Jan. 14, 1901, to see a Mrs. H., who was (as her husband stated to me at my office) having labor pains and bleeding profusely. On arriving at the house I found the woman in a very weak condition from the loss of blood. The mattress was soaked through, and there was about one pint of blood on the floor.

On examination, the os uteri admitted the finger-tip and the placenta was felt completely covering the orifice. After removing the clots I packed the vagina with cotton, raised the foot of the bed twelve inches, gave $\frac{3}{16}$ gr. of strychnine under the skin, and sent for Dr. A. A. Jackson in consultation. The pulse at that time was 140, respiration 25 per minute and labored; and temperature 98°. The history taken at the time was as follows:

English, thirty-five years old, always enjoyed good health; had four children; natural confinements; no abortions.

On arrival of Dr. Jackson the tampon, which had soaked through, was removed and the vagina was packed more firmly. After discussing the case for some time, we concluded to perform the Cesarean operation as the only means of saving the woman's life. After getting the consent of the patient and her husband, we cleaned the room as best we could under the circumstances. We then secured the assistance of Drs. Hall and Hanson and a nurse, and after giving another hyperdermic of strychnine and one of brandy, we began the operation at about 10 A.M. After preparing the patient in the usual manner, the abdomen and uterus were opened and the child removed. The child weighed about 8 lbs., apparently at full term. We did not succeed in resuscitating the child, who to all appearances had been dead some hours. The placenta was one-third on the left side and two-thirds on the right, covering the cervix. It was removed through the abdominal wound without any trouble.

The uterus was closed with a double row of Gardner's kangaroo tendon sutures and the abdomen with through and through sutures of silk-worm gut. The abdominal cavity was filled with a warm salt solution before closing. After the patient was put to bed she was given one quart of salt solution by the rectum and one pint under the skin. The salt solution by the rectum was continued every four hours for three days.

On the evening of the third day the patient began vomiting, her stomach would not retain

anything for five days, and we were obliged to rely wholly on rectal feeding. On the eighth day her stomach again began to retain food. At the end of five weeks the patient was about the house and gradually began to attend to her household duties.

Medical Progress.

REPORT ON DERMATOLOGY.

BY JOHN T. HOWEN, M.D., BOSTON.

TROPICAL FRAMBESIA AND TINEA IMBRICATA.

PROFESSOR KOCH¹ contributes some interesting facts about these tropical affections, gathered during his travels in New Guinea, and the neighboring groups of islands of the South Sea. He speaks of the lack of good pictorial representations of these affections in the literature, and is able to contribute several valuable photographs.

With regard to *frambesia*, it is said to be very extensively found throughout the tropics, appearing in many parts of Africa, in the East and West Indies, in the Indian Archipelago and in China. It is somewhat doubtful, however, if the type is the same in all of these regions.

The *frambesia* seen in the South Seas is a contagious affection and can be inoculated from one person to another. One attack produces immunity. In places where it is endemic it is chiefly seen in children, as almost all people are attacked once. In certain places children are inoculated with it, in order that they may have it quickly and lightly, as was long ago the practice in the case of variola. Most of the children seen by Koch were between one and twelve years of age. The lesions are ulcers approximately circular in form, often grouped or confluent. They always project above the surface of the skin, and appear as luxuriant granulations lying upon the skin. The smallest lesions looked not unlike a variola pustule, with a marked umbilication in the centre. The larger lesions were always denuded of epidermis, exuded a serum and pus and were covered with moist crusts, which exposed, upon removal, the exuberant granulating mass. When situated near the anus or genitals, they resemble condylomata very closely, and are sometimes mistaken for the latter. In the same child the most varied stages of the individual nodules may be met with, including small nodules still covered with epidermis, and all stages of ulcerated nodules. The lesions are especially frequent about the mouth and genitals. The paper is illustrated by several good photographs. The nodules do not all appear at once, but from time to time, until the susceptibility of the patient for the disease has been overcome. The duration is from some months to a year. Infants or very young children frequently die of the disease. It is not known that Europeans are ever affected. Various micro-organisms have been described as causing the disease, but none have been substantiated.

¹ Arch. f. Derm. u. Syph., January, 1902.