In the sixth case the child was injured by pressure before delivery. The mother was a primipara, aged forty years, and labor was hindered by prolapse of the arm. The child died some hours after delivery from meningeal hemorrhage. The mother made a good recovery.

In the seventh case the pelvis was normal, but the child excessive in size, and symphysiotomy was performed in the interest of the child. After the symphysis was opened the child was expelled spontaneously in twenty minutes. Its head was severely bruised by the projecting sacrum of the mother. The mother recovered with some complications occasioned by pain in the thigh and hip-joints.

The last case reported was that of a multipara who had borne a child by symphysiotomy. She had a convex sacrum which prevented the descent of the head. On examination the scar of the first operation and the points where sutures had been inserted could be detected. It was difficult to open the joint because of the large amount of cicatricial tissue there present. The child was expelled spontaneously and speedily revived. The mother made a good recovery.

GYNECOLOGY.

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

Perforation of the Uterine Wall During Curettage.—JAHREISS (*Centralblatt für Gynäkologie*, 1898, No. 6) reports two cases in which, during careful curettage after abortion, without previous dilatation, the instrument suddenly penetrated the uterine cavity as far as the handle. In one instance the end of the curette could be felt within a dilated tube; in the other the entire absence of any reaction led the operator to infer that the same accident had occurred. In a third case, in which he did perforate the uterine wall, peritonitis developed, and he performed coeliotomy successfully on the fourth day. He admits that it is not easy to demonstrate the fact that the end of the curette has merely entered a dilated tube.

GLAESSER (*Ibid.*), reports the case of a woman who had been confined three months before, and suffered from menorrhagia, to relieve which it was proposed to curette the uterine cavity. A sound was gently introduced, and without the slightest sense of resistance it slipped through the cervix as far as the handle. It was reintroduced several times, and the same phenomenon was noted, so that it was supposed to have entered a dilated tube. As there was profuse hemorrhage, however, the writer feared that he had perforated the uterine wall, and promptly performed vaginal hysterectomy. On examining the uterine four openings were found at the fundus. The wall was so soft that it was possible to pass the sound and even the finger through it without the least effort. The danger of curetting such uteri is evident.

Palpation of the Uterine Cavity.—SAENGER (*Centralblatt für Gynäkologie*, 1898, No. 7) pleads for the importance of preliminary examination, dilatation, and palpation of the uterine cavity before undertaking surgical procedures. This applies to all cases of hemorrhage, whether due to abortion or to neoplasms. He uses laminarin tents, and finds it necessary to enter into quite an elaborate defence of them.

[It is to be regretted that this means of arriving at an exact diagnosis of intra-uterine conditions has fallen into disuse in this country. Doubtless many radical operations would be avoided if the finger, instead of the curette, were more frequently employed as a diagnostic instrument.—H. C. C.]

Ascites in Young Girls.—BOUILLY (*Abeille Méd.*, 1897, No. 26) describes the form of disease which Cruveilhier originally termed the idiopathic ascites of young girls. It usually occurs in virgins or multiparae, from thirteen to twenty-four years, and is unaccompanied by pain. The patients are pale, usually emaciated, and amenorrhœa is nearly always present. The ordinary physical signs of ascites are often absent, the abdomen being rounded as in ovarian cyst. An important point in the differential diagnosis is the fact that in ascites the fluid is often found at different levels on successive examinations.

Palpation is generally painless. The diagnosis is aided by the finding of enlargement and thickening of the adnexa.

In most cases surgical interference is necessary, though in two instances the writer observed the spontaneous disappearance of the fluid.

Pregnancy after Transplantation of the Ovary.—KNAUER (*Centralblatt für Gynäkologie*, 1898, No. 8), continuing his experiments with rabbits, reports a successful result. He demonstrated the following facts: 1. That in rabbits the ovaries may be transplanted from their normal sites. 2. That they may be grafted on the peritoneum and imbedded within muscle, and still preserve their functions.

In the case reported both ovaries were extirpated and were sutured within the posterior fold of the broad ligament on either side, in such a way that a portion of the outer surface of the ovary projected into the peritoneal cavity. Thirteen months later the abdomen was reopened and the cornua uteri were found to present the appearance observed in normal pregnancy. The ovary implanted in the right broad ligament was of normal size, and on its surface were three ripe follicles. The left ovary was also normal in appearance, but contained no follicles. An intestinal adhesion was separated and the cavity was closed. Three months later the rabbit was delivered of two well-developed animals.

The writer calls attention to the fact that this is not only the first successful case of delivery at full term after experimental transplantation of the ovaries, but that sixteen months elapsed between the operation and parturition.

Injuries due to Bicycling.—VON KEERSMAECKER (*Ann. de Soc. de Méd. d'Anvers; Frauenarzt*, February 18, 1898) has observed cases in which purulent inflammation resulted from bicycling, in women with irritable urethræ