catheter, once when the urethra was caught between the pubic bones by the removal of the gouze, and once when a pair of teneculum forceps injured the urethra. In none of these cases was the complication a serious one. Zweifel has found the pelvis appreciably enlarged after symphysiotomy. He believes that such a pelvis will permit spontaneous birth more readily than before symphysiotomy.

In the *Centralblatt für Gynäkologie*, No. 38, 1897, VARNIER also contributed a paper upon this subject, in which he arrived at the following conclusions: An enlargement in the pelvic diameters gained by symphysiotomy reduces infant mortality so greatly that the death-rate of children born after symphysiotomy in contracted pelvis is the same as the death-rate of children born by instrumental labor of mothers who have normal pelvises. Hemorrhage and injury play a very unimportant part. If infection does not occur symphysiotomy is no more dangerous from these causes than is any other instrumental delivery. Wounds to the bladder and urethra after symphysiotomy are generally caused by the use of forceps, and fatal cases result from septic infection which has its origin from the uterus or bladder or urethra. Complete recovery follows symphysiotomy. The operation may be repeated without injury to the patient. It does not, however, permanently enlarge the pelvis, as some assert. The operation should be made only in those cases in which the child is vigorous, the os and cervix completely open, and the membranes ruptured. It should never be made in a pelvis whose true conjugate is less than 7 cms. It is also indicated where the child is abnormally large and the pelvis normal. It should take the place of induced labor, violent efforts with forceps, and version and embryotomy on the living child. Varnier denies the value of Walcher's position in enlarging the pelvis. Symphysiotomy is indicated in symmetrical pelvises where pelvic tumors are not present. It is not indicated in cases where the child is dying from neglect or pressure. In cases already infected, symphysiotomy need not be declined if care is taken that the symphysiotomy wound in no way connects with the infected genital canal.

The Injuries of Parturition, the Old and the New.—At the recent meeting of the British Medical Association at Montreal, the President's Address to the Section on Obstetrics and Gynecology was given by SINCLAIR, of Manchester (*British Medical Journal*, 1897, No. 1914). The text of his paper was the case of a young primipara, whom he saw in consultation, suffering from septic infection, with lacerations of the vagina caused by the use of forceps. The trend of his paper is to show that the use of antiseptics and anesthetics has made physicians careless, leading them to resort to the use of forceps hastily and in cases which would terminate naturally if left alone.

He supports this statement by statistics from English physicians, which virtually amount to a statement that nearly 75 per cent. of the labor cases in manufacturing towns are terminated by forceps. He also alludes to the remarkable statement from the Rotunda Hospital that after forceps application women die from fretting. Sinclair then proceeds to show that at the Manchester Maternity about 9 per cent. of cases in the house are terminated by forceps without maternal mortality. In out-patient practice in the same clinic the forceps was applied in 1.4 per cent. He adds a list of statistics

from the maternities of the Continent, showing that the use of forceps varies from 1.4 to 22.6 per cent. of cases, the highest averages being found at Munich in Winckel's clinic. He urges very strongly a strict limitation in the use of forceps. He thinks it improper to trust simply to mercurial solutions to secure antiseptics. He recognizes the value of closing lacerations, but in his observations such closure has not been very successful.

[We are not deeply impressed with the excellence of obstetric practice in the hands of the average English physician, if these statements are correct. It is unfortunately true, as experience has shown in the case of some, that a large obstetric practice can be built up by giving anodynes freely until the os is nearly dilated, and then by delivering the patient with forceps. Ensuing lacerations were closed when severe, and otherwise were left to heal by granulation. Such practice, however, is not that of the best obstetricians at the present day. Among neurotic and ill-developed women, whether those enfeebled by luxury or by hard work and little food, the forceps must often be used. Many of these cases are delivered by the use of Barnes's elastic dilators, assisting uterine contractions by stimulants and by manipulating the uterus without the use of instruments. In others, the timely use of forceps prevents uterine relaxation and hemorrhage, prevents exhaustion, and brings much speedier convalescence than delay in labor. It is, however, the practice of the best obstetricians in the United States to immediately close serious tears of the cervix, pelvic floor, and perineum, and under antiseptic precautions satisfactory union occurs in a great majority of cases. Septic infection is rare among patients in our best hospitals and equally rare in the practice of our best men in private houses. Dr. Sinclair's comments upon the use of forceps remind us that, if we mistake not, a member of the royal family of England was once allowed to die in childbirth because of an inexplicable reluctance to apply forceps.]

Dr. Sinclair urges, however, an improvement in obstetric instruction so that the student shall receive the same teaching that is now given in surgery and medicine. The need of improvement in this direction in America is quite as great as in England.]

GYNECOLOGY.

UNDER THE CHARGE OF

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Intermittent Cysts of the Ovary and Kidney.—WILSON (*Birmingham Medical Review*, August, 1897) points out the fact that the disappearance of an abdominal cyst following the passage of large quantities of urine, usually regarded as pathognomonic of intermittent hydronephrosis, may also occur in connection with ovarian cysts. The following interesting case is cited: A multipara entered the hospital with a tumor of six years' standing, diagnos-

ticated as a monolocular ovarian cyst. She stated that on several occasions the tumor had completely disappeared, while at the same time she had marked polyuria. On opening the abdomen a thin-walled cyst was found, containing colorless fluid and universally adherent to the abdominal parietes. In three places in the cyst-wall were cicatrices marking the sites of probable ruptures. The difficulty of distinguishing between such cysts and hydroncphrosis is greatest when the tumor fills the abdominal cavity. The relation of the large intestine to the cyst is most important, since it is only exceptionally that it lies in front of one of ovarian origin. If the gut is collapsed it may be distended by injections of effervescing salts. Vaginal examination will often throw light on the diagnosis; also catheterization of the ureter.

The writer advises closure of the abdominal incision and drainage through a lumbar opening when an obscure cyst is found to be renal.

Action of the Bacterium Coli Commune on the Endometrium.—MORISANI (*Archiv. di Ostetricia*, March, 1897) injected cultures of this bacterium into the normal uterine cavity with negative results. He then irritated the endometrium by different agents (probes, hot water, nitrate of silver, etc.) and repeated the injections. Death followed from septic endometritis and peritonitis in periods varying from fourteen to seventy-two hours. It is not clear what protects the healthy mucosa against the action of the micro-organisms, but it may be inferred that either the normal secretion inhibits them, or that there may be some phagocytic action. When the mucosa was irritated both a local and a general infection speedily followed.

Cultures were injected into the rectum with a fatal result in all cases. In animals with a healthy endometrium the latter showed no evidences of inflammation, but when the mucosa had been previously irritated, septic endometritis developed as before.

Appendicitis in the Female.—RICHELOT (*La Gynécologie*, June, 1897) emphasizes the difficulty of diagnosing appendicitis in the female. He reports six cases in which it was impossible to decide positively before opening the abdomen. In the absence of a clear history and early observation of the case it is still more difficult to make an exact diagnosis. The presence of pain and a tumor in the region of the right tube and ovary, situated high up (the left being normal), should always awaken the suspicion of possible appendicular trouble. On the other hand, an inflamed appendix may be adherent in the cul-de-sac. In the absence of any swelling, the pains complained of by certain neurotic females may simulate those of appendicular origin. If the hymen be intact it is fair to infer that an inflammatory enlargement on the right side is due to appendicitis rather than to disease of the adnexa.

Appendicitis and Parametritis.—TREUBE (*Revue Gynécologie et de Chir. Abdom.*, No. 2, 1897) reports cases in which he operated for appendicitis and found that the true condition was disease of the adnexa, and *vice versa*. The relation of appendicitis to parametritis is of considerable interest. The writer believes that the relatively greater immunity of the female from appendicular inflammation is due to the close anatomical relation of the

meso-appendix to the right broad ligament. In the milder grades of post-puerperal infection, which do not reach the suppurative stage, the process is frequently ushered in with pains in the ileo-cæcal region, attended with vomiting and rise of temperature. A swelling may develop and rapidly disappear without further disturbance.

Experimental Appendicitis.—BEAUSSENAT (*Revue de Gynéc. et de Chir. Abdom.*, No. 2, 1897) presents the results of his experiments upon rabbits, which are as follows: 1. Appendicitis is always the result of infection; 2. This infection may be transmitted through the blood- or lymph-vessels; 3. There are no pathogenic organisms, though the most common etiological factor is the bacterium coli; 4. In order that these bacteria may become active it is necessary either that the vitality of the normal mucosa should be impaired or that phagocytic action should be diminished; 5. In every case of experimental appendicitis the accompanying infectious folliculitis spreads to the surrounding lymph-channels, and adenitis is the constant rule; 6. The predisposing factors cause the initial lesion, or favor the infection, by diminishing the power of resistance; 7. Entero-colitis is the chief predisposing cause, as proved by experiment, as well as by clinical observations; 8. Concretions in the appendix are the effect of the appendicitis, not the cause; 9. A foreign body may act as a predisposing cause, through the resulting traumatism.

Hæmatoma of the Vulva.—BINDER (*Centralblatt für Gynäkologie*, No. 34, 1897) reports the following interesting case of hæmatoma in a non-pregnant woman, not due to traumatism: An alcoholic subject, aged thirty-nine years, on lifting a tub of water from a chair to the floor, was suddenly seized with a sharp pain in the perineum, accompanied by a desire to have a movement of the bowels. In spite of violent straining she could pass nothing, and only increased the pain. On examination the right labium was found to be enlarged and tender to the touch. Between the anus and right tuber ischii was a tense tumor the size of an egg, quite sensitive. An ice-bag was applied to the external genitals. Three hours later the right labium had swollen to the size of the fist, and the vagina was almost filled by a bluish-red tumor springing from the right side, while the enlargement in the anal region had assumed a quadrilateral shape and was connected with the initial swelling. The symptoms were less severe than at first. The blood-effusion was entirely absorbed in the course of two weeks.

The writer attributes the accident to the effect of a sudden muscular effort upon vessel-walls weakened by excessive indulgence in alcohol.

Absorptive Power of the Vaginal Mucous Membrane.—LEUBUSCHER and MEUSER (*Zeitschrift für Praktische Ärzte*, 1897, Heft 2), as the result of a series of experiments with solutions of iodide of potassium introduced into the healthy vagina, found that when used in suppositories the urine showed the characteristic reaction within from two to three hours, though faintly. In an aqueous or glycerin solution the drug was absorbed more quickly and a larger amount was excreted. As compared with that of the