

labor with thorough disinfection of the hands, and believes that they can be made practically pure for obstetric work without the use of gloves. To one accustomed to operating with gloves there is no objection to their use, although they interfere with the sense of touch at first.

One thorough vaginal examination is usually sufficient and should be made with every precaution for surgical cleanliness. The course of labor should carefully be watched, and forceps should not be used too early nor too late. Deep lacerations should, if possible, be avoided.

He also urges that the placenta should not be delivered too early, and thinks that Crédé's method has been harmful in this respect. Laceration of the cervix, giving rise to hemorrhage, should be sutured, and all except the slightest tears of the perineum should be closed. He gives one hot vaginal douche after labor, but no others.

GYNECOLOGY.

UNDER THE CHARGE OF

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Prolapsus Uteri in Virgins and Multiparæ.—ERTZBISCHOFF (*La gynécologie*, August, 1905) states that prolapsus may be found even in newborn infants, in whom there is nearly always an accompanying spina bifida. It is doubtless due to defective innervation of the uterine ligaments and pelvic muscles. In virgins and multiparæ the principal etiological factor is want of muscular tone, due either to vasomotor or atrophic conditions, to which are added repeated and severe bodily efforts.

The treatment varies according to the extent of the prolapsus. If slight it can be corrected by plastic operations on the vagina; a simple prolapsus without accompanying cystocele is best treated by hysteropexy combined with intra-abdominal shortening of the round ligaments. In complete procidentia in a young woman, hysteropexy and plastic operations are indicated, in an old subject supravaginal amputation of the uterus, with fixation of the stump to the abdominal wall, and accompanying colpoperineorrhaphy. All such operations should be supplemented by treatment directed toward improving the muscular tone of the patient.

Metritis in Virgins.—DALCHE (*Arch. de thérap.*, 1905, No. 4) believes that infection of the endometrium occurs not infrequently in young girls, due to bad hygiene or accidental blenorrhœal contamination, and is apt to be aggravated under the influence of menstrual congestion. The onset of the disease is more acute than in adults, being marked by severe pains in the hypogastric, ovarian, and sacral regions, accompanied by a mucopurulent discharge, menorrhagia, and metrorrhagia. On examination the cervix is found to be hypertrophied and eroded,