

**The Correction of Face Presentation by External Manipulation.**—OSTRICIL (*Zentralblatt für Gynäkologie*, 1904, No. 14) reports a number of cases in which he has used either the method of Schatz or that of Thorn to correct face presentation early in labor. He was successful in most of these cases. In one of contracted pelvis, the amniotic liquid having escaped twenty hours previously, the chin was behind in the anteroposterior diameter of the pelvis. The effort to correct face presentation was unsuccessful, and the patient was delivered by embryotomy.

**Shock or Hemorrhage.**—LOMER, at a recent meeting of the Obstetrical Society of Hamburg (*Zentralblatt für Gynäkologie*, 1904, No. 14), described a case of extirpation of the uterus through the vagina at six months' pregnancy for carcinoma. Two-and-a-half hours after operation the patient collapsed, and abdominal section showed a small bleeding vessel, which was secured. The patient recovered.

In another case myomectomy was performed by a rapid and easy operation, the patient suffering from collapse one hour afterward. No sign of hemorrhage could be found, and the patient recovered under a moderate dose of morphia. A case of ruptured ectopic gestation was operated upon without especial difficulty, and the operation was followed by a very brief shock, from which the patient soon rallied.

He also reports the case of a patient, aged thirty-four years, who was taken in labor during the night and who gave birth to a large child fifty-five minutes after she awoke from sleep. There was hemorrhage, which was controlled by gauze packing and ergot. The uterus contracted firmly and the pulse was good, but the patient manifested every sign of fatal shock. Two hours after the packing was removed and replaced and hemorrhage was found to be absent. She slowly recovered.

In discussion, attention was drawn to the fact that in some of these cases no definite reason can be found for the production of the shock which is present.

**Depressed Fracture of the Skull Caused by Labor and Its Treatment.**—An interesting case of successful treatment for this dangerous complication is reported in the *British Medical Journal*, April 16, 1904, by Ross. The patient was a multipara. Labor had been in progress for fourteen hours without much improvement. The os was fully dilated, the head presented normally and was engaged. Delivery was effected by axis-traction forceps, there being considerable resistance at first, which suddenly yielded. The pelvis was slightly contracted.

There was a deep, almost circular depression, measuring about two inches in each direction across the left frontal bone. The edge of the bone at the anterior fontanelle was slightly tilted up. An effort to raise the depression by placing the head between the knees and making pressure failed. Two days after birth operation was done at the Glasgow Maternity Hospital. An incision one inch long was made through the scalp near the anterior fontanelle, and the bone was cut through. An elevator was then inserted and passed forward between the bone and the dura mater. To avoid injury to the dura mater the incision in the bone was made one-quarter of an inch away from the suture to which it adheres. The inner portion of the bone was raised without difficulty

and a sound and sensation were produced as if a dent in a celluloid ball were being pushed out. A fracture was found and the other fragment was also raised. There was little bleeding and the wound was closed readily with two stitches. The scalp wound healed in four days, the head becoming normal. The child had shown no symptoms following the injury.

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## GYNECOLOGY.

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**Position of the Arms during Narcosis.**—ROTHE (*Zentralblatt für Gynäkologie*, 1904, No. 12) comments on the comparative frequency of paralyses of the brachial plexus after operations in Trendelenburg's posture, which, he believes, are due to pressure exerted on the plexus at a point between the clavicle and the first rib. Some of these cases resist treatment for months. In addition to these he has noted a number of cases in which minor disturbances followed, such as temporary numbness, crawling sensations, etc.

He has found that all these unpleasant phenomena can be avoided by arranging the arms in a proper manner and at the same time noting the amount of compression to which the arteries are subjected. The pulse at the wrist is a valuable guide. He tried the plan of elevating only one arm, turning the head to the side, but found the same tendency to paralysis of the median nerve as before. Then he tried fastening the arms at the sides, below the table, with a cushion under each arm. This procedure has given the best results.

**Prophylaxis of Postoperative Cystitis.**—BAISCH (*Zentralblatt für Gynäkologie*, 1904, No. 12) finds that two factors are present in the etiology of this condition: Disturbance of the innervation of the bladder leading to paralysis of the viscus, and interference with the nutrition of the organ, caused by extensive dissection. In addition, staphylococci and bacteria coli present in the urethra are apt to be introduced on the catheter.

In consequence the writer employed irrigation of the bladder after every catheterization, with the best results. Only 1 patient was able to urinate spontaneously after 31 abdominal hysterectomies. Of the 25 patients who survived, 22 were catheterized for twenty-two days without developing cystitis.

The most careful asepsis is necessary in using the catheter, and irrigations (with boric acid or protargol solution) should be continued until the patient is perfectly able to pass her water. In the case of minor operations the ischæmia is transient and less marked.