

It is unnecessary to quote these cases in detail. The pelvic contraction in none of them was pronounced, and all would have been suitable cases for symphysiotomy. A number of the mothers had lost children in previous births by craniotomy or in prolonged spontaneous birth. The point which is emphasized by these cases is the fact that the only test of labor is careful and intelligent study of parturition itself. It is absolutely impossible from pelvic measurements only, or from previous history alone, to say definitely that a woman cannot be delivered without a given obstetric operation. Each case of abnormal pelvis or of abnormal fœtus demands careful study. The pelvis should be measured and every effort made to appreciate the relative size of the fœtus. The mother's general condition, her age, her strength, and the circumstances in which she is must also be taken into account. A decision must then be made, either to interrupt pregnancy or to allow it to go on to its natural end. When labor occurs the operator must stand prepared to assist nature, and the success or failure of the labor will depend not so much upon the obstetric operation chosen as upon the selection of the right moment for operating, the abstaining from efforts which cannot succeed, and the scrupulous and aseptic care given to the patient.

GYNECOLOGY.

UNDER THE CHARGE OF

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Frequency of Gonorrhœa in the Female.—BOURSTEIN (*Wratch*, No. 29, 1897), in routine examinations of the uterine and vaginal secretions in 246 women with various pelvic troubles, found gonococci in 40 (17 per cent.), in the cervical discharge in three-fourths of the cases. The average age of the women thus affected was twenty-eight.

The writer argues in favor of more frequent microscopical and bacteriological examinations in suspected cases. He believes that the gonococci rarely preserve their vitality beyond three days in one locality.

Uterine Ptosis.—REYMER (*Sem. Gyn.; La Gynécologie*, 1897, No. 6), in a clinical lecture on this subject, calls attention to the association of uterine displacements with general relaxation of the muscular system, enteroptosis, scoliosis, tarsalgia, etc. In such patients, whether married or single, it is not necessary that there should be any lesion of the pelvic floor, though the condition is most frequently observed in those who have borne children.

Unmarried women are neurotic, with flabby tissues, a relaxed abdominal wall, herniæ, movable kidneys, dilatation of the stomach, lateral curvature of the spine, and have usually had adenoid vegetations of the naso-pharynx in early life. In those who have borne children, the mere presence of a laceration of the pelvic floor is not necessarily the cause of the accompanying

prolapsus, which is due rather to want of tone in the uterine ligaments. The organ is easily replaced without pain, but at once resumes its abnormal position.

Primary Tuberculosis of the External Genitals.—PAOLI (*La Gynécologie*, 1897, No. 6) reports five cases of this affection, which he regards as less rare than is commonly supposed. He believes that the disease is frequently communicated directly during coitus, the primary site being in the region of the vestibule, whence it extends gradually to the surrounding tissue.

It is distinguished clinically by ulceration, with hypertrophy of the labia. It runs a chronic course, and remains localized for a long period, the general health being but slightly affected. The inguinal glands are often not affected, contrary to the prevailing opinion. Microscopically intense congestion and inflammatory infiltration are noted; caseous degeneration is rare, and spontaneous repair is the rule. Secondary tuberculosis of the external genitals extends more rapidly and exhibits a more malignant character.

The treatment is surgical, extensive resection of the affected tissues being necessary. A considerable portion of the urethra may be removed without unpleasant results.

Changes in the Ovaries in Acute Infectious Diseases.—POPOFF (abstract of thesis in *La Gynécologie*, 1897, No. 6) examined the ovaries of fifty infants dying of various acute infectious diseases, arriving at the following conclusions: In measles, scarlet fever, and smallpox the lesions are confined mostly to the primordial follicles and stroma, consisting in swelling of the epithelial cells, vacuolization of the protoplasm, and finally general decomposition of the follicle. General hyperæmia of the stroma and sometimes diffuse or localized hemorrhages were observed. These changes were least marked in connection with measles. They were most extensive in cases in which two infectious diseases developed at the same time.

Subcutaneous Injections of Saline Solution.—JACOBS (*Sem. Gyn.*; *La Gynécologie*, 1897, No. 6), while admitting the great value of saline injections in cases of profuse hemorrhage, states that in so-called "delayed shock" his results have not been satisfactory.

Artificial serum has no bactericidal action, nor does it oppose any barrier to the entrance of infection, although in some cases it has seemed to arrest a mild commencing process. It is possible that the injection of serum may improve the general condition to such an extent as to augment phagocytosis. This does not apply to streptococcus-infection.

When sepsis develops after operation, saline injections should be used without delay. If there is not a prompt response, the infection is probably due to streptococci, and injections of the anti-streptococcus serum should be substituted.

Transplantation of the Ovaries.—GRIGORIEFF (abstract of thesis in *La Gynécologie*, 1897, No. 6) reports the results of a series of experiments in rabbits. Under strict aseptic precautions the abdomen was opened and the ovary was excised and sutured in different regions—to the broad ligament, the