

teria, and 2 recovered; and 10 resections of veins, with 3 recoveries and 7 deaths, of whom 8 had hemolytic bacteria, with 3 recoveries. This resection of veins was accompanied by the extirpation of the uterus and adnexa. There were 36 cases of abscess of the parametrium, with 34 recoveries and 2 deaths; hemolytic bacteria, 8, with 7 recoveries; and 5 cases of circumscribed peritonitis, with 2 recoveries and 3 deaths, 3 having hemolytic bacteria, with 2 recoveries. His experience would indicate that septic peritonitis should be operated upon at the earliest possible moment, and that extensive operation on the genital organ is indicated in metastatic infection. The septic uterus should be removed through the abdomen. The results will be improved if operation is performed sooner.

The Influence of the Age of the Mother on the Sex of the Child.

—**AHLFELD** (*Monatschr. f. Geburtsh. u. Gynäk.*, 1912, Band lxxvi, Heft 3) concludes from his investigations that the number of male children is greater than female children in those women in whom the birth of the first child occurs after the average age. While he personally is satisfied that this is accurate, he thinks it should be corroborated by further investigation.

The Topography of the Umbilicus in Mothers and Newborn Infants.

—**KAKUSCHIN** (*Monatschr. f. Geburtsh. u. Gynäk.*, 1912, xxxvi, Heft 3) has investigated the relative topography of the umbilicus in the newborn child and in the mother. He finds that in taking measurements from the sternum to the umbilicus, from the symphysis to the umbilicus, and from the anterior superior spine of the ilium to the umbilicus, in different individuals, that differences as great as 14 cm. are found. Women above the average age, who have not borne children have greater measurements than the average of younger women. The occurrence of childbirth does not seem to influence these measurements. During pregnancy the lower portion of the abdominal wall is greatly distended, and all measurements in multiparæ are much greater than in primiparæ. During pregnancy the greatest increase is found in the measurement from the left anterior superior spines of the ilium to the umbilicus. As the length of the trunk of the mother's body increases, the measurement from the umbilicus to the pubis is greater. In the first day after labor the measurement from the xyphoid cartilage to the symphysis grows shorter, so that it is below its average measurement in a young woman. The greater the weight of the newborn child the higher is the umbilicus in relation to the length of the body. In female children the umbilicus is relatively higher than in male children. In full term children born in breech presentation, the umbilicus is relatively higher in the body than in children born in vertex presentation.

Perforation of the Uterus following Abortion.—**PUPPE** (*Monatschr. f. Geburtsh. u. Gynäk.*, 1912, Band xxxvi, Heft 3) describes 2 typical cases illustrating the danger which the general practitioner often incurs in attempting to deal with septic abortion. The first patient was the mother of nine living children, who had interrupted menstruation, and was troubled with cough and chest symptoms, for which she

consulted a general practitioner. Afterward there developed a foul discharge from the vagina, for which the doctor applied a tampon. He afterward examined the patient under an anesthetic, finding the cervix slightly dilated, so that Hegar's dilators were used to open the canal. When the dilator No. 14 was introduced, some hemorrhage followed which was checked by a tampon and was supposed to come from the mucous membrane of the surface. The putrid mass was removed so far as possible from the uterus, and the patient was sent from the consulting room to her lodging. She shortly afterward died from peritonitis. On examination a large perforation in the left parametrium was present, and behind the left ovary the peritoneum had been extensively wounded. There was a small piece of placenta in the cervix. The second case was that of a woman who had borne three children, who becoming pregnant again, endeavored to interrupt the pregnancy by hot baths, and probably interference. Hemorrhage finally developed, with pain over the sacrum, and gradual impairment of health. The patient consulted a physician, who made an examination and attempted to empty the uterus by the finger. Failing this, he used a curette and placental forceps. He then irrigated the uterus with a uterine catheter. It was observed that the water used in the irrigation did not entirely return. The patient went in a cab from the doctor's office to her house. She soon after died from peritonitis. On section, the uterus had been perforated at the fundus near the insertion of the left tube. These cases draw attention to the familiar fact that in the presence of septic abortion curetting is exceedingly dangerous. Such patients should be immediately transported to hospital where, under anesthesia, they should be carefully examined. The cervix should be dilated with the finger, and if the body of the uterus is firm, the finger or a large blunt-edged curette may be carefully employed, followed by gentle irrigation and by a tampon of iodoform gauze. If the body of the uterus is soft, nothing should be introduced within its cavity. In preparing to empty the uterus, preparations should also be made for abdominal section, and if the operator fears that he has perforated the womb during his examination, the abdomen should be immediately opened. In all doubtful cases the interior of the womb should not be molested.

An Early Case of Chorio-epithelioma Uteri.—THOMPSON and STEWART (*Jour. Obst. and Gynec. British Empire*, September, 1912) report from the Leeds Infirmary the interesting case of a multipara, aged forty-five years, who had bleeding from the uterus after six weeks' amenorrhoea. This continued for ten days, obliging the patient to remain in bed. A few weeks after the first hemorrhage a second one occurred during a journey, which obliged the patient to interrupt her journey, and caused her to be very anemic upon her arrival home. On examination, small pieces of vesicular mole were found in a blood clot which had passed from the vagina. The patient was very anemic, with high temperature, and offensive vaginal discharge. The uterus was enlarged, corresponding to the period of pregnancy. After curetting, the interior of the uterus felt smooth. The materials removed were vesicular mole, portions of placenta, and blood clot. Five weeks afterward the patient bled so profusely that