

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.

GYNECOLOGY.

UNDER THE CHARGE OF

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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.

[In our experience the patient is less apt to suffer from permanent vesical inflammation than from urethritis and irritation at the neck of the bladder, due to the rough or unskilful use of glass catheters.—H. C. C.]

Removal of Ureteral Calculus per Vaginam.—GRADENWITZ (*Zentralblatt für Gynäkologie*, 1904, No. 12) reports the following case: The patient, aged forty-three years, had suffered for three years with colicky pains, beginning in the right kidney and radiating over to the left. She had passed two phosphatic calculi. On vaginal examination a small stone was felt in the bladder, which was easily removed per urethram after moderate dilatation. Four weeks later the patient re-entered the hospital on account of a return of the colicky pains. It was now possible to palpate a stone, the size of a cherry-pit, impacted near the left ureteral orifice. Cystoscopic examination was negative, and the daily excretion of urine was about two pints. Three months later only half this quantity was excreted, and catheterization of the left ureter showed that no urine escaped from that kidney, though the fact of hydronephrosis could not be established.

Under narcosis the usual transverse incision anterior to the cervix was made, the bladder was dissected upward, and the lower portions of the broad ligaments were divided between ligatures, although the uterine arteries were not tied. The stone was fixed by pressure through the abdominal wall, and after further blunt dissection the ureter was drawn down into view; incised, the calculus (uric acid) was removed, and the incision was closed with fine sutures. The patient's convalescence was afebrile, the daily amount of urine at once became normal, and four months later there was no evidence of further trouble.

Histology of Parametritis.—BUSSE (*Monatsschrift für Geb. u. Gyn.*, Band xviii., Heft 1) calls attention to the fact that so-called pelvic exudates differ widely anatomically. In some cases there is a simple oedema of the parametric tissues, in others fibrinous inflammation without marked increase in the leukocytes, such as is noted in the more acute forms. Suppuration follows, with later hypertrophy of the connective tissue and accompanying degenerative changes, especially fatty.

The Action of Oophorin.—MATHES (*Monatsschrift für Geb. u. Gyn.*, Band xviii., Heft 2) asserts that ovarian extract causes an excretion of the phosphates, which is less marked in women whose ovaries have been removed. In general, castration appears to diminish the salts in the body.

Leukocytosis in Diseases of the Pelvic Organs.—DUTZMANN (*Monatsschrift für Geb. u. Gyn.*, Band xviii., Heft 1), continuing his studies of this subject, presents the results in 2000 blood-counts, made in 223 patients. His conclusions are as follows: Leukocytosis is a valuable guide to the presence of pus in the case of pelvic exudates, and furnishes an indication for incision. The iodine reaction of the white cells serves to confirm the diagnosis in a doubtful case of supposed abscess.

In diseases of the adnexa the leukocyte-count not only assists the diagnosis, but guides the surgeon in his choice of the abdominal or vaginal route. In cases of fibromyoma, carcinoma and ectopic gesta-