

In operating he uses lysol to cleanse the vagina and during operation normal salt solution for his hands and swabs. He has as few assistants as possible to come in contact with the patient. In multiparae he does not wait for labor to begin. In primiparae, if the uterus is to be retained, he waits until there is sufficient dilatation to secure drainage. If the uterus is to be removed, it can be opened most conveniently upon transverse incision. In one case only has he seen the uterus remain without contracting after it was emptied. If the membranes have ruptured before the operation, the uterus should be turned out of the abdomen before it is opened. For suture in the uterus, he prefers catgut, because in two cases where he used silk stitch infection followed, and patients were annoyed by discharging sinuses.

**Rapid Dilatation of the Cervix.**—DE SEIGNEUX, of Geneva (*Zentralblatt für Gynäkologie*, 1905, No. 23), illustrates his metal dilator and recommends its use. He also reports seven cases delivered by this method.

The instrument resembles Bossi's dilator, but the blades open in four directions. One of these blades bends downward and outward toward the operator; another downward and backward away from him, while two lateral blades open at right angles on each side. The instrument seems to have some advantages over Bossi's dilator, and is worthy of trial.

**Cæsarean Section Late in Labor.**—HOLMES (*American Journal of Obstetrics*, June, 1905) reports the case of a primipara with contracted pelvis who had long been in labor and in whom forceps had been applied twice in the endeavor to deliver the child. The patient's pulse was 120 to 130, the temperature normal, and the right parietal bone presenting. The fetal heart sounds were 140, strong and regular. Pads and sponges were improvised and boiled for an hour. The abdomen was opened, the uterus turned out, and the child delivered by anterior incision. The placenta was on the anterior uterine wall and escaped as the uterus was opened. A rubber tube was placed about the cervix, as there were few assistants and some hemorrhage. The uterus was closed with catgut, and four silk sutures were added in addition. Salt solution was given subcutaneously during the operation.

The patient's pulse was 150 at the conclusion of the operation, but gradually declined, and the highest temperature was 101° at the end of the first day. The lower angle of the abdominal wound did not unite by first intention, but pus was not present. The patient did not nurse her child.

The child weighed eight pounds, and its head showed evidence of pressure by the pelvis and by the forceps.

He reports another case in which a patient with contracted pelvis was admitted to a hospital after she had been sometime in labor. The patient would not make a decision as to the choice of operation, and finally Cæsarean section was performed after the patient had been in labor forty-eight hours. She died of peritonitis.

The author believes that in the first case reported the uterus should have been removed and that a ligature should not have been placed about the cervix; in the second case he believes that no choice as to the kind of operation should have been presented to the patient and her family, but that Cæsarean section alone should have been urged.