

OBSTETRICS.

UNDER THE CHARGE OF

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Case of Puerperal Infection in which the Bacillus Typhosus was Found in the Uterus.—In the *American Journal of Obstetrics*, August, 1898, DOBBIN reports, in a very complete manner, an interesting case of puerperal infection in which the bacillus of typhoid was present within the womb. By reference to the literature, he finds that the streptococcus pyogenes, staphylococcus (aureus and albus), bacillus coli communis, gonococcus, bacillus of tetanus, Klebs-Löffler bacillus of diphtheria, diplococcus pneumoniae of Fränkel, bacillus proteus, bacillus aerogenes capsulatus, and the anaerobic gas producer of Lindenthal, have been demonstrated to be present in cases of puerperal infection. Until his own report, there have been no positive demonstrations of the presence of the bacillus of typhoid in the womb.

His patient was a young woman who was delivered in her third labor by a midwife. Clots and pieces of placenta were retained, and were removed by a physician on the second day. The patient had fever when admitted to the Johns Hopkins Maternity Ward. Her previous history was that her husband had died with fever, possibly typhoid, about a month before her confinement. She had nursed him and had been perfectly well until she came into labor. On examination there was an eruption on the abdomen which might readily have been caused by typhoid infection. Lochia from the uterus was removed for examination, and afterward the womb was washed out with salt solution. As streptococci, with other germs, were found in the lochia, an injection of serum was given. There was a rapid rise of temperature, followed by a fall and a diagnosis of pyemia was made. Cultures made from the blood were sterile, but the Widal reaction was positive. The urine gave a marked diazo-reaction. An abscess which contained streptococci formed on the left leg.

On examination the uterine lochia, in addition to other germs, showed distinct cultures of the bacillus typhosus. The child died on the second day and its body was not subjected to examination. The mother recovered.

There are two explanations for this case. One, that of infection through the medium of the midwife; and the other, infection of the blood-stream with the bacillus typhosus, with the passage of the germ from the blood into the uterus. The author inclines to believe that the case was one of mixed puerperal infection, arising through contamination from without.

Fibromyoma of the Uterus and its Influence upon Sterility.—In the *Monatsschrift für Geburtshilfe und Gynäkologie*, Band viii., Heft 2, 1898,

FRÄNKEL contributes a paper upon this subject. He reviews at length the paper of Hofmeier, who concluded that cases of sterility in women who had fibromyomas were due more to other conditions than to the tumors. He differs with Hofmeier and with those who have adopted his view, and finds evidence that fibromyomatous tumors distinctly predispose to sterility. He shows, by computing the average birth-rate of Germany and then the birth-rate of these cases, that more than one-third of the patients having these tumors have during their married life but one child, while in a series of 2000 cases of women who had other pelvic diseases, but 5 per cent. show the same comparative sterility. He believes that interstitial tumors have the greatest influence in preventing conception. Next in importance are subserous, while at least effective are submucous.

He does not attempt to define clearly the way in which this causal relation is brought about, nor does he pretend to say definitely whether the myomatonous tumor is the cause of the sterility or whether the sterility and conditions causing it produce the tumor.

The Practical Significance of Bacteria Found in the Vagina.—In the *American Journal of Obstetrics* for October, 1898, WILLIAMS publishes a paper read before the American Gynecological Society at its last meeting. His results were obtained by the bacteriological examination of the vaginal secretion in ninety-two pregnant women. His conclusions are as follows:

He did not find the usual pyogenic cocci in the vaginal secretion of these patients. But twice in ninety-two cases the white staphylococcus often found in the skin was present. He considers auto-infection impossible. The gonococcus is occasionally found in the vaginal secretion, and may extend into the uterus and tubes during the puerperal state. While it has not been demonstrated, it is possible that the vagina may contain bacteria which may give rise to sepsis and putrefactive endometritis by auto-infection. Death from puerperal infection is caused by infection from without, and usually follows the neglect of aseptic precautions by doctor or nurse. Such infection may best be avoided by limiting vaginal examinations as much as possible. When such are made, the external genitals should be cleansed and disinfected carefully, and the hands rendered as aseptic as if for a laparotomy. Vaginal douches are not necessary and are probably harmful.

Sagittal Fontanelle in the Heads of Infants at Birth.—LEA contributes to the *Transactions of the Obstetrical Society of London*, 1898, vol. xl., Part iii., a paper upon this subject in which he draws the following conclusions:

The sagittal or parietal fontanelle is present in 4.4 per cent. of infants at birth. It is usually bilateral and lozenge-shaped (76 per cent.), more rarely it is unilateral and triangular (24 per cent.). It closes within the first two months of life, but at times may remain open for at least eight months after birth, and possibly longer. It is frequently associated with deficient ossification of the posterior parts of the parietal bones. Its presence does not appear to be associated with any constitutional condition of the infant or the mother. During delivery it may lead to error or confusion in diagnosing the presentation. It is probably of some use in facilitating the moulding of the head in vertex presentations. It may simulate fracture or injury of the skull.