

The patient commenced speedily to improve and was convalescent in fifteen weeks. On examination before her discharge the uterus was normal in size, drawn a little toward the right side, the cervical portion slightly fixed. Both intestinal fistulas had closed and the patient's condition was satisfactory.

In the Clinic in Mainz the following is the treatment of medium grades of contracted pelvis: Under favorable conditions, with examination under anesthesia from the thirty-second to the thirty-fourth week, the induction of labor. If the patient comes to full term and goes into labor and the child dies, embryotomy. If the child is living and in good condition, examination is made under anesthesia, and if engagement and descent are impossible and the patient is a primipara, suprasymphyseal section is performed. If the patient is a multipara, pubiotomy is selected.

## GYNECOLOGY.

UNDER THE CHARGE OF

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**The Prevention of Adhesions in Abdominal Surgery.**—J. C. WEBSTER (*Surg., Gyn., and Obst.*, 1909, viii, 574) states that such general conditions as prolonged anesthesia, systemic weakness, and anemia may contribute to the formation of adhesions following abdominal operations. But, experimentally, in dogs such adhesions may be produced by undue exposure to dry air, cold air, mechanical trauma, and cultures of micro-organisms. Webster thinks we should, therefore, avoid these factors as far as possible in abdominal surgery. The temperature of the operating room should be as high as 90° F., the degree of humidity high, the peritoneum covered as much as possible with gauze wet in hot salt solution, self-retaining, if any, retractors used, a minimum amount of sponging done, and, so far as possible, all denuded areas covered either by surrounding peritoneum sutured with fine catgut, or by omental grafts.

**Results of the Treatment of Uterine Carcinoma.**—G. KLEIN (*Monatschrift f. Geburtsh. u. Gynäk.*, 1909, xxix, 710) found among 15,074 patients of his private practice and the Polyclinic of the Munich University, 421, or 2.79 per cent., with carcinoma of the uterus; 106 of these refused radical operation. Of the remaining 315, only 126 were radically operated upon, giving an operability of 40 per cent., which compares favorably with the findings of other operators. The primary mortality was greater in abdominal radical operation than in vaginal operation—in private practice 16.1 per cent., in the Polyclinic, 9.5 per cent. mortality. Among 204 cases whose histories were obtainable after five years it was found that only 8, or 3.6 per cent., were absolutely cured. Klein severely