

practically that of placenta prævia under aseptic conditions, namely, 12 per cent. The fetal mortality is about that of eclampsia under modern methods of treatment.

If the head is not engaged, an effort should be made to produce flexion by the band, if this fails version should be performed. If the head has engaged, an effort should still be made to produce rotation by the band. If forceps are used at all, it should be as a last resort before embryotomy. Fetal mortality under the use of forceps is 50 per cent.; only axis traction instruments should be used. If symphyseotomy be elected, it should be performed when the child is vigorous enough to justify the operation.

Puerperal Septic Infection.—The *Practitioner* for March, 1905, is devoted to the discussion of puerperal septic infection. Herman writes upon clinical phenomena, describes the puerperal ulcer, hospital gangrene, spreading traumatic gangrene, sapræmia, septicæmia, pyæmia, peritonitis, late peritonitis, and pelvic cellulitis as different forms of the disease.

Galabin describes the treatment and has found advantage in obtaining material from the uterus for examination in employing the double sterilized tube. The outer and larger tube is closed at the end by a thin india-rubber diaphragm; when this is passed within the cervix the inner and thinner tube is pushed through, it takes up the secretion and is then withdrawn within the rubber.

The uterus is thoroughly irrigated with chinosol, 0.25 per cent.; tincture of iodine, 1 per cent, or lysol, 1 per cent. Vaginal douches of bichloride, 1: 3000 or 1: 4000, are often used. The bowels should be freely opened.

If this does not suffice, the uterus must be thoroughly explored by the finger; retained matter broken down and separated, and then removed by irrigation. If bleeding occurs, packing with iodoform gauze is indicated; suppositories of iodoform, each containing 2 drachms, may be introduced into the uterine cavity daily for some time.

Free feeding is advised, and normal salt solution beneath the skin; fever is to be reduced by cold and quinine and iron may be given; penacetin for pain, and strychnine for feeble pulse was also recommended. Antistreptococcic serum has been of value in some of his cases.

The author speaks well of collargol, although he apparently has had no experience with that or with nuclein.

So far as operative treatment is concerned, he would limit this to the opening of abscesses; if such are pelvic, they should be opened through the vagina; if abdominal, they should be opened through the abdominal wall. Hysterectomy should very rarely be done, and then if the uterus is large, through the abdomen; and if it is small, through the vagina. Occasionally abdominal section affords a chance for recovery in peritonitis while opening the posterior cul-de-sac is useful in pelvic peritonitis. It is occasionally useful in beginning pelvic peritonitis.

The Prevention of Puerperal Septicæmia.—In the *Practitioner* for March, 1905, HART contributes a paper upon this subject. He lays especial stress upon the sanitary oversight of the patient during pregnancy, and upon the observance of such hygiene that shall bring her into the best possible condition. He urges cleanliness at the time of

labor with thorough disinfection of the hands, and believes that they can be made practically pure for obstetric work without the use of gloves. To one accustomed to operating with gloves there is no objection to their use, although they interfere with the sense of touch at first.

One thorough vaginal examination is usually sufficient and should be made with every precaution for surgical cleanliness. The course of labor should carefully be watched, and forceps should not be used too early nor too late. Deep lacerations should, if possible, be avoided.

He also urges that the placenta should not be delivered too early, and thinks that Credé's method has been harmful in this respect. Laceration of the cervix, giving rise to hemorrhage, should be sutured, and all except the slightest tears of the perineum should be closed. He gives one hot vaginal douche after labor, but no others.

GYNECOLOGY.

UNDER THE CHARGE OF
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Prolapsus Uteri in Virgins and Multiparae.—ERTZBISCHOFF (*La gynécologie*, August, 1905) states that prolapsus may be found even in newborn infants, in whom there is nearly always an accompanying spina bifida. It is doubtless due to defective innervation of the uterine ligaments and pelvic muscles. In virgins and multiparae the principal etiological factor is want of muscular tone, due either to vasomotor or atrophic conditions, to which are added repeated and severe bodily efforts.

The treatment varies according to the extent of the prolapsus. If slight it can be corrected by plastic operations on the vagina; a simple prolapsus without accompanying cystocele is best treated by hysteropexy combined with intra-abdominal shortening of the round ligaments. In complete procidentia in a young woman, hysteropexy and plastic operations are indicated, in an old subject supravaginal amputation of the uterus, with fixation of the stump to the abdominal wall, and accompanying colpoperineorrhaphy. All such operations should be supplemented by treatment directed toward improving the muscular tone of the patient.

Metritis in Virgins.—DALCHE (*Arch. de therap.*, 1905, No. 4) believes that infection of the endometrium occurs not infrequently in young girls, due to bad hygiene or accidental gonorrhoeal contamination, and is apt to be aggravated under the influence of menstrual congestion. The onset of the disease is more acute than in adults, being marked by severe pains in the hypogastrie, ovarian, and sacral regions, accompanied by a mucopurulent discharge, menorrhagia, and metrorrhagia. On examination the cervix is found to be hypertrophied and eroded,