Recent Progress in Obstetrics

A thesis for the degree of M.D.

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Every right-thinking medical man recognizes the fact that one of the most essential duties which the physician owes to his patient is to keep himself abreast with the times. This principle is understood by every student of medicine that the teaching which he receives at his medical school is simply a beginning—an initiation as it were to this principle, a series of instructions as to how and what he is to study, and how he may receive most benefit from what he will study when he has begun practical life. And while it is true that we should know as much as possible of those advances which are being made for the relief of suffering and the cure of disease in medicine and surgery, it is even more important that we as general practitioners should make ourselves thoroughly conversant with all the means which are introduced.
to enable us to lessen the morbidity, and diminish the mortality of obstetric cases. There is no parallel in medicine or surgery where an individual always of one sex has to pass through a natural process, and that process frequently ending fatally, and in fact leading to the loss of many lives annually in this country. The subject is fraught with interest to all medical men, and demands our careful and unceasing attention.

Midwifery is held by some not to be a scientific department, and a branch which may be practiced by anyone however unskilled or unscientific. Others hold that it is a natural process which is being carried on, and therefore the presence of any skill to assist in its completion is unnecessary. Some allege that it is coarse, but the coarseness or delicacy of any branch of practice depends entirely on the man who is practicing it, and this department should certainly not be practiced in
a coarse manner: however it may be disregarded and disliked, it has still to be practiced by the great majority of the members of the medical profession, and in no other sphere do emergencies arise so frequently or unexpectedly taxing the skill and resources of the attendant. Therefore it behoves every man who undertakes the duties of a practi-
cioner, to study obstetrics in all its details, and make himself master of the science, so that he may practice the art with satisfaction to himself and safety to his patients.

Nothing daunted by the requirements necessary for an efficient performance of the duties demanded in the profession of medicine, women have chosen to enter the field. There never has been any call for them in this country to agitation on the part of patients - the general public alleging an unsatisfactory performance of the duties by those who had practiced
it always. The movement was aggressive by the weaker sex. Observing other branches of industry being followed by large numbers of other sex, they turned their attention to the profession. Joanna Baillie, Hemans, and Harriet Martineau adorned the paths of literature. Souvereignville was renowned in scientific discussions and Dr. Mead had gained the highest laurels on the stage.

The sacred majesty of the law and the Conservative Divinity had closed the portals of two of the faculties against them, and to the realms of medicine were more successfully invaded. The want of stability and strength of mind, their physical weakness, and their social duties and relations together form a sufficient argument against them being equal to the onerous calls of the profession. Nursing and obstetrics are the departments for which they seem best adapted. In nursing, great advances
have been made during the last thirty years. Before that time there existed no training system for nurses in our hospitals; but with the Crimean War came the celebrated Florence Nightingale with her band of nurses, and from that date the training and education of nurses has gone on constantly improving. During recent years the name of Lady Sydenham has become famous in connection with military nursing, and the services of such as her have been acknowledged and approved by the highest in the land, and Her Most Gracious Majesty the Queen has been pleased to establish an Order to honour those who distinguish themselves in so relieving the sufferings of the sick poor. Among those who have laboured in civil hospitals the name of Sister Dora is known to all. The system of separate hospitals for lying-in women has been greatly extended, and they have been the means of giving a large number of
women an intelligent knowledge of everything connected with the duties of a midwife. As obstetricians they will be hailed with gratitude by the women of Eastern Countries, who by their labors are prevented from receiving attendance by practitioners of the opposite sect. In our Indian Empire this want has been greatly felt, and a field of great usefulness lies before the female obstetrician in that land.

The importance of trained midwives has been recognised by the profession, and the Legislature will raise their status by making the "Midwives Act" requiring their proper training and registration, and giving power to remove those from the calling who are guilty of misconduct or malpractice.

The late epidemic of Syphilis at the field, and the occasional outbreaks of postnatal fever occurring in their practice are ample justification for this. Such is the position of women in medicine at the present time.
The practice of Obstetrics is coextensive with the human race: the science is a product to a large extent of the present century. Aelopigro imperfectly, the greatest name, which has been handed down from posterity in connection with the generative structures. But in modern times a host of inquirers, quite equal to those in the companion department of Medicine and Surgery, have devoted themselves to the study of those structures concerned in the digestives of Obstetrics, and the result has been great advance in the knowledge of the minute structure of these organs: their physiology and pathology; and also of the modus operandi by which these structures, especially the uterus, and part concerned in Parturition, perform their functions: and how they can most advantageously be assisted in performing these functions. The following will indicate briefly the part which has been taken by
different observers who have studied these structures. Waldeyer has shown that the ovary is developed from the Wolfian Body. Waldeyer and Pflüger have described those spherical cells in the ovary termed egg-chains or egg-clusters, which cells take part in the Graafian Follicle. Foulis has investigated the germ-apithecium, and the Graafian Follicle, and shown that the ovary is not a tubular gland. Baldwin devoted great attention to embryology and in this short life did much to advance it. Laxton states in his recent work on the ovaries, has given the Fallopian Tube an importance in physiology and pathology not previously attributed to them. The pathological position he has endeavoured to support by the result of operations performed on them: the physiological importance is supported by substantial evidence, and is contrary to the results obtained by eminent physiologists as Bischoff.
The mechanism of labour; the diseases of the uterus; the various methods by which these diseases can be diagnosed and local treatment applied; and operative measures in connection with the uterus have all been studied and wrought out by students of the highest eminence. The study of the natural expulsion of the Placenta has led to express views universally taken the place of traction; and the twisting of the membranes before withdrawal is now taught and practised, thus diminishing the risk of portions remaining behind to decompose and poison the patient.

No single man has done more to advance Obstetrics than Dr. James Simpson; to him we owe the practice of turning in cases of contracted bring by which many lives are saved. He also placed the long forceps bearing his name, in a higher state of perfection than any
other similar instruments and many senior practitioners still regard them as applicable to all cases. But in recent years Farrier has imposed on them by the addition of a joint and movable superstructure handle thus allowing traction to be made always in the pelvic area and giving great advantage when the head is at the brim. Farrier is a large and complex instrument. A. R. Simpson of Edinburgh ha simplified it by the production of an epis tractive forceps. This is simply the Simpson's long forceps with two bars fixed to the handles at the iliac crest, and though two fixed into a slot in a wooden handle, it having a universal joint. This instrument answers all the needs of Farrier and can be used with or without the epis tractive portion, thus answering all cases suitable for forceps. Its greater advantage is seen in cases where the head is at
the brain, and in persistent occipito-posterior presentations. By their use a less degree of traction is required, and the natural position of the head is less liable to be interfered with.

Dr. H. Simpson also uses the use of the utricle forceps in the diagnosis and treatment of disease and displacements of the uterus.

Operative interference at the present is mainly directed towards finding the safest means for securing the birth of a live child in those cases in which its birth by strong natural
is impossible. Professor Porr
of Pavia is the man who has taken the
lead in this direction on the Continent
and the operation which goes by his
name has been frequently performed
on the continent, especially in Italy and
also in this country. In addition
to Caesarean section he removes the
uterine and its appendages at the
same time, thus taking the next
measures for securing the birth of
a living child; the recovery of the mother, after the operation, has prevented future pregnancy. This operation has been attended by a lower mortality than Caesarean section. Caesarean section is still performed, and a case terminating safely under very disadvantageous circumstances, has recurred last year.

Another has been added to the operations of obstetrics, viz. Basilisk. This is effected by means of an instrument called the Basilisk, which perforates the vault and is then pushed on to the base of the skull, which is drilled, so producing a figured fracture radiating in all directions. By this means the principal obstacle to delivery in cases requiring perforation, the passage of the firm, unyielding base of the skull through the deformed pelvis is greatly facilitated. This communication of the base, and the fact of no instrument being passed between the head and the maternal passages
constitute its chief advantage. Two cases have been recorded last year in which it was tried, and in both the operation gave complete satisfaction.

The most recent step and one which is capable of great development and from which we expect good results is the application of uterine medication. Agents having antiseptic properties are those commonly in use, as dilute Carbolic Acid. Permanganated Potash, &c. In Maternity Hospitals great care is taken to render the patient and all who come in contact with her as thoroughly antiseptic as possible. It is to this line of treatment on the one hand that we look for diminished maternal mortality, and the prevention of puerperal poisoning. While to the use of the forceps before the mother is exhausted, and the risks of still birth are great, and the performance of Caesarean operations in cases
where it is impossible for a living child to pass through the maternal passages, that we hope for a diminution of infantile mortality; and the safer these operations become the more may we expect operations for the destruction of the foetus to fall into desuetude.

During the past year, it cannot be said that any revolutionizing discovery has been made in the department of Obstetrics. But both in this and the Companion department of Gynecology attention has been mainly directed towards the perfecting of technical details in practice which have only been introduced of recent years. Than the report of the British Lying-in Hospital for 1881 and 1882 there is nothing which has been published that can show at a glance the strides which have been made in the practice of Obstetrics, and how from being carried out in a mere empiric fashion, it, like all other
departments of the healing art, is being subjected to the laws of treatment which science theoretically has proved to be correct. In 1881 there were 160 deliveries with one death, or a mortality of 0.625%: in 1882 there were 172 deliveries with one death, or 0.58%. Of twelve operative cases there were no deaths. One of the deaths was due to unavoidable hemorrhage: the other was caused by exhaustion. The cause of this fortunate result is no doubt careful application of all the details of the antiseptic system of treatment as applied to midwifery. The delivery of the patient under a carbolic spray of 1 to 80: spraying the genitalia twice daily with a 2% solution of carbolic acid: the continual playing of a carbolic spray 1 to 80 in the wards: and all washing of the genitalia with a 1-80 solution are the different factors by which this desirable result was produced. (B. M. J. 13/1/83)
There are other factors which played doubtless an important part such as the small wards each containing only four beds instead of ten as at Edinburgh: a routine medicine is also given to all patients with the view of making sure of having the Marywell contracted and to prevent the delayed condition which favours often times retention of discharge, and it may be decomposition of the same and to open up one broad for the attack of auto-infection. This is really important at a public maternity where a large proportion of the inmates are unmarried women in whom owing to mental depression and worry there is often an unhealthy tone of the litergy tending to bring about the above conditions and accidents of septicaemia occurring in those who may be otherwise healthy. The of the speakers in the discussion on the topic at the last meeting.
of the British Medical Association
said considerable enthusiasm on
this point, and also stated that in
all cases where there was a tendency
to that condition arising he kept
the patient under the influence of
Ergot for some time. The fact that
it was due to the antiseptic plan of
treatment, and not, at least, entirely
to a fortunate few of cases, is
proved by a similar fortunate
result in the morbidity and mortal-
ity of the patients at the Maternity
Parks, produced by the same treatment
carried out under Vannier, he having
first seen it in the London Hospital.
The above may be taken as a
standard of obstetric practice
according to antiseptic principles
correctly applied.
But how different is the treatment
to which the women in less
favoured lands are subjected.
To turn from the article recording
the preceding facts to another by
I. C. Ady (B. M. S. 20/1/83) on Native Midwifery in Rangoon is indeed toppled from light to darkness triple. In the former we see what patient research and an endeavour after more light has done to relieve human suffering and diminish the mortality of the parturient female. But in the latter, we see native ignorance and hereditary custom doing all in its power to stamp out the life of both mother and child. The mother is described as lying on the floor with her legs apart, her female friends stood around, and each woman in succession jumps on her abdomen and stamps. In one case the perineum was entirely ruptured, and in the other the child was still-born, and the mother expired immediately afterwards. Such are the results of this barbarous treatment.

The coloured women of the United States—must also have been allowed
to suffer long in labour, for we learn that it was among them that Professor Faurie first extensively practiced his operation for vesico-vaginal fistula which raised him to eminence among gynaecologists.

Having written thus much by way of introduction I shall proceed more directly to the subject of this paper. Recent Progress in Obstetrics. Those practitioners who are situated in large centres have the advantage of attending large infirmaries and medical societies. Provincial men cannot enjoy these, but every week the medical papers convey to them an accurate account of the original work which is being carried on throughout the country. In the following pages I shall proceed to detail and review the articles which have appeared during the past year on Obstetrics.
Confining myself principally to
that although of necessity turning
something on gynaecology, and
taking the part concerned in the
following order:—The External
Genitals—The Ovaries, the Fallopian
Tubes—The Uterus—its morbid
conditions—Labour, its complicating
operations connected with it and
sequelae which may follow.

The Vulva:—Ischamrene of the Vulva
is a rare disease, and when it
does occur belongs to one of the
following classes: (1) occurring in
patients suffering from acute
disease, viz., specific fevers.
(2), Epidemic Puerperal Ischamrene which
has occurred in hospitals only beginning
as isolated round or oval sloughs on
the inner surface of the labia, the
process usually stopping with the
separation of the sloughs, though
sometimes going on to abscess.
destruction of the parts. (3) Acute gangrene occurring independently of contagion, and beginning with acute inflammation of the external genitalia, more superficial than normal, and not spreading like Erysipelas. (4) Spreading gangrenous cellulitis among Erysipelas. Corresponding septicemic gangrenous conditions may occur affecting the external genitalia in women. The first type is apt to occur mostly in those phys. in which there is great debility of the system and a very low vitality, as typhus fever and small pox. The second type is rare. The third is the most commonly met with form and occurs as the result of acute inflammation of the external genitalia in both the male and female, whether the inflammation be the result of general disease or no, and chiefly in patients whose constitutions are shattered by previous disease.
and an evil life. The amnionitis inflammation affects the whole covering of the pelvis, the part being much swollen and engorged with blood; it then spreads to the vesicula and interments of the neighbourhood, abscesses may form in the vesicula and about the pubis, and the patient may die from the severity of the local disease, or from sepsicaemia. The fourth form is rare, and attended with a high mortality. (B.M., 23/1833).

The case of death from haemorrhage from the vulval veins has been recorded this last year. During pregnancy the whole venous system of the female pelvis is much distended, and a wound of the vulva caused by a kick or a fall on the sharp corner of a chair as happened in a case I knew, may cause haemorrhage which will prove quite uncontrollable and prove rapidly fatal to mother and foetus.
The Vagina:—The vagina, as forming the connecting link between the external and internal parts, may be conveniently considered here. Those conditions of the vagina which prevent the passage of the menstrual fluid, or hinder the progress of labour, are the which come mostly under the notice of the practitioners, and accordingly these states are frequently to be found in the Magazines.

The vagina may be occluded by cicatricial tissue, formed as the result of sloughing, occurring from a prolonged labour. In this case the patient had been allowed to linger for thirty-six hours, and as the consequence of the pressure of the fetal head the sloughing and subsequent cicatrization followed. Diastremia and retention of the menstrual fluid followed, requiring surgical interference. The fluid was abscutated by a cannula and the
Symptoms removed. [T. 3/6/83.

Operations of this kind are not always unattended with danger, serious and even dangerous results being apt to follow the passage of air into the uterine in such a condition. It is doubtful if the trochar and cannula be the best means of removing the obstruction. As in the case of imperfect Amo contraction may recur, and the occlusion be reproduced. The preferable way is to place the patient in the lithotomy position under chloroform, then make a crucial incision through the obstruction and remove the retained fluid; plunging the vagina with cotton soaked in some antiseptic. Should it only be discovered during labour then he will simply require to divide the tissue sufficiently to allow the present ing part to progress, when it will produce sufficient dilatation.

Cases have also been recorded in which the vagina has been occluded
by cicatricial tissue. the result of operations for fistulae, so as to prove an obstacle to labour, requiring removal by the knife. [B. M. I. 10/3/83] also in to high congenital obstructions, complete or partial, may be a hindrance to conception. [B. M. I. 24/3/83] these latter are the cases least amenable to treatment as in them the occlusion may not be removable and there is generally defective development of the sexual organs.

In another class of cases the obstruction is at the entrance to the vagina, in the shape of a very rough or imperforate hymen, which allows conception but hinder parturition. [B. M. I. 2/4/83]

The Ovaries — The papers relating to the ovaries may be considered here. They lie more in the field of the gynecologist than the obstetricians, but in many cases, as when owing to enlargement they form a complication of labour, they demand
the attention of the latter.

Thoracotomy has been constantly progressing, and from being an operation condemned by all, it is now freely practised by many general practitioners. The results in the hands of Sir J. Welly have improved from one death in three to one in ten or ninety per cent saved; and a corresponding success on the Continent has been recorded.

The following statistics show the increasing success of the operations: the first hundred occupied eighteen years 89 to 77; the second two and a half years; the third nearly two, and the fourth eleven monthly.

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These statistics refer to Italy (B.M. 1879/93).

Welly records thirteen cases in which the operation was performed twice on the same patient.
Cases have been noted in which the catazmenia continued after removal of the ovaries (B. M. & A 13/1/83) showing that these organs are not essential for that function. Whether its continuance may be owing to that nervous influence which causes us to perform actions automatically or whether it be the case that in all the foregoing alone would be sufficient for the phenomenon of menstruation remaining to be proved. In this patient under my notice at present in whom Batley's operation was performed last summer the catamenial still continue. The was 35 feet single, and had suffered from ovarian and uterine trouble for twelve years. None—monthly after the operation the menstrual discharge was profuse. The other 27 feet single, was also had the catamenia regularly since a few months after the operation. In both cases the ovaries were degenerated into fibrous tissue and small cysts about the size of a walnut.
and painful on manipulation. In both the Fallopian tubes were removed completely: both, but especially the younger, still suffered severe pain in the ovarian region at the menstruation. Menorrhagia varies greatly in its duration and one case has been recorded in which it was protracted till the 34th year.

The presence of an ovarian tumour does not prevent pregnancy: several may occur. The tumour, slowly growing all the time, in this case, the tumour was afterwards excised and the patient recovered. [22/9/83].

The choice of an anaesthetic has always caused discussion in England: some giving Chloroform: others the combination of Alcohol, Ether, and Chloroform: others altogether with a chloroform inhaler: while Lawson Tait believes that Ether depresses the function of the kidney and leads to a fatal viole in performing ovariotomy on patients showing fibrous degeneration of the kidney.
The question as to the length of the incision has also been a good deal discussed: some holding that the longer the incision, the greater the resulting weakness in the abdominal wall, and the more the risk of it giving way, and causing a hernia (Nov 5, 1883). A great deal, however, depends on the character of the cicatrix, as I have seen a patient with a long cicatrix—without complaining of any weakness, while another with a cicatrix of scarcely two inches felt weakness whenever she coughed or strained. Lawson Tait holds strongly by the small cicatrix while Keith holds that it is not the length of the cicatrix as the care we take to make it secure.

The Fallopian tubes—The Fallopian tubes, forming as they do the physiological passage connecting the two ovaries with the uterus, come next to be considered. During the past year
They have been brought more under the notice of the profession owing to the series of operations performed by Lawson Wilkie for their removal, and the reports and discussions on these which have taken place before the Obstetric Society of London.

In his book on the ovaries he has stated that these tubes are lined by cilia, the function of which is to procure the passage of the ovum to the uterus. That this function is not performed in all cases is proved by the fact ofpermatozoa having been found on the surface of the ovaries themselves by the ovaries being in some cases found down by adhesions as to be out of reach of the mouth of the Fallopian tube. By cystic distention in the peritoneal cavity, and in fact by all extra-uterine pregnancies. 

Spat has been much more successful when dealing with them surgically than in treating of their physiology.
By this he has made one of the latest advances in obstetric gynecology, and has given to appendicitis of the fallopian tube a place as a standard operation. The operation has mainly been performed for pyosalpingitis. It is important to diagnose between hydrosalpingitis and pyosalpingitis, as the former is not such a grave disease, the rupture may cause little or no disturbance and is often a common mode of termination. Pyosalpingitis may end naturally by discharging into the peritoneal cavity and the patient may recover completely. The main points in diagnosis are the history of an inflammatory attack, pain aggravated by movement or sexual intercourse, and pelvic tenderness. Any cause setting up uterine inflammation may give rise to pyosalpingitis or uterine inflammation; it may go on to the formation of an abscess which may rupture into the abdominal
cavity and causing acute peritonitis. When the disease was diagnosed, the performance of abdominal section, removal of the diseased abdomen, and cleansing and draining the peritoneum was carried out with a successful result. Fair records having operated on sixty-five cases without a fatal result and in only one case did operation fail to relieve the symptoms. No other surgeon has brought the subject so much before the profession, or had the same experience of the operative procedure for its cure. (J.M. L.) I shall likely gain much more favour than Battey's Operation because the disease is acute; in most cases it may be diagnosed by careful examination: the well marked pathological condition existing as against the more symptomatic phenomena to relieve which Battey's Operation is sometimes performed. The fact
That relief is almost certain to follow the operation: and lastly for moral reasons. So these may be added the fact that so far the mortality has been extremely small as compared with the mortality of Batty's operation especially during the years in which it was first practiced.

More recently Satt reported a case in which the patient had symptoms similar to those of Pyloric stenosis and in which removal of the tube gave relief. There was no inflammation present, but the fundi were connected by little nodules like millet seeds (B. M. 1/12/23).

The uterus - The uterus. The most important of the female pelvic organs comes now to be considered. But it subserves its physiological action remaining inert and its presence is inappreciable to the female. But with the approach of that
period changes take place in the system, the vascular system becoming more developed, the form of the body alters, the mammary glands a large period of congestion of the pelvic organs takes place, and the menstrual discharge becomes gradually established. From this time until the menopause has been some time passed most illnesses in connection with the uterus occur. Labour, with its manifold dangers and complications, tumours simple or malignant, inflammation and displacements of the uterus itself, and constitutional results of these may all place the life of the female in danger or produce a condition of confirmed invalid- idem. At the period of women's activity covers the most important part of a woman's life, it will be the duty of every practitioner to study much the abnormal conditions to which she is to
much exposed to, and the course and treatment of which may determine a life of comfort or misery.

Ustine disease, and perhaps more especially displacements of the organs are apt to cause derangement of the functions of the stomach. Vomiting may be persistent, and as a result weakness and emaciation from deficient nutrition to such an extent as to lead to a diagnosis of malignant disease, and a correspondingly unfavourable prognosis. The phenomena resulting from the deranging disorder are so prominent as to mark its existence, and lead to its non-detection, unless the physician examines specially for it. (15/12/83). The same thing occurs in recurring mental disease, and is a frequent ally in many such cases. The opinion of an experienced psychiatrist should be consulted.
A case has been recorded in which the uterus was absent or merely represented by a few muscular thickenings, and complete Amenorrhoea resulting. As the patient was the wife of an Indian dignitary, the social effect was serious. (B. Med. 29 July 1839).

In one such case I have examined, the vagina was a short cul-de-sac, and by rectal examination the uterus could be felt about the size of a chestnut. In such cases the cure of the Amenorrhoea is not removable, and though grave phenomena come on, such as epileptiform convulsions, their removal by the ovaries would be indicated, and in such cases has cured the patient.

The uterus may be of the two-horned type; one horn may be closed, not communicating with the vagina, and may become thus distended with menstrual fluid and forming a tumour, giving rise to so much pain and disturbance
of health as to render removal desirable. At the operation it was discovered that each horn had two Fallopian tubes, and the right communicating with the vagina discharging its menstrual fluid by that passage. The left horn was excised successfully, the patient leaving hospital on the thirty-first day, 3/11/83. This is an example of a return to a more primitive condition, and is interesting from the fact that both horns might have acted as independent uteri, and had the oclusion not existed requiring removal conception might have taken place in both cavities, and a complicated labor been the result, or labor might have been premature or rupture of one of the horns taken place.

Enlargement of the uterum may occur, due to the irritation of an ovarian tumor, and if the tumor be removed the uterine enlargement subsides, and it returns to
its normal site. Thus I observed in a case of tumours of both ovaries with ascites the tumours were excised and the patient made a good recovery.

Displacements of the uterus are of very frequent occurrence, and a fertile source of female ills. The uterus may be displaced backwards into the hollow of the sacrum, stretching the uterine ligaments and causing acute pain. (B. M. 3. 4. 83)

The mechanical Theory of Uterine Pathology, which connects what are believed to be norbid relations of the different parts of the uterus to itself and to surrounding viscera, with subjective diseases, especially dysmenorrhea, has been long held by many on the Continent as well as in this Country. Lately observations have been made which tend to disprove this theory—Haussermann found in 111 unmarried multiparous, with no uterine trouble, the uterus ante flexed in 60%, straight in 39%, retro flexed in 1%. In 42
nulliparous having no pain during menstruation anteflexed in 26%, straight in 38%. Vedeler found the uterus anteflexed in 16%, straight in 81%, and retrolflexed in 2%. Of patients complaining of Dysmenorrhoea, Herman found 43% straight, 57% anteflexed. Vedeler found in the same class of cases 71% anteflexed, 4% retroflexed, 24% straight. These observations taken independently, and covering a large number of cases, tend to disprove the mechanical theory. (8/8/88). Dr. Smith has also made a series of observations on Dysmenorrhoea. He believes that the expulsion of Dysmenorrhoeal membrane sets up spasms of the uterus which cause pain. That the Dysmenorrhoea is most frequent in delicate and ill-prepared girls, and that there is very generally present an imperfect development of the uterus. The above observations prove that lesions may exist without
Dyspnemorrhoea, and that they are
not necessarily the cause of it.
Those who believe in and practice
the mechanical theory advocate the
use of sepsaries in all displacement
and also in cases of Dyspnemorrhoea.
And the tendency lately has been
through the abuse of what is, in
suitable cases, a valuable instrument.
This is especially true with regard to
intra-uterine twin sepsaries which
are apt to set up inflammation and
lead to serious consequences: in the
case of the Gallaniid twin sepsary the
latter has been known to separate
from the rest and be difficult of
removal. If neglected also, the
sepsary may erode through the vaginal
wall leading to the formation of
fistula. The true use of a sepsary
is to keep a dislocated uterus which is
setting up symptoms in its normal
position, and relieve these symptoms.
It should remove the symptoms connected
with it, and its presence be inappreciable.
to the patient; should these conditions not be fulfilled then it had better be removed.

Rupture of the uterus during labour must always be rare and dreaded by every practitioner as likely to be followed by a fatal result. Injury of the cervix are not infrequently met with, especially in gynaecological wards: they are most frequently produced in the first labour, are not attended by a fatal result, but may cause much after trouble to the female. They are more common on the left side, and are believed to be caused there by the much greater frequency of left occipital presentations when the sacrum is extended to the body of the uterus. The case is almost invariably fatal. This occurs mostly when the mother has been allowed to linger long in labour. When the presentation or the condition of the passages is such that interference is necessary; or it may occur under the
The cause of rupture of the uterine was 7/1/83. noted last year by which happened in a maternity in whose case the long forceps had been applied at the birth, and where there was excess of liquor amni and after of the birth. 7/1/83 the rupture was discovered after delivery and it was during the birth of the aboven that something was felt to give way. The rent extended through the entire length of the cervix and three or four inches upwards towards the fundus. The patient rallied at the time, but only on the fifth day from secondary haemorrhage from the rent of the larger vessels in the cervix. In this country such cases have generally been looked upon as hopeless and left to themselves. In America they interfere and even lacerations of the cervix are stitched at the hand.
Ordinary lacerations or fissures of the cervix do not put life in immediate danger, but if stitching the edges of the split cervix together and securing immediate union, then there will be less risk of septic inoculation taking place at the part, and the patient's chances of purpural fever will be reduced. The stitching of the edge of a wound in the body of the uterus would require the performance of a boreng operation, which to shock to the patient's system from the rupture might unfit her to bear, and if the healing is made to contract well after delivery, may be considered necessary.

The wound in Caesarean section is not always stitched now, but left to come together by natural apposition, and a perfectly good result follows.

Although nothing but gentleness should be used in the conduct of a midwifery case, it is strange that cases not unfrequently occur in which it is difficult to believe that very rough
Usage has not been applied, and these cases occur in the practice of unskilled midwives. The truth has been stated last year in which the patient suddenly died in parturition, and on the placenta which was called in examining, what was believed to be the afterbirth, it was found to be the inverted uterus completely torn out of the abdominal cavity with its appendages. It seemed healthy enough and the midwife, who was alone when she removed it, denied using any force, when brought before a jury. It is hard to believe this statement, knowing as we do the strength and thrust of the afterbirth and strength of the uterine wall at the end of pregnancy and the relations which the uterine cavity to the other pelvic organs. The whole thing looks a strong argument in favor of the proper qualifying registration of midwives. (B.M. 2/24/83). Inversion of the uterus is by no means common, and it seems likely that it may be produced by the weighing which are taken to remove the placenta.
If too much force be used in extracting the placenta, or in applying traction, or in the removal of an adherent placenta, it is possible that a condition of inversion may be produced which may persist and give rise to trouble, such as haemorrhage. 

Aehling has introduced an uterine retractor consisting of a stem and cup fitting the inversion, and which expands gradually, producing displacement in forty-eight to seventy-two hours. In all such cases rest in the recumbent position with the dorsal decubitus is of great importance, and attention to the local and general condition being improved by forcing where necessary which produce gangrene 

Gangrene elsewhere may cause it to occur in the uterine wall especially those causes noted before, as producing gangrene of the pelvis. It is a rare disease: the case was noted by Saito in which no evident cause for the gangrene could be found, and in which it
was affectionate and proved fatal, and
then in a patient only thirty-four years of age, (B. May, 1835), it is hard to divine
what had been allowed to operate
gently and again the liberty the
patient's life might have adhered.
If the adenoma affect a viscus which
is not essential to life, and whose
removal can be effected without
danger to the patient then the operation
may be undertaken. But adenoma of
the liver is likely to be attended
by great constitutional depression
which must be necessary after
allowing such a condition to arise in
an organ of such vitality, and
the operation, or its removal is
attended with such a high mortality
that one must be very languid to affect a successful issue in such
a case.
As might be expected the liver is
a favourite seat of tumour growth.
The constantly recurring cycle of
changes which it undergoes during

The whole period of its functional activity, the physiological congestion, the growth to which its fibres are subject during pregnancy, its subsequent involution, the pressure brought to bear on its narrowest portions during the passage of the foetus, are sufficient causes to produce such alterations and neo-plastic growths. The simpler form of tumour, the ordinary uterine fibroid, occurs mostly at the body and fundus where the muscular fibres are always undergoing rapid growth and multiplication in child-bearing women. While the epithelial and malignant tumours are found principally at the cervix where the epithelial surface is subject to prolonged pressure at the narrowest portion of the uterine canal during labour. The same happens in the alimentary canal where the malignant growths are found mostly at the narrower portions of the canal, which are likely to be subjected to most
friction and pressure, such as thy
malignant structure of the oesophagus,
and of the rectum. Excessive function-
ally activity may also have some-
thing to do with its production just as
cancer of the mamma is the with
in those who have nursed many
children. Sometimes the fibroid
fibroma may press on and obliterate
the cervical canal, causing retention
of the menses. (B.M.I. 10/11/83) This may
occur by their simple weight causing
them to fall down into the pelvis.
Generally they grow upwards causing
distortion of the abdomen and
producing an appearance as of a
pseudocyst. The diagnosis is of
course cleared from that by typical
organization.
The treatment of fibroid tumours has
received much attention lately, and
the discussions of societies and at the
Association Meeting have produced
many valuable papers on the subject,
all of which shew that in this branch
of Abdominal Surgery steady progress is being made. At present the tendency is towards more early interference surgically with these tumours than the exclusion perhaps of prolonged and careful medical treatment, and patient waiting for the menopause to begin, their involution, and to bring a period to the patient's suffering. The most careful surgeons hold rigidly to this line of action still, treating their patient by rest, attention to diet and the general health, and the exhibition of remedies to control the haemorrhage, knowing well that the menopause will bring relief and that death from the presence of a fibroid tumour alone is rare. Our knowledge and experience of these tumours is now so extensive and accurate that we can now diagnose with precision the exact anatomical site of the tumour, as also its nature, and direct surgical interference so as to bring about a successful and safe
termination to the case. Three distinct surgical operations are at present performed for these tumours, differing in detail; in the cases to which they are applicable, and in the results obtained. They are (1) the Excision of the Tumour; (2) Hysterectomy or Excision of the Uterus; and (3) the Removal of the Uterine Adenocarcinoma. Excision of the tumour is most suitable in small growths, subperitoneal or subperitoneal, where the tumour is localized and can be turned out of its capsule. The simplest case is where there is a single subperitoneal fibroid, these being readily removed without danger. The excision of the tumour is the simplest of the three operations, although in the case of large tumours some care may be required. Hysterectomy for fibroid tumours is an operation which has not found favour in this country. The operation was first successfully performed in this country by Blundell
in 1898. It has been more frequently performed on the Continent being advocated by Schrøder and Olensen, although the statistics of the former show a high mortality. In Italy it was performed by Calderoni of Parma last year in a case of epithelioma affecting the cervix and extending to the vagina. The patient made a good recovery, leaving bed in three weeks. The mortality from the operation has also been exceptionally high in this country, the latest statistics being: Kelly, one death in every two operations; and one in five in thirty-one cases of exploratory incision. Thoroton gives one death in three: Baustock and Stiegard give somewhat better results; and Keith has recorded twenty-five cases with two deaths, this being the most successful resected in last year's report. In an admirable paper Keith gave a resume of his cases with statistics. Of the two fatal cases one died nine days
after the operation, delirious; the second, with a tumour weighing thirty pounds, died on the seventh day, and in both cases there was an absence of definite pathological lesion causing death, that result seeming to be more brought about by quite mortified blood condition with the exception of two fibrous cystic tumours, all were correctly diagnosed. In the majority the spray was not used, but other antiseptic precautions were adhered to. Degeneration of the ovaries was always present (B.M.I. 8/12/83). Some might say the cases were picked, and in a sense that is true, they were chosen as being sufficiently bad to require operation. To prevent haemorrhage during the operation, Schroeder applies a thin solid radius rubber ring round the supra-vaginal cervix, and after having removed the tumour stitches the stump together with successive layers of stitches, the stump being covered with
The principal points to be attended to in operating are (1) To operate without great loss of blood (2) To form a good pedicle safe against haemorrhage. Schweda (B. M. I. 17/10/82).

The cases in which fibroids should be operated on are the bad ones and consequently we may look for a higher mortality from hysterectomy than from ovariotomy: but to some extent this will doubtless be surmounted in the future by the development and perfecting of the technical details of the operation. (B. M. I. 8/12/83).

The third is the operation which has found most favour with British surgeons for the treatment of fibroids: the removal of the uterine appendage and diminishing the blood supply of the uterus. The knowledge of the arrest of growth and involution of these uterine tumours after the menopause has led surgical interference
To anticipate that event, by performing this operation (13/10/83) B.M.
The effect of the operation has been marked, and it is attended with
much relief, and it is believed that many cases of Interne Hypometra
may be treated successfully by this operation, and as experience
grows it will be performed in cases which are troublesome from pain,
hæmorrhage &c.

In order to obtain good results, not only must the ovaries and tubes be
thoroughly removed, but they must be removed in such a way that the
blood supply to the uterine is very
materially influenced by their removal.
The ligatures, including the enlarged
Ovarian, Tubal, and other vessels.
The best cases for operation are those
in which the whole uterus is uniformly
enlarged: these grow rapidly, cause
most pain, and loss of health, and
often bleed terribly. (October 83 B.M.)
After all operations for Fibroids the
patient must be carefully watched, remembering that the cells are enlarged, and the risk of haemorrhage would collapse come on a few hours after the operation then haemorrhage may be diagnosed, and it will be necessary to open the wound, ascertain the source of the haemorrhage and arrest it. Otherwise, the patient may die. I have known a patient from this cause after Battey's operation in which there were deep adhesions in the pelvis. If the adhesions been divided between ligatures, or had the wound been opened up and the haemorrhage arrested then death might have been prevented. In this case the patient died from a preventible cause; secondary haemorrhage.

The greatest authorities agree that the operation for removal of fibroid tumours, whether it be excision of the tumour, the uterus, or its appendages, should be limited to those cases alone where
the tumour threatens the life of the patient, or produces a life of great suffering.

Statistics are still wanting as to the per centage of all females with fibroids: the number who live without any operation: the mortality from causes directly ascribable to the tumour: and the precise cause of death. The majority of those having them remain unoperated on; many do not suffer detriment from them: many who do suffer from them are relieved by means short of operative procedures. And as it is the case that death solely caused by the tumour is rare, it follows that many who are operated on and yet well would also have obtained the same result by a rigorous medical treatment and the onset of the menopause.

Such is the aspect of the profession on this disease — for the great majority of cases, medical treatment: when that
fails to give relief, and the patient's life is distressing. The removal of the uterine appendages: and, for a few extreme cases, hysterectomy.

The subject of malignant disease of the uterus has not been brought prominently under notice during the last year.

The remarkable ease has been recorded of Carcinoma-Sarcoma occurring in a child aged 47, and causing retention of urine. The catheter was passed and 70 cubic centimetres of urine drawn off and the tumour coted during the first reaching three fingers breadth above the pubic symphysis. The child died and at the post mortem the uterus was found closely adherent to the bladder. There was an irregular rounded tumour projecting above the apex of the bladder and sprouting from the right wall of the uterus. Another nodule the size of a hazelnut projected from the left of the fundus. The length of the tumour was two and a half inches, its antero-posterior
The neck is one inch and a half. At microscopic examination there was seen lying between bundles of muscular tissue, a very fine alveolar stroma with epithelioid cells containing one or more nuclei: other parts looked like spindle-celled sarcoma (Rosenstein 17/5/86).

This is a very rare case: cases in which ovarian tumours, and ascites have been present in infants are not so uncommon: and ovariotomy has been performed in such cases though not always with a successful result. The result of the microscopic examination showed the similarity of structure to what is found in the same disease in adults. The fact of it occurring at an age when no cause of local irritation existed, and the uterine hypertrophy play are to be noted, as also the situation of the tumours.

The cervix uteri is the most frequent seat of the malignant disease, and the desire of the gynaecologist is to determine the disease early and apply active local treatment. A few years since the local
application of Chian turpentine was advocated as a specific for the disease, but after many and careful trials it was found to be altogether ineffectual. While in the hands of the practitioner who first published results of remarkable success, and is now abandoned. When the disease is seen in the early stage the application of strong nitric acid with the platinum point is very effectual in checking the disease. I have one patient under observation just now in whose case it was applied for the second time fourteen months since and for some months she seemed to keep her ground very well, although the disease was advancing insidiously. It has now spread too far for interference, and her existence has become a question of time. Scooping out the diseased portion with a sharp spoon is another procedure attended with success. One case is noted in which the cervix was operated on for carcinoma, the patient being pregnant.
and often abortion did not occur, though showing the effect to which interference may be safely carried. (B. M. 1845/83.)

The amputation of the cervix is now recognized as a standard operation, and gives satisfactory results in appropriate cases. The Americans have introduced several operations in connection with these parts, among others for intravaginal elongation of the cervix and consisting in a circumsection of the unicorne membrane covering the elongated intravaginal cervix, together with a removal of the same above the vaginal intubation, in order to telescope and attach the lower to the upper margin of the demuced cervix. This is proposed to replace amputation of the cervix in such cases. They have also introduced plastic operations for the cure of the lesser form of clinical laceration.

Conception - Conception is the period of pregnancy varies much in length in different animals, being most prolonged
in those animals which are most highly developed. Variations in its duration occur in the human female from five months, the earliest average time at which a viable child may be born, up to ten months and sometimes even longer. These variations are important medically, as in cases where women have a series of births just before the viable period, and where appropriate treatment matters may be improved and a living child born. They are more important medically in settling the legitimacy of the birth and the paternity of the child.

The following case of great prematurity of birth, and the child surviving still, came under my own observation and is well authenticated. In this case the child was illegitimate and the father of the child denied the paternity owing to the short period that had elapsed between the date of intercourse and the birth of the child. The woman and man had at one time
been sweetheart, but he had married another woman in the County Court. Both admitted on oath that they had intercourse on the date alleged by the woman, May 13th 1882: also that they had not had intercourse for more than a year before that date, they not being on speaking terms for that length of time. They had intercourse subsequently during the same month. The woman denied having intercourse with any other, and no proof could be produced to favour that idea. The father was made aware of her pregnancy at an early stage, and wished her to have an abortion, which she refused. He also promised to provide for the child. Owing to her seeing a seller in a bad state, her confinement came on prematurely and on the third November she was confined of a living male child, which still survives, although the whole period of gestation only covered one hundred and seventy-two days. She was attended in labour by
a midwife, and at birth the child had no tears; could not see the vernix caseous. The child was evidently being present, and the testicles had not descended. Three weeks after confinement I was called to attend the mother for ovarian afterpains. The child was sickly at the time, and then I noticed its small size. The large open fontanelle, especially the anterior, the navel was beginning to grow. The testicles were not down. The case was tried 12/83, and on weighing the child then it was only six pounds. Twelve ounces. Without clothes; so that when three months old it had not the weight of a full-time child. The justices were satisfied of its prematurity, and Taylor in evidence to show that such premature might survive, and the other evidence being satisfactory they fixed the paternity on the defender and charged him accordingly.

Taylor records one case at four months.
another at four and a half months.

Dr. Allis records a case at five months ten days, the child living forty-four hours; another is recorded at the fifth month, the child living twelve hours; and children over the monthly living two years and more; but no case is recorded under six months and surviving. When fifteen months old, I saw him every day while attending an aunt; and he was then in good health and seemed sound.

The anterior fontanelle was still large and he had no teeth.

On the other hand, gestation may be prolonged to near the end of the seventh month when the child will be unusually large. In one case it weighed twelve pounds and measured twenty-two inches. (B.M. 3/7/23).

Position of Twin Fetuses—Mr. Budin has described three positions of the fetuses in twin pregnancy. If a vertical and transverse incision he made in a uterus from left to right, the two son...
are seen placed side by side, one being in the right half, the other in the left half of the uteri: this is the first variety. In the second variety, observed in a similar preparation the two are placed one above the other; one occupies the inferior, the other the superior segment. In the third variety the same method of preparation shows one foetus occupying the central portion of the uteri, the other the dorsal portion; one is in front of the other. The first variety generally presents two placentae, though sometimes only one: the latter being is always distinct. In the second variety where the foetuses are superposed, there may be either one or two placentae. In the third variety there are generally two placentae, very rarely only one. (B. M. J. 1843/184)
case mentioned, the patient aged 38.

multisara, had an offensive discharge

and there was enlargement of the

uterus. Labour coming on she was
delivered of a foetus between the fifth

and seventh month. Another foetus

was discovered at the time, was
capelled twelve hours after. As for

about the second month. As the

uterine wall and the secondary are

not in complete opposition at that date

and menstruation frequently occurs

then to some extent, impregnation may

occur between the uterus and mem-

branes at that part. This is the best

rational explanation of these rare

cases of super-foetation. (1811/83).

Impregnation may take place outside the

uterus altogether, being extra-uterine,

intra, extra-uterine or intra the serom-

osal cavity itself. This class of cases

is of great interest to the obstetrical

physician: they are rare, not always

case of diagnosis and their treatment

of case has been rewarded with much
success. The case was noted in which extraperitoneal perforation occurred, and there was a discharge of matter from the bladder, with foetal fragments, and this continued for twelve years. The patient's life not being endangered by constitutional symptoms. At the end of that period the patient applied for relief when the cyst containing the foetal remains was explored, evacuated, and drained, with the result that no further disturbance to the patient's health occurred. (11/2/83)

Cases of chorioadenoma have always been extra-uterine. In one case the mother became pregnant at twenty-eight years of age, and only came to hospital when eighty-four years of age. Death occurred and at the postmortem the foetus in a calcified cyst was discovered. (B. M. S. 6/10/83.) This shows in a remarkable manner how a foreign body once set may remain a lifetime without bringing the
patients' life in danger. In the same way fluid foreign bodies elsewhere as bullets in the lung encapsulated in fibrous tissue, remaining inert for years. Here they not to be anchored in that manner, but to remain free and so movable then it seems much more likely that dangerous disturbance would follow.

Those cases are most favourable in which the perforation is extrauterine and the foetus unharmed. Having diagnosed that such is the case the procedure now recommended is to perform abdominal section, remove the foetus, and drain the cyst.

(A.J. B.M. 1835).

Uteral and Sub-Uterine perforation are those fraught with most danger. Here the foetus is not simply lying in a cyst, but is partially or wholly in the Fallopian tube. Its covering may go on expanding for some time and so the abnormality be unexpected, but a time comes
When they can no longer continue dilating, and they give way and rupture occurs generally followed by speedy death.

Such a case is recorded (B.M.I. 1883) in which interstitial sub-uterine festation existed, unsuspected, and by no way interfering with the patient's health, might rupture took place and was followed by speedy death.

In some cases it is believed such an event may occur, and the patient recover. When we take everything into consideration—the intake pain; the haemorrhage into the peritoneum; the dislodgement of the foetus which may occur; and the constitutional disturbance think the question of rupture occurring with such a fortunate result is extremely doubtful. And in the case mentioned there is no physical verification of the diagnosis arrived at. (B.M.I. 1883).
In the remaining pages the article relating to 'Parturition' published last year will be treated of.

Signs of Pregnancy - Graves has stated that the frequency of the circulation remains invariably the same in all positions, sitting, lying or standing, in Cardiac Hypertrophy, and during pregnancy this also occurs owing to the Hypertrophy of the heart that is present during, and persists after, that condition, the pulsations having the same number in the sitting, recumbent, or erect postures. [B.M. 127/33].

The above is truly an adjective sign in pregnancy and is mainly of importance in showing that the Hypertrophy does exist, and presents similar phenomena to the Hypertrophy of disease. Because there is Cardiac Hypertrophy, Hypertrophy becomes the subject of discussion and tried to prove that when the bi-parietal diameter is greater than one slightly inclined to it,
Then the uterine forces bring that oblique diameter into the axis of the pelvis, to adapting the smaller axis to the canal. It seems most true that so long as the membrane of the foetus would get in the axis of the pelvis, the waters being evacuated, then should the pelvis be narrow, and easily accommodating the head, it may come down with the bi-parietal diameter parallel to the brim. Should this not be the case then it would seem that the right conjugence would descend first. This position either being retained or a rotation taking place through the arc formed by the posterior wall of the pelvic cavity and outlet. The axis of that part of the uterine cavity about the pelvic inlet will not be in direct line with the axis of the pelvic inlet, but the uterus during contraction erects its spines and builds itself more or less into that axis. Having done so then its expulsive power is aided by all the musculature in the antero-lateral wall of the abdomen and the diaphragm.
The third stage of labour consists in
the expulsion of the placenta and its
membranes, and permanent contraction of the
uterus.

The placenta is expelled in two different
ways according to its site: thus when
attached at the body or fundus of the
uterus the fibres of the uterine wall
contract, and the placenta being yon-constricted, if become detached by con-
tinuation of the seat of implantation, and
its base, being afterwards by the uterine
contractions continued, or by manipulation.

The second method of expulsion is quite
the reverse, and the placenta is detached
by approximation of its site as in placenta
previa. In this case the longitudinal
fibres of the uterus contracting, pull
upon the cord, and with each pull or
strain the placenta becomes separated
from the uterus and erosion takes
place until the placenta is completely
detached, expelled, and uterine amniotic
and well contracted.

Plucks on the umbilical cord are more curious
than important, and are commonly caused by the foetus passing through a loop of
the cord, which, in such cases is often unusually long. They are not necessarily
fatal, though believed to be a cause of
45/83, & 14/4/83.)

Induction of premature labour has been
more practised of recent years than formerly,
experience having increased the number of cases in which it is likely to be of
advantage to mother and child.
There may be such haemorrhage from
the uterus owing to a morbid condition of
its lining membrane, as to demand the
promotion of abortion to save the mother's
life. (B.M.R. 4/3/83.) It is also performed
in cases of contracted or distorted pelvis
to secure live births; in albuminuria
to accelerate the removal of affected matter
and prevent albuminuria furthering;
and for constitutional disease. When a
patient is at or near the full term labour
may be readily induced by passing the
finger through the os, and separating
Nat membranes from the uterus as far up as the finger can reach. Labour will generally come on in a few hours. This is important where complications are threatened as E. M. 24/9/83.

Labour may be absolutely painless, or very slightly appreciable by a few slight pains. This is seen in those cases of rapid and direct deliveries (E. 30/6/83).

More commonly, labour is accompanied with pains of every degree of severity and caused by the contraction of the uterine muscle by the rigidity of the soft passages, or by pressure on nerves, as the cramps caused by pressure on the branches of the hypogastric plexus.

Pain is always intermittent, and when caused by rigidity of the part may be relieved by opium or chloral. When during the dyspneic stage and caused by the strong uterine contractions then the intermittent inhalation of chloroform is found to relieve it completely.

Cold masts of hot water, by having a relaxing and soothing effect, and also acting...
directly as a powerful stimulant to the uterine musculature, always accelerate the progress of labour, and may prevent the necessity of rupture or forceps (B.M. 1847). This beneficial effect is more readily and more effectively obtained by injection per vaginam than per rectum, especially in cases where rigidity of the cervix is present.

Labour is obstructed in its progress most frequently in the second stage and the obstacle may be either of maternal origin, as a Cystoccele (B.M. 1833), an occluded vagina as before noticed; a persistent hymen or a Malformed Pelvis; or it may be of foetal origin, as malpresentation, malposition, or such unusual causes as intra-abdomal dying, the head of one being locked at the brim after the birth of the other head, so that perforation or some other operation is necessary to complete delivery, or being united at the medial line in front by a band requiring division to complete birth (B.M. 1847).

In cases of Rupturo Pelvis, Vertex present
sions, and especially Right occipito-male
positions are unusually frequent, the deep
transverse position being common. The head
something emerges from the segmental
Pelvis transverse or nearly so and entirely
posterio to the Sutura Sincipit. Postmature
premature labour is not uncommon in
such cases. The conclusions to be arrived
at from a study of such cases are (1) in
a first-labour if the head present, wait
and act according to circumstances.
This implies to be of; Cranidotomy or
Caesarean Section. (2) If the head descends
never turn; (3) In subsequent labours,
where the history of the first-labour
seems to indicate it, induce premature
labour. (4) No known measurement gives
any safe indication for forceps or
other operation. (5) Resilience of the pelvis
joints implies a proportion—more favour
able than measurement would lead
us to suppose. (6) Probably in many
cases the head entirely neglects the
anterior half of the Pelvis outlet and
emerges from it transversely or obliquely.
antero-posterior emergence being the exception. (7) Each succeeding difficult labour increases the liability of the uterus to rupture as in other forms of pelvic distortion. (3.11.52/7/83) Recipitoposterior presentation occurs in four percent of head cases, and is the most common cause of tedious labour. Because when the forehead is against the pubis and the head being gradually forced downwards, the tendency is not for the sacrum to extend itself and sweep over the hollow of the sacrum, but for the forehead and face to be more and more advanced below the pubis. The relations of the head for its movements of flexion and extension being reversed. Thus the posterior vaginal wall is not pressed on; the expulsive efforts fail to be excited, and the labour of expelling without rotation take place. The forces applied are apt some times to advance the whole head, these cases may be treated by the fillet. Ascertain the position of the head, carefully pass the fillet, and
pull down the occiput, the forehead precedes, the pains are excited, and the labour quickly terminated. (B.M.I. 73/83). They have advised that in such cases the position of the head should be rectified by raising it and rotating the occiput forwards, and that the forces should be applied reversely. (B.M.I. 74/83) Such procedure is likely to be full of risk to mother and child: the difficulty in altering the position of the head, with the chance of the body not following its rotation, and the awkwardness and great probability of injury to the parts by applying the forces reversely are quite sufficient to condemn such a method of assisting nature.

Two cases were noted (B.M.I. 75/83). In one the forces were applied and the perineum was torn; in the other the pelvis was rotary and the perineum dilatable and the case ended naturally with the aid of some manipulation. By means of the forces, especially the straight delivery may be effected, and in many cases the perineum not torn, if sufficient time is
allowed it to be gradually dilated.

Face presentation is another cause of delay in labour. The following case has central points of interest. The patient, aged 23 years, was ravished by her own father, adopted a widower, and became pregnant. At the full term labour came on when married on her. It was a face presentation in the third position, chin anterior and to the left. Beyond this and the consequent turning in the second stage there was nothing abnormal in the labour itself. The child was well developed. There were no fundamenally present; the parietal bones met closely along the line of the sagittal suture up to the anterior and of which the frontal bone reached, while the occipital bone projected somewhat, presenting a ridge along the line of the lamboidal suture. The following were the measurements of the head of which I append a side and front views.

D. 10\% in.
T. 12 in.
O. 8 in.
C. 3\% in.
S. 3\% in.
B. 2\% in.
B. T. 23\% in.
T. B. 2\%.
Persistent vomiting
so emaciated the child that it died when five weeks old; having suffered from no convulsions, anæmias, or diarrhoea, but only from malnutrition. The principal points in the case are the consanguinity of the parents; such cases are rare and there is not much mention of them in books on midwifery or midwifery. It is a well known fact that certain degrees of consanguinity result in sterility or an imperfectly developed offspring. The form of the head; the absence of frontal development; the small diameter of the head throughout; the liability of the child to retain and assimilate nourishment; all these facts lead me to believe that had it survived it would have been infirm.

Transverse presentation always delay labour and require assistance (B. M. I. 1853).

Placenta Praevia is the gravest form of presentation we have, being attended by a maternal mortality of one in three. The bleeding may come on suddenly and is apt to be profuse. Wheneve the cervix is dilatable, section should be performed,
especially if there is a continuance of
the haemorrhage. When the bleeding is
severe and rapid then it is more apt to
be fatal. In rare cases, the labour-
pains may come on so strong, and the
pelvis so dilated so rapidly that labour
may be speedily terminated without
feeling. (3. m. 1. 27/10/83)

Hecata Prievia. May occur oftener than
once in the same patient. (£ 23/6/83)

The cause of this is difficult to determine: it
may be the shape of the uterus or the
position of the presentation.

Certain aid after effects may follow
the progress of labour even when it
has been completed by the natural powers
One of the most frequent ill consequences
of Labour is Laceration of the Perineum.

There has been some discussion on this
subject during the past year, as to what
is the best means to prevent it occurring.

Some have argued against advising the
Perineum as recommended in Playfair,
and advice that the Perineum should be
drawn back firmly but gently towards
The troggy, releasing the tension gradually as the pain lessens till the next pain
returns, and then repeating it in the same manner till it can be drawn back with
very slight effort. [B.M.I. 10/3/83] Some on
the other hand recommend dilatation of
the perineum by firm continuous digital
collection of the posterior commissure.
They argue (1) that it avoids rupture of the
perineum (2) that it shortens labour by
performing the dilatation usually effected
by the oblique head (3) that it stimulates
the uterus (4) that it terminates a labour
which would otherwise have required the
forceps, and probably a ruptured perineum.
[B.M.I. 3/3/83] Others see traction on the
perineum only during the pains, thus initi-
alizing the intermittent action of the uterus,
and object to continuous action on the
same ground as continuous contraction of
the uterus. [B.M.I. 24/4/83]
The defect means appears to be to dilate
the vagina until the head has descended
to the perineum, as by this we may favour
its descent, and then to support the perineum.
as recommended by Playfair only allowing the head to pass through the os of the vagina gradually: by carefully attending to this in ordinary as well as to very cases in most cases rupture may be prevented, as by the prolonged gradual stretching the elastic muscles yield to great extent and can allow a very large head to pass through in this way without injury.

Post Partum Haemorrhage is one of the rarest as it is one of the most dangerous after effects of labour. Though it happens to any extent the patient's life may be in jeopardy in a few minutes, and presence of mind is required to cope with it. When one is called to such a case it is important to see that the uterus is emptied of clots and contracted and to stay with the patient to see that it remains to and does not tend to relax, or if it may do so and the patient again be put just under from the haemorrhage. In severe Post Partum Haemorrhage the drained vascular system labours not alone under the loss of the coagulating element, but also under the purely mechanical difficulty of density.
The heart and arteries having nothing to contract upon; and the recognition of this has led to the established practice of injecting fluid into the patient's system, either a saline solution or simple water [(27/183)] When all ordinary means fail to arrest hemorrhage and contract the lacerations, then the injection of a solution of Perchloride of Iron is advised. Many do not like this, as there is a risk of secondary hemorrhage from clotting, while it may also set up dangerous pelvic inflammation. In cases where the uterus fails to contract properly and there is a risk of flooding, this may be prevented by an emulsion of hot water, syrup or with true onion; Glutine [27/183] at times these cases it acted most effectively and its use is not attended by the same risks as perchloride of Iron. [27/183]

A sense of peritonitis following labour, and attended by a formation of pus requiring evacuation was noted. [27/183]

Labour frequently requiring operative interference to effect its completion, and this may arise either on the part of the mother or child.
The delivery of a parturient woman with forceps is an operation requiring skill, but skill resting entirely on scientific principles. It is an operation which should essentially be an aid to nature, and assistance should be at her dictation, and on her own lines. Very different rules are given by authorities for their use. (B.M. 1800). In the forceps, a hard unyielding is substituted for the yielding and easily moulded wall of the vagina. In difficult cases the head has to yield and become reduced in volume, and with the thighs, is long forceps it is difficult to adapt the diameter of the fetal head to the different planes of the pelvis, as it descends through its cavity, and there is consequently more risk to the maternal structures. Forceps introduce are innumerable. In Le Page has devised a forceps capable of developing motion up to a right angle from the handle of the forceps. The contents of the head meet easily where the head is arrested at the brim, where considerable pressure is required to adopt the head to the pelvis diameter or distorting render
it impossible for its movements to take
place naturally. (B.m. 24/1/57) in true of
these instances nothing would prove a
much more satisfactory procedure than
forceps, as under Chloroform less physical
force need be applied. The operation need
not last too long: there is less risk of injury
to the perineum for then we have forceps
with movable handles if we use traction on
the fundus and injury to the bladder and
retention of urine is much less frequent
in delivery than after the high forceps
operation. The progress of the head through
the pelvis is marked by four movements: (a)
progression or onward movement (2) screwing
or rotary movement (3) an oscillating move-
ment of the head on its long axis, i.e. that is
from side to side; (4) flexion and all concur
in advancing the head. The fact that each
blade has its fulcrum at the lock and on the
obstetrician's finger prevents harm to the
maternal structures by the so-called Pead,
ulum action of the forceps. The highest
perfection has been reached in Farini's and
Simson's Axis Dextrotorsos, and the
latter especially by its universal joint allowing motion to be made at any angle.

Prelabir section or turning is an operation chiefly required in cases of malpresentation and malformation of the pelvis. In a discussion on the subject in 1883, Dr. Bullock attributed the progressive difficulty of labor to deposit of tone in the uterine fibromy, and advised turning in such cases.

Dr. Barney thought that such cases might now be completed by amniocentesis. While Dr. Champneys held that the difficulty was due to increasing list of the child and diminished power in the mother: Progressive diminution of the size of the pelvis had not been verified by measurement.

In one case I attended the patient had been in labour some hours with a transverse presentation and an unqualified person had frequently tried to replace the prolapsed arm. The child was in the Left Anterior- Anterior position and was still born. The patient made a good recovery. In another case of persistent occipito-posterior at the twin
and in which the foetus slipped. Thirty
proved unsuccessful. In another instance,
at the eighth month, the child was still,
lying transversely. But delivery was
easily effected by version. The mother
had a series of still births. In a case
of shallow pelvis with projection of the
great promontory, occurring in a small
woman with the child's head lying almost
transversely, forces were of little in
bringing down the head. But when Version
was nearly completed, I applied them
to the after coming head, and its birth
was greatly facilitated thereby. I have
never seen retention of urine after any
case of Version and in this respect it
has an advantage over high forces to
the mother, although the maternal
mortality is decidedly higher.
Caesarean section is still performed for
delivery of the child. In one case recorded
4th Feb. 1883, the operation was performed owing
to cancer and pelvic or gastric injury were
used. The child survived. This was the
advantage of operating through healthy
tissues, rather than using means to drag the clipped through a diseased, parturient canal. In another case in which the mother and child did well, though under very adverse circumstances, the edges of the wound were not stitched, but left to come in contact naturally by the contraction of the uterine wall. Dec. 18 1853.

In recent years Porro's Operation has largely replaced Cæsarean Section. This operation consists in the performance of Cæsarean Section for the birth of the child, and at the same time amputation of the uterus and removal of its appendages. It is usually performed before the commencement of labour and has been attended by a high degree of success both maternal and fetal. It is performed when the full term has been completed thus giving the fetus the best chance after living, and if the mother has not been subjected to other operations at the time. The removal of the uterus and appendages leaves only the stump of the uterus covered over by peritoneum, and there is therefore
much relief to the mother after the operation, while at the same time they are relieved from the mental dread of future pregnancy. Poro has performed the operation four times: in the case noted (p. 32 of the 1883 edition) the patient was a preeclamptic woman in the ninth month of pregnancy. The operation lasted twenty minutes, and the mother was progressing favorably at the end of a week. Another case performed by him successfully was also reported: both mother and child did well.

Heywood Smith performed the operation in this country on a Morung patient aged 20 years with a conjugate of one and one-half. The patient died, occurred partly from the operation, thus being aided by her poor constitution, and having had Otantoons and Cephalotripsy previously attended. Basilius is the most recent advocate of the operation to facilitate the completion of labour in cases of distorted pelvis. It is based on the fact that the sinewy orifices of the skull is the most difficult to move in the passages, and makes it unsuitable by producing
As comminution. In one case the conjugate measured less than two and a half inches, and thepelvis was pockety. In another the measurements were: Between the false sitting-male mile and a half inches; between the drita shia mile and three quarters. Cephalic conjugate six and a half inches, diagonal conjugate two and a half inches, the o being fully dilated the patient is put under chloroform, the position of the head carefully ascertained, and the head steadied, the instrument is then carefully introduced in the proper axis, the parietal bone pierced and the instrument pushed on to the base when the basi-occipital or basi-sphenoid is pierced and drilled, communication taking place in all directions. The forceps are then applied and the extraction of the child completed. [3.14.1.21/185] Its chief advantages are: (1) case on which it can be applied (2) its safety to the maternal passages, nothing requiring to be passed between the head and the parietal bone (3) its facility of tone
outside the relief likely to facilitate the
labours: (4) Not completeness of the con-
summation allowing the extraction to
be completed with great care. [224/1823].
Sudden Death after Delivery—By nearly
all women, the lying-in bed is looked
forward to with a greater or less
degree of anxiety, and certainly by
all of its death is contemplated with
gravity, and cases of death occurring
in the lying-in bed are among the
gravest with which the obstetrician
has to deal. Hence the care which we
should exercise in all cases in order
towards or from our patients the prevent-
able causes of death during or shortly
after parturition. Death may occur
during parturition, sometimes from profuse
haemorrhage, the patient dying undeliv-
ered; or the patient may die within a few
minutes after the birth of the child
from post-bartum haemorrhage profuse;
or the patient may die from exhaustion
or shock from a prolonged or operative
labour: or it may be from syncope,
without or without cardiac disease: or it may be from eclampsia, with convulsions and albuminuria. Several generations have been known to die in childbirth. Two sisters of the same family (26/5/83). Ance is also recorded where a mother died at 33 yrs. and two daughters at 20 yrs. respectively. They all died in childbirth; both the sisters of puerperitis lasting only two or three days (26/83). Death may occur suddenly from entrance of air into the veins causing air embolism. The labour had been natural, and two hours afterwards the patient getting up and taking some nourishment, fell back and expired immediately. Post-mortem the right side of the heart contained air mixed up with blood (26/83). The unfortunate event has occurred to five times in the last four years. The first case had been a subject of ovarian tumours, multilocular cystic, which were removed by Dr. Keith fourteen months before her confinement. A fortnight
before her confinement I was called to see her on account of pain and blue colored discharge. With rest in bed this disappeared. A week later I was again asked to see her one morning. She had true haemorrhage, and the vagina was full of clot; on clearing away these clot be felt about the edge of a thriller and a head presentation could be made out. With rest and nursing the vagina the bleeding again stopped. Six days after she again suffered from severe haemorrhage, and had two regurgts, one being Deleve. Labor being now came on and she was delivered with the forceps of a male child which only treated once or twice after birth. The mother became blanched, extremely pale, pulse very rapid and small. The placenta was removed immediately, but this failed to check the haemorrhage and with all the means used it was impossible to keep the utering contracted. The pulse became imperceptible, body surface cold, features84

fleshy and the child fifteen minutes after
delivery. In this case the haemorrhage she had before delivery was quite out of proportion to any slight pain which was present, and was always arrested by plugging the vagina and rest. The shock of delivery and the postpartum haemorrhage were no doubt the immediate causes of death. The other case presented different features. The patient was aged 34 yrs. a primipara. She had taken no food or drink the afternoon previous, and had slept none during the night: the pains were lingering and a midwife had been in attendance: the membranes had been ruptured three hours before the time of labour (9:30 A.M.) and the liquor amniotic partly drained away. I then delivered her with the forceps, of a stillborn male child. The placenta came away immediately; the patient had a tunnelling and the uterus contracted well. The patient afterwards had an attack of syncope being quite unconscious for two minutes. She then recovered somewhat, but had a
tendency to pass into a sleepy condition, and expressed her feeling that the wound was recovering half an hour and ten minutes from the first she had a second attack of syncope and every means failing to restore animation the succumbed.

By this case there was no unusual haemorrhage. The patient had been in labour about eighteen hours during the whole of which time she had no food or sleep, and I could find no other cause than exhaustion causing syncope through failure of the nerve supply to the heart.

When the sudden death occurs four days after delivery the most frequent cause of death is embolism of the Pulmonary Artery. The case recorded (23 March 1833) in which the right forepart of the operation was performed and the pericardium was torn, and in which the patient afterwards had attacks of faintness and dyspnoea, and being left alone for a short time, was found
dead by her friends on their return; death occurring on the fifteenth day after delivery. There was no constipation, but all the history seems to point to embolism of the pulmonary artery as the most probable cause. Also (3rd 30/3/35) case of mulattara dying on the twelfth day, with dyspnea, coldness of face, collapse and sudden death. Also (3rd 31/3/35) patient aged 26 kept in hospital. Gangrene of the left leg came on two weeks after delivery, and she suddenly expired on the fifteenth day, having been dyspnoeic.

In all these cases death took place days after delivery, and in all the blood condition of pregnancy was exaggerated, and its coagulability increased by their condition, and hence the fatal result.

Metroia—By far the most important disease which follows labour is puerperal fever, and has been more recently called 'Metroia.' It is reckoned to be fatal once in every five hundred
deliveries, and cause five thousand five hundred and fourteen deaths annually in this country. Hence it is not surprising that the unquestionable advance which has taken place in obstetrics within the past few years has resulted in an improved rate of maternal mortality. Undoubtedly we are arriving at a more scientific knowledge of its nature, and more successful treatment in its prevention thanks to hygiene and antibiotics; and also in the treatment of those cases in which a local cause is present. The mortality of lying-in hospitals is much greater than in general practice: in the two Dublin Hospitals it is five times more than in English general practice. Sanders' views of the gradually increasing virulence of streptococcal inoculation seem to apply in puerperal fever, first a few sporadic mild cases occurring, then a general epidemic of puerperal septicemia. Previous insufficiency of food appears
to have an effect in predisposing patients to attacks of purpuric leprosis in the brain. It is well known that this disease is especially prevalent among the unmarried. When it may be due to nervous depression, inflammatory process of the cervix, especially when caused by early or injudicious use of the forceps, is probably an important cause of it. The admission of sewage gas to the lying-in-room, from whatever source is also a frequent cause of the disease (F. 10/2/83).

The disease is now recognised under different forms. One is that form induced when under certain conditions the patient is inoculated by septic matter conveyed to and deposited in the vagina by the hands of the attendant as well as by other agencies. When either through negligence or ignorance proper precautions have not been adopted to prevent such an occurrence. (2) That form induced from self-inoculation by septic matter originating within the body, from the decomposition of blood clots formed in
not uterine after parturition, or of portions of membranes or placenta which have been retained in utero.

The first is the septicaemia of Duncan, and heterogeneic infection of Barlow; the second is the septicaemia of Duncan, and the autogeneic infections of Barlow.

(3) A form of self-infection, occurring under special conditions, not preventible by the adoption of any antiseptic treatment. (4) An epidemic, highly infecting form, spreading by the same means as ordinary epidemics do. This last occurs due to the introduction into the system of the puerperal female of the poison of a syphilitic disease, the notion of which is modified by the syphilitic condition of the female.

It spreads rapidly and is attended with fearful mortality. [1833/1834].

As to treatment it should be as far as possible preventive and antiseptic. We must attend to the general health during pregnancy; see that the delivery room is properly ventilated; secure
The permanent contraction of the uterus should be avoided as much as possible any injury to the maternal passages. The recognition of a local cause of metritis led to the application of local remedies, mostly as vaginal injections of warm antiseptic fluid used in all operative cases, and whenever there is arrest or fetid discharge indicating that it is threatened. Experience has proved that vaginal injections are always safe, while intrauterine injection may be fraught with danger, and death has actually occurred in some cases. Carbolic acid solution, and Permanganate of Potash are tremendous mistakes (B.M. 1883). The free use of stimulants and astringents has taken the place of free depletion. Alum, muriatic acid, and Tannic acid are all now widely used. The disease is a sequel of genito-urinary affection, and is often a cause of death.
recognized with different causes, and the treatment is directed accordingly. Thus there is the eclampsia or toxemia occurring after delivery - the albuminuric, Chronic Bright's disease complicating pregnancy, and pregnancy resembling puerperal fever. All these are the most useful results to the mother. Very various causes are looked on as causing the eclampsia - true hoarfrost, true phlegm, with a strong bound down by addressing an osteo suprarenal expansion, may cause it to be more backward and aggravate the renal condition existing in pregnancy. The retention of excretaitious products in the blood, and a comparatively large foetus - Anaemia of the cerebral spinal centre (McDonald's) area and the irritable (Bright's disease, brain) Carcinomatous Ammonia (fernic) are all looked on as causes. The convulsions may not come on till after delivery, though there be dyspnoea and albuminuric before. The system suffering from shock, and the products of involution thrown into it, and causing
ulcers, irritation, and increased arterial tension producing the Connellings.
Curl's brew has cured eleven cases treated by (B.M. 18/1883)
hot baths, Chloroform inhalation and
Chloral hydrate, with only one death. In
all albuminuria and anaemia were
present and no bad symptoms were
produced. Blood-letting is again being
agitated by some, more from the past
than the present time (11/1883).

Mental Disorders and insanity are much
developed in females during the period of
Ceramic Activity and connected with preg-
ancy, parturition and lactation.
They are believed to be increased because
there are now more insane women than
men, and twice Report have been pub-
lished by the Lunacy Inquiry. Number of insane has increased
from 15,800 to 25,300 in Great Britain.
The causes producing this are - The trend
ery towards advanced education for
women--Performance of duties truly
pertaining to the female, and which
when undertaken by the female increase
The inherent tendency to nervous excitement and irritability—premature and undue excitement of the sexual functions by sexual reading, indulging, in playing, or less as in factorings, in amendment, or overspended living. Menstrual irregularities, and the prevalence of utero-ovarian disease—Hysteria, Molar, Spasm and other intoxication. Hysteria, Pseudoceys, Epileptic Disease, Hysteric Fane, Paralysis, and Perineal Insanity are different degrees which the disease may assume. In the last and greatest form it is found that mental depression and unfavourable social conditions with deteriorated health were present during pregnancy. The labour may be normal but the lochia were either scanty or suppressed, or profuse and offensive; milk suppressed: bowels constive, urine beazy and perhaps albuminous. A great tendency prevailing for uterine inflammation and septicaemia which may be accounted for by the mental depression and low virality. The disease often
takes an acute and proves rapidly fatal. [Aug 1833]. Principal facts to be
noticed are (1) The prevalence of utero-
ovarian disease (2) The large number
of insane females (3) The known
viciousness of the insane to symptoms
of recurrent disease (4) The inattentive
attention of the medical attendants in applying
treatment. On these grounds it
is probable that the mental disease
in many cases is due to reflex inter-
uterine disease, and that by judicious
examination and treatment by
aspects the number of insane females
might be diminished. [Aug 1833]

With the consideration of these graver
diseases which follow the childbirth, this
paper comes to a close. In the preceding
pages I have given a resume and short
review of all the papers on the subject of
Obstetrics of any value, which have appeared
in the recent and British Medical Journal
during the past year. And while it is true
that nothing has been brought before the
profession which will thence present four
Of treatment it is equally true that earnest
endeavour are being made towards arriving
at a more extensive and accurate knowledge
of the nature and causes of the morbid
conditions, mental and physical, attendant
on functional activity of the uterus, men-
atal or parturient. Among the most impor-
tant subject treated of are: Excision of the
Fallopian Tube in cases of Pyosalpinx; Dis-
placement of the Uterus and their relation to
Menstrual Derangement; The Medical and
Operative treatment of tumours of the Uterus,
simple or malignant; the application of
anaesthetic principles in labour, whether
normal or otherwise, and in the treat-
ment of inertia especially when arising from a
local cause: the increased frequency of
Mental Disease and its connection with
Ovarian diseases: and in all
decided progress has been made.

George Fyfe Johnston
M.B. C.M. 1880