

were highly vascular. There then occurred new paroxysms which lead to hæmorrhage and then the tuberculosis gradually developed. On the external surface when the pleura extended over the pericardium, eruption of quite fresh tubercle could be seen on the surface forming partly clear grey and partly yellowish nodules. The first case of the kind was to him an indication against the dyscratic idea prevailing at that time that the disease was a general one. He had looked upon the affection as a typical local tuberculosis, but had not then found an explanation of it.

PROPER METHOD OF APPLYING OBSTETRIC FORCEPS.

1. Anesthetize the patient and place her in proper position—buttocks well over the edge of the bed, and each limb supported by an assistant.
2. Ascertain the position of the head, introducing within the vagina two or three fingers, or, if necessary, the whole hand.
3. Apply the blades of a Hodge type of forceps to the sides of the head, with the concave edge directed toward the occiput. If, for any reason, this cannot be accomplished, withdraw the instrument, and substitute a Simpson (or Elliott), passing the blades to the side of the pelvis. While making traction with this method, watch for anterior rotation of the occiput, and encourage it in some cases by re-applying the blades to better advantage.
4. Make every effort to secure antiseptic condition during the operation. The fingers, hands and forearms of the operator, the external genitalia and vagina of the patient, the instruments and the hands of the assistants, should be clean and aseptic.—*Amer. Jour. Obstetrics.*

SYMPHYSEOTOMY.

At the meeting of the Hufeland Society, on the 19th ult., Hr. Schwarze reported that he had carried out this comparatively new operation on the bodies of six women. The division of the symphysis was made with a sharp scalpel. Difficulty was experienced in one case only, that of a woman of fifty-five, in whom the cartilage was ossified. In the other cases the cartilage was easily cut. Gaping only took place when the cartilage was well divided, and then only for a few millimetres. He thought the whole cartilage should be divided, and thus differing from Leopold. The ligam. arcuatum should not be divided for fear of hæmorrhage. By pressing on the hips a gaping of 3 to 4 millimetres could be brought about. By the operation the distance between the ends of the symphysis and the point of the promontory was in-

creased by double the distance between the divided ends. The transverse diameter was enlarged by half the gape in the symphysis. The diagonal increase was said by a French author to be between the direct and transverse; he had not measured it himself. The ascending rami of the pubes also became considerably separated from each other. The speaker then gave details of the operation. As regards the results of the operation, the latest statistics embraced Spinelli's 20 cases when all the mothers and children were saved, although para and endometritis followed in 3 cases. Urinary fistula was observed in 3 cases. No other untoward complications were met with. He thought the lowest conjugate measurement admitting the operation was 7.5 cm. The best results of symphyseotomy would be met with in those cases of narrow pelvis where the child was in danger, when too late for Cæsarian section or turning; and the head was movable above the brim or just engaging. Perforation of the living child ought to disappear with the introduction of symphyseotomy.

TORSION OF ARTERIES.

In connection with operations for excision of tumors, and other excisions of a like character, Jonathan Hutchinson remarks as follows: "I may mention that for many years I have quite ceased to use any other means for the arrest of arterial bleeding than torsion. In excision of the breast, for instance, I do not think that I have, during the last fifteen years, ever used a ligature. The torsion is always effected by a pair of Well's clamp-forceps, now in such universal employment. I am always extremely careful to close all vessels, keeping the wound exposed for a considerable time for that purpose. Very seldom indeed have I encountered any secondary hæmorrhage."—*Col. Med. Journal.*

AN UNUSUAL NOMENCLATURE.

We hear that a dashing young surgeon on the staff of a large London hospital, when he has occasion to remove the upper limb with the scapula, as has happened more than once, in the notification of the fact to his colleagues, describes the operation as the removal of the "fore quarter"! Whether this is strictly professional, or consonant with the dignity of the position of a surgeon upon a large hospital staff, is a question which few would fail to reply to, saving in the negative. It is doubtful, also, whether his own colleagues much appreciate the suggestive description of an operation at which they are invited to be present. Nor, again, is the term one which the students of the hospital could associate with much respect for their surgical teacher.—*Med. Press.*