

hand, premature interference by accoucheur before the normal relaxation and stretching of maternal parts has been completed.

When an occipito-posterior position is recognized, endeavor as early as possible to convert it into first or second position. The posterior wall of the pelvic canal should be prolonged by having the nurse exercise downward and inward pressure over the sacral and gluteal region.

The patient should have rectum and bladder emptied when time and circumstances permit.

The cutaneous surface of the perineum, and even the vaginal wall and posterior commissure, should be freely anointed. I prefer salicylated lard or lanoline to vaseline in such cases. Patient's thighs should be only slightly flexed and abducted to only such a degree as to allow the physician's hand and arm between them.

Unless the vulvæ are seen to be distended by the shanks of the forceps *do not remove* them, but carefully restrain, by their aid, the expulsive efforts as the vertex is escaping.

I may say under this head that when I have reason to fear laceration, I invariably give chloroform, if uterine contractions are normally powerful and no contra-indications to the anæsthetic exist.

I prefer the sinistro-lateral posture as to the patient, who should in these cases have the parts exposed to the operator's eye, for I feel certain that by such precaution I have prevented an unavoidable laceration (and the large majority of lacerations are such) from becoming complete.

You will observe that I have varied the mode of operating, and that sutures used have not been confined to one particular class.

I think catgut preferable for vaginal and rectal surfaces, but very much prefer the silver for the perineal sutures. In primary operation, of necessity, "Hobson's choice" prevails. I have been very well satisfied with sterilized silk in such cases. There are instances in which the laceration is slight or superficial when the suture is already at hand in the form of the natural pubic capillary growth.

In primary operations, should wire be at hand, along with perforated shot, it is advisable to slip three or four upon the extremities of each suture, so that as swelling subsides those shot unclamped, namely, all but the external one may be crowded

closer to the retracting edges of the wound, and the outside shot clamped again, while the one originally acting as a retentive can be cut off.

You will also notice that I have varied my practice as to the condition of bowels according to circumstances.

Where circumstances permit the use of the catheter at regular intervals it would be preferable, in my opinion, to the use of the self-retaining catheter. In my limited experience I can not say that I have ever seen any ill effect follow the contact of normal urine with the wound.

I must, in conclusion, say that the operation of flap-splitting is much easier performed than that of paring, as it is very difficult to remove the glazed surface from one border of the wound to the other entire; a proceeding which is very desirable.

---

### Reports of Societies.

---

#### GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

##### MARCH MEETING.

The President, Dr. Henry M. Wilson, in the chair.

Dr. Howard A. Kelly read a paper upon "The Technique of the Cæsarean Section," described in a series of steps, from the selection of the case, down to the after-treatment. The relative and absolute indication were described. The Porro operation was rejected, excepting under special peculiar circumstances; for example, when there was good reason to suspect septic infection, as after prolonged efforts at delivery, at turning, or the use of the forceps, also in cases of large tumors occupying the body of the uterus, or in some cases of cancer, or in uncontrollable hæmorrhage from the placental site. Thus limited, the conservative operation and the Porro operation are mutually exclusive, not occupying the same field.

It is a serious surgical error to mutilate a woman by performing the Porro operation where special indications do not exist. The mortality of the Porro operation is fully as great and probably greater than that of the conservative.

In a healthy case, free from sepsis, with unruptured membranes, it is not necessary to deliver the uterus from the abdomen before incising it