

Peritonitis is not the only thing to be feared; greater danger is general sepsis commencing before operation.

The necessity for operation in catarrhal appendicitis. Not only is the risk much less in primary cases, but the danger of a second or third recurrence when unable to secure immediate surgical attendance is great, as the very circumstances which contribute to the enjoyment of camping out, etc., are those most likely to lead to recurrent attacks.

The result of venesection combined with saline infusions warrants its employment in septicæmia. The value of this treatment will be in direct ratio to the early employment of it.

SYMPHYSEOTOMY.*

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GENTLEMEN—With our greatly improved technique in surgery we are able to perform operations with comparative impunity, which a few years ago were looked upon as exceedingly dangerous, while the somewhat recent step from antiseptics to asepsis has proved itself the most important factor in producing the glowing results of the modern surgeon. I do not mean that we have no use for antiseptics, for without them we could not pave the way for asepsis; without them we should find ourselves unable to get the external coverings through which we have to pass, into proper condition, nor could we submit our hands to the same means of sterilization that we do our instruments and dressings; therefore it is necessary to use antiseptics in connection with other means before we are justified in considering our hands and arms in condition of asepsis, whereby we are warranted to handle and explore parts and regions that would readily become contaminated with any septic material brought into contact with them. One of the many operations that are being performed to-day that some years ago were considered as involving too much risk to the life of the patient, or I might say patients, is the operation of symphyseotomy. The operation means, as you know, the division of the pubic joint, thereby rendering the natural opening capable of allowing the passage of a viable child, without which, either on account of the presence of an abnormally enlarged head, or malformed condition of the pelvic bones, such delivery would be an impossibility.

HISTORY.—The operation was first performed by one Courvee, a French physician, in the year 1644, but not until the death of the mother had occurred, and he did it to save the life of the child: but as early as 1598 a thesis was written by another French surgeon, Pinaud, describing the operation. Again we find that a Hungarian surgeon by the name of Pluick, in 1766, performed the same operation as did Courvee, under similar circumstances. Then in 1768 a medical student, Jean René Sigault, wrote

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