Dr. Temple thought the case might possibly be improved by operation.

Dr. MacFarlane said that he thought all of the abdominal muscles were atrophied.

Dr. Grasett thought that the recti muscles were not as widely separated as Dr. Ross thought they were; but, of course, such a superficial examination of a patient was unsatisfactory. He would like to make a more thorough examination of the case before giving an opinion.

Dr. McFarlane's paper on a case of ununited fracture was postponed until the next meeting owing to the lateness of the hour.

THE CLINICAL SOCIETY OF MARYLAND.

The 472nd regular meeting was called to order by the vice-president, Dr. J. M. Hundley.

Dr. J. E. Michael read a paper entitled "Symphysiotomy; a Successful Case; a Suggestion." The ancient history of the operation was briefly referred to. Dr. Harris' paper, read before the last meeting of the American Gynecological Society, and published in the *American Journal of Obstetrics* in October, 1892, leaves little to be said as to the modern history of the operation. Dr. Harris' table, showing 44 operations from January, 1886, to July, 1892, by various operators, with one maternal death and three still-born children dying respectively at 12 and 72 hours, made a profound impression on the American profession. Dr. Charles Jewett, of Brooklyn, was the first American operator. He operated on September 30th, 1892. The child died in twenty-four hours from the effect of long-continued pressure. The recovery of the mother was uneventful. Prof. Hirst, of Philadelphia, operated October 2nd, 1892. Child and mother both well. Prof. Broomall operated October 7th, 1892. Mother and child saved. Dr. Michael operated at the Free Lying-in Hospital of the University of Maryland, October 24th, 1892. The patient was a rachitic negress, 4 ft. 6 in. high, 17 years old. Labor began on the morning of the 23rd. Dr. Michael saw the patient at 9 p.m. Os barely admitted two fingers. Head large, and no sign of engagement. Fœtal and maternal circulation good, and general condition of patient satisfactory. It was concluded to wait for greater dilatation, and operation was postponed till morning. Operation at 9.30 a.m.; chloroform anæsthesia. Os still small; most of the amniotic fluid had escaped, and the fœtus was suffering from pressure. Fœtal head obviously large, and no possibility of engagement. The bladder was evacuated, and then the os uteri dilated until four fingers would enter. The soft tissues were incised down to the symphy-