

obtain an autopsy. The children were of full term, and of equal development. There were no granulations on the head; hair was growing on the part of the head attached to the bowel. The finger was, with a sponge, easily separated from the omentum. The child's lower jaw was elongated, probably by pressure. About the twelfth week the woman did lose blood, and thought she had had a miscarriage.

TRANSACTIONS OF THE FOURTH ANNUAL MEETING OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

*Held in New York City, September 17th, 18th, and 19th, 1891, at the Academy of Medicine.*

*(Abstract; continued from page 533.)*

SECOND DAY—MORNING SESSION.

The President, Dr. A. H. Wright, of Toronto, in the chair.

Dr. M. B. Ward, of Topeka, Kan., spoke on

REMOVAL OF THE UTERINE APPENDAGES, WITH RESULTS.

He prefaced the report of his cases by saying that operation for removal of uterine appendages is truly missionary work in Kansas. He performed the second operation of this character done in the State, February, 1890.

He then made a brief report of fifteen cases, in which he gave a history of the patient before the operation, the character of the operation, and the results at the time of writing the paper.

Three deaths were recorded, his first, third, and eleventh cases terminating fatally. Only one of the three was caused by the operation, and in that case the previous condition was deplorable. The reports of the cases were interesting and the results gratifying. Some of the conditions were extremely grave before the operation, and yet recovery in most of the cases was satisfactory.

Dr. Joseph Price, of Philadelphia.—We all know how satisfactory the results have been of late with this class of cases in dispensary and in public practice. We also know how distressing the results have been among the more wealthy, where harm follows from the delay due to treatment by rest and every other known method before resorting to radical measures.

Our mortality among the rich varies between six and ten per cent. higher than among the poor, and there is no excuse for such a difference. A pus tube, an abscess in the pelvis, a pus accumulation in the axilla, under the deep tissue anywhere, should be removed. The treatment is precisely the same. Good surgeons throughout the world will trephine for an accumulation of pus not larger than a hazel nut. Surely, if it holds good in brain surgery, it should hold good in pelvic accumulations. Again, just this state of affairs is common

in all branches of abdominal surgery. It is so with gall stones, hepatic accumulations. It is so notwithstanding we have had many years of special pleading, many voices crying in the wilderness—such men as Bantock, Keith, Tait, Thornton, and others, pleading specially for early ovariectomy. We find large numbers of neglected cystomata, and the mortality remains higher than it should in that class of cases.

Dr. E. W. Cushing, of Boston, said he appreciated and believed every word that Dr. Price had uttered. The bad cases that he had seen were the ones that had been neglected; early operations had done well. Allowance must be made for the position of a man with his elders against him. It is dangerous for one to get too far ahead of the sentiment of the community. The weight of the teaching and the intent of every operator, as far as he can carry his people along with him, should be to operate early.

Dr. Mordecai Price, of Philadelphia, thought many of the delays were attributable to the cowardice of the surgeon. We all should know that when we approach a question where a life is involved we should boldly consider every side, even though, if we operate and the life is lost, the community say that it was the operation. If we refuse to operate and death comes, we feel and know that it was but a consequence of our own cowardice. It is our business to go to these cases, and when we discover that pus exists to remove it, and the sooner the better.

Dr. Joseph Price, of Philadelphia, said that gonorrhea is unquestionably responsible for a majority of these cases. Gonorrhea is no longer treated by intelligent physicians. Every drug store in the land is a clap shop, probably as well in Boston as Philadelphia. It is a neglected disease. The sequelae, in the male as well as in the female, are very much more marked than they were several years ago when the disease was treated by the educated physician.

Dr. C. A. L. Reed, of Cincinnati, extended his congratulations to Dr. Ward for his good paper, which is certainly to be recognized as pioneer work in the great State of which he is a citizen. He was impressed with the idea that gonorrhea in woman is a very serious affair. It progressively invades the mucous tract, climbing the vaginal wall, climbing the endometrium, invading the sanctum sanctorum of the female anatomy, and producing its most serious ravages upon the uterine appendages.

Dr. Ward, closing the discussion, thanked the Fellows for their kind compliments. In the West it is extremely difficult to get consent to perform these operations except as a last resort.

Dr. Joseph Price, of Philadelphia, read a paper upon

A CONSIDERATION OF EMMET'S LAST OPERATION FOR SO-CALLED LACERATION OF THE PERINEUM, OR PROLAPSE OF THE POSTERIOR WALL OF THE VAGINA FROM LOSS OF FASCIAL SUPPORT, OR MUSCULAR RELAXATION, OR TEAR.

At the meeting of the American Gynecological Society in 1883, when Dr. T. A. Emmet presented his paper on the "Etiology of Perineal Laceration, with a new method of Operation for its Repair," it was evident, in the words of an eminent gynecologist