

stop to enumerate the deleterious effects of fixations on the function of the uterus, the bladder, etc., but will leave it to your own common-sense and reasoning. Suffice it to say, many obstetric complications have followed ventro-fixation, as cases collected by Milander, Noble and W. A. Newman Dorland show. Serious or fatal complications accompanying parturition have been reported by Oishausen, Mackenrodt, Gottschalk, Veldi, Strassman and Gubaroff in Europe, and by Norris, Noble, Krom, Michales and Edebohls in this country, while Bidone, of Italy, recommends opening the abdomen and relieving the adhesions in every case of ventro-fixation followed by pregnancy. Besides, many cases of intestinal obstruction have been reported after ventro-suspension. Rufus B. Hall, of Cincinnati, has operated on three cases of ileus caused by the bands of a ventro-suspension. A mortality of 5 per cent. has been shown by Fehling to accompany these operations, besides, of course, the usual sequelæ after abdominal section. Perhaps the reason why bad consequences do not oftener follow is owing to the fact that the fixation does not always fix (and this is the only redeeming feature I can see about the whole set of procedures), so that the rate of recurrence of the deviations is very high."

Physical Diagnosis in Obstetrics.

Dr. Edward A. Ayers, of New York, is writing a series of admirable papers in *Obstetrics*, on the subject of "Physical Diagnosis in Obstetrics." In the September number he deals with the question of "Sepsis in Relation to Anti-partum Examinations," from which we subsume a few extracts:

"The most generally accepted views of leading investigators on this subject are: First, that the secretions of the vagina are normally aseptic, in so far as the pathogenic germs of puerperal infection are concerned; and, second, that they are even germicidal, and will render a septic vagina aseptic in from nine to twenty hours. Third, that the vulva and introitus vaginae are not to be relied on as aseptic, nor are they germicidal. . . . These conclusions point in the clearest manner to two practical applications in clinical obstetrics: First, that the entrance to the vagina, during pregnancy, should be cleansed on making digital examinations; and, second, that the inner portion of the vagina should not be cleansed, i.e., douched.

"The gonococcus is not killed by the vaginal secretions, nor, in all probability, by vaginal douches.

"The nurse should thoroughly wash the pubic and outer labial regions with warm water and soap, then take fresh sterilized cotton, and wash the inner labiæ, and ostium vaginae, first with warm water and soap, endeavoring to expose and cleanse all crevices in the region of the meatus and clitoris,