Dr. Ezra Bemiss, formerly of Welland County, Ont., died on July 11th, in Newark, N.J., of heart disease. He studied at Toronto University, and graduated from a New York college.

Dr. W. A. McIntosh, a graduate of Toronto University, died on July 18th at Toronto, in his 29th year. He had practised in Deer Creek, Minnesota, and had recently suffered from blood poisoning.

Dr. J. W. Slavin, Drillia, died on the 11th of July, at the age of 71 years.

Dr. Emmett Hughes, of Ottawa, died on July 2nd, of peritonitis.

Retrospect of Current Literature.

OBSTETRICS.

UNDER THE CHARGE OF J. C. CAMERON AND D. J. EVANS.

ZWIEFEL, P. "Die subkutane Symphysiotomie." *Zeit. für Gyn*, No. 26, 1906.

The development of operations having the object of increasing the pelvic capacity has made considerable advance recently. In this connection may be mentioned the pubiotomy operation of Gigli, and its improvement under the name of "hebotomie" by Döderlein, who does away with the large incisions, practically doing the operation by the subcutaneous method. The development of hæmatoma after subcutaneous section of the pubic bone in cases of pelvic contraction, has led the author to study the question as to their origin. The usual explanation is that the hæmorrhage is the result of wounding of the cavernous body of the clitoris. The author has had occasion to make a free incision in two of his cases, in order to ascertain where the hæmorrhage had origin: in both he found the internal pubic artery which lies on the inner side of the pubic bone behind the crura clitoridis divided. On the anterior and posterior surface of the pubic bone anastomoses of the obturator artery form a net work which must be injured in the course of sawing through the bone. He states that in no case of fifty-one symphysiotomies which he has performed had a hæmatoma formed, in spite of the fact that the corpora cavernosa were frequently torn through or punctured. He points out that the internal pubic artery can be pushed out of the way if the periosteum is lifted, before the saw is passed behind the bone.

He suggests in this article that the symphysis be opened by sawing through the interosseous cartilage, previously making a nick or incision on the dorsal surface, which, being convex, may otherwise cause the saw to slip to one side. Briefly, the author's method consists in an