

proved rapidly and was soon back at work. About six months later, however, another, similar attack caused him to quit work.

Dr. Schlange has collected fifteen cases of this disease which was first described by Ollier, and in none of them was pus found. It appears to affect the long bones of young people almost exclusively.

Dr. H. S. Griffin, Hamilton, was the author of a paper on

#### LACERATIONS OF THE PERINEUM.

From his experience he would judge that about thirty per cent. of primipara suffer from lacerations. It is supposed that lacerations are more frequent among civilized nations, owing to the fact that the enlarged foetal head—due to the cultivation of the intellect and improvement of the mental faculties of the race—is not accompanied by a compensating enlargement of the female pelvis. Among the causes of laceration as classified by Mekertschiantz are: From the side of the mother—*anomalies of the pelvic outlet, projections of the sacral vertebrae, anomalies of the sacral curvature, capacious sacral hollow, deep symphysis, anomalies of the axis of the rami, ankylosis of the sacro-coccygeal joint, anomalous pelvic obliquity, rigidity and alterations and abnormalities of the soft parts.* Further factors are the age of the patient, want of elasticity in the perineum, and disproportion between the size of the foetal head and the maternal parts. As regards the child, Hecker and others maintain that a small head is more liable to cause laceration than a large one, as the latter descends more slowly and gradually stretches the parts. The laceration, however is often caused by the shoulders. The direct causes are precipitate labor, retarded labor, or the injudicious use of ergot and the forceps.

Speaking of the means of preventing rupture, the author deprecated the old-fashioned plan of greasing or "supporting" the perineum. The only means to be regarded as rational are those directed towards retarding a too rapid labor, and giving the parts time to gradually dilate. In this connection, the forceps, when skillfully and properly used, afford us the best means of controlling the course of the labor and safely guiding the head over the pelvic floor. They should be applied accordingly when rupture is threatened, and in no case should they be removed

until the head is fully born. Anæsthetics are doubtless useful, but incisions must be condemned. In regard to manipulating and kneading the perineum, the best plan is that recommended by Mekertschiantz, viz: placing the left hand over the patient's right thigh, and with the palm turned towards the child's head, pressing the labia together by means of the thumb and middle finger.

In regard to the treatment of a tear, if it extends through the sphincter ani and involves more or less of the recto-vaginal septum, few would oppose an immediate operation. In the case of incomplete lacerations, however, considerable difference of opinion and practice prevail. The tendency of the times it may be stated, is towards an immediate operation, as the parts are benumbed and comparatively insensitive at the time, and it is amply proven that restoration of the perineum favors involution of the vagina. The dangers of septicæmia are also much lessened by the immediate operation.

Of the many varieties of secondary operation the author expressed a strong preference for Tait's flap, or splitting operation, as it is simple, scientific, and easy of performance. The reader of the paper here showed a jointed needle which he had devised to overcome the difficulty of passing the ordinary curved needles.

The discussion was commenced by Dr. Barrick, Toronto, who had found in his experience that some perineum were tougher than others. The inner or vaginal surface is often constricted or indurated, and the commencement may be at that part. Hence it is well to watch the inside as well as the outside, and to prevent the head from descending beyond the constriction, until that is well dilated.

Dr. Adam H. Wright, Toronto, related the case of a patient in whom the perineum had been ruptured and stitched up in the second and third labors. He noticed that the expulsive pains, when they commenced, continued without intermission until the child was born. Accordingly, in the fourth labor he gave chloroform, to the full surgical degree, and held the head back. In this way laceration was prevented. Before the head is born there should be dilation not only of the cervix but also of the vagina and vulva. At all events these parts should be "stretchable," and they become so by