

an armed neutrality is the best. Watch the pointing of the abscess. Open in a favorable site, if possible, and rely on disinfectant washings and dressings, especially dry dressings. Of these I prefer the naphthalized jute; and if the case becomes very tedious, and the sinuses extensive, operative interference even to the length of abdominal section, and free incision may be required, but I have never had need to resort to this rather formidable procedure, although I am sure some cases would be benefited by it, and much shortened in their course if the life of the patient were not saved by the timely intervention.

I will not take up your time by recounting all the diseases from which it is to be differentiated, suffice it to say that I have little faith in malarial fever as a result of abortion or parturition, and keenly scrutinize all cases with rise of temperature following these two conditions.

Now, in conclusion, I will simply give deductions from a study of these cases:—

1st. Idiopathic cases are generally of a septic origin, and traumatic cases are mostly secondary to peritonitis, metritis, salpinxitis, ovaritis, or surgical interference or appliance.

2nd. In puerperal cases, antiseptic douches, whilst lessening the liability to septic absorption, and thus removing one of the chief causes, is as a routine practice unnecessary, and thus used, apt to do more harm than good.

3rd. As a rule it is a self-limited disease, often however, of a rather chronic character.

4th. Treatment shortens duration and lessens suffering and exhaustion.

5th. The fatality is about one in twenty-five.

6th. Sterility and malposition of the uterus are the most serious *sequelæ* of this most formidable disease.

## Reports of Societies.

### GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

#### MAY MEETING.

The President, Dr. Henry M. Wilson, in the chair.

Dr. Brinton read a paper entitled, "A Day's Work in Obstetrics." Under this title he related the following cases:—

1. A case of podalic version. 2. A case of normal labor. 3. A case of shoulder presentation; efforts at

version unsuccessful; vagina ruptured; the woman dying undelivered. 4. A case of placenta prævia lateralis, treated by internal podalic version, mother and child saved.

Dr. Mittenberger.—There is some discussion in regard to the preference for high forceps and version. I prefer version, but the profession is divided, and the choice comes to a matter of skill and individual practice.

Dr. Neale.—One of the points claimed for version over high forceps is, that in version the narrower diameter of the head comes first. It has been claimed that the same condition is brought about in the use of forceps, by the diminution of the diameter of the crown, so that they are less than those of the base of the skull. I cannot see how this is, for certainly the forceps do not as a rule compress sufficiently to reduce the diameters of the crown to less than those of the base of the head.

Repeated attempts at version have often given bad results when the uterus is contracted and retracted; when there is a neglected cross birth and the child is dead. After a moderate attempt at version has failed, decapitation should be performed by means of Braun's hook; it is certainly a comparatively easy and safe procedure. I have no criticisms to make upon the treatment Dr. Brinton adopted in his cases.

Dr. Brinton.—Since this case of rupture of the vagina has been reported, it has been stated by a pathologist of this city that it is the only one on record. I would like to ask if any of the gentlemen present know of any such cases?

Dr. Mittenberger.—There are certainly on record many cases of rupture of the vagina. I have seen at least two such cases.

Dr. T. A. Ashby.—I once passed a sound through the uterus. The sound went in easily, and could be felt just below the umbilicus. Before this the patient had had pus running slowly from the uterus, which had evidently had its origin higher up. There were no bad symptoms; the woman rode home a distance of eight miles and was not heard from. I once attempted to remove an epithelial growth from the vagina, and all at once the intestines came down. I cleaned away the diseased tissue, closed up the opening with a purse stitch and the wound healed promptly. The patient lived eleven months.

Dr. Geo. W. Mittenberger read a paper upon "Superfoetation and Superfecundation."

Dr. P. C. Williams.—I had a case recently of ovulation during lactation. A lady came to me who had continued to nurse her child and is now five months pregnant. These cases show that there may be ovulation without menstruation, and led me to agree with Dr. Mittenberger.