IMAGE EVALUATION
TEST TARGET (MT-3)
The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

- Coloured covers/
  Couverture de couleur
- Covers damaged/
  Couverture endommagée
- Covers restored and/or laminated/
  Couverture restaurée et/ou pelliculée
- Cover title missing/
  Le titre de couverture manque
- Coloured maps/
  Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black)/
  Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations/
  Planches et/ou illustrations en couleur
- Bound with other material/
  Relié avec d'autres documents
- Tight binding may cause shadows or distortion along interior margin/
  La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure
- Blank leaves added during restoration may appear within the text. Whenever possible, these have been omitted from filming/ 
  Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été filmées.
- Additional comments:
  Commentaires supplémentaires:

L'institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- Coloured pages/
  Pages de couleur
- Pages damaged/
  Pages endommagées
- Pages restored and/or laminated/
  Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
  Pages décolorées, tachetées ou piquées
- Pages detached/
  Pages détachées
- Showthrough/
  Transparence
- Quality of print varies/
  Qualité inégale de l'impression
- Includes supplementary material/
  Comprend du matériel supplémentaire
- Only edition available/
  Seule édition disponible
- Pages wholly or partially obscured by errata slips, tissues, etc., have been refilmed to ensure the best possible image/
  Les pages totalement ou partiellement obscurcies par un feuillet d'errata, une pelure, etc., ont été filmées à nouveau de façon à obtenir la meilleure image possible.

This item is filmed at the reduction ratio checked below/
Ce document est filmé au taux de réduction indiqué ci-dessous.

<table>
<thead>
<tr>
<th>10X</th>
<th>14X</th>
<th>18X</th>
<th>22X</th>
<th>26X</th>
<th>30X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[x]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12X</th>
<th>16X</th>
<th>20X</th>
<th>24X</th>
<th>28X</th>
<th>32X</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The copy filmed here has been reproduced thanks to the generosity of:

Medical Library
McGill University
Montreal

The images appearing here are the best quality possible considering the condition and legibility of the original copy and in keeping with the filming contract specifications.

Original copies in printed paper covers are filmed beginning with the front cover and ending on the last page with a printed or illustrated impression, or the back cover when appropriate. All other original copies are filmed beginning on the first page with a printed or illustrated impression, and ending on the last page with a printed or illustrated impression.

The last recorded frame on each microfiche shall contain the symbol ≫ (meaning "CONTINUED"), or the symbol ▼ (meaning "END"), whichever applies.

Maps, plates, charts, etc., may be filmed at different reduction ratios. Those too large to be entirely included in one exposure are filmed beginning in the upper left hand corner, left to right and top to bottom, as many frames as required. The following diagrams illustrate the method:

The exemplaire filmé fut reproduit grâce à la générosité de:

Medical Library
McGill University
Montreal

Les images suivantes ont été reproduites avec le plus grand soin, compte tenu de la condition et de la netteté de l'exemplaire filmé, et en conformité avec les conditions du contrat de filmage.

Les exemplaires originaux dont la couverture en papier est imprimée sont filmés en commençant par le premier plat et en terminant soit par le dernier page qui comporte une empreinte d'impression ou d'illustration, soit par le second plat, selon le cas. Tous les autres exemplaires originaux sont filmés en commençant par la première page qui comporte une empreinte d'impression ou d'illustration et en terminant par la dernière page qui comporte une telle empreinte.

Un des symboles suivants apparaîtra sur la dernière image de chaque microfiche, selon le cas: le symbole ≫ signifie "À SUIVRE", le symbole ▼ signifie "FIN".

Les cartes, planches, tableaux, etc., peuvent être filmées à des taux de réduction différents.
Lorsque le document est trop grand pour être reproduit en un seul cliché, il est filmé à partir de l'angle supérieur gauche, de gauche à droite, et de haut en bas, en prenant le nombre d'images nécessaire. Les diagrammes suivants illustrent la méthode.

```
1 2 3
```

```
1 2 3
```

```
1 2 3
4 5 6
```
A CASE OF SYMPHYSIOTOMY.*

BY J. A. SPRINGLE, M.D.,
Lecturer on Anatomy, University of Bishop's College.

Mrs. M. L., I-para, aged 25, of Irish parentage, gives the following history: She has been healthy up to her marriage, four years ago; since then to the date of her pregnancy she has suffered from what a local gynaecologist pronounced to be pyosalpingitis. However she became pregnant and appeared to do well.

On the 4th inst. slight labour pains were experienced and the liquor amnii began to flow away. I saw her on the morning of the 5th, and labour was then active, but the os uteri not fully dilated. The pelvis was found to be contracted. At 3 A.M., dilatation being complete, with no descent of the foetal head, it was thought expedient to use the forceps. Dr. Gordon Campbell anaesthetized the patient, and a thorough examination of the pelvis and contents made. The head had not engaged and was large. The inlet was circular, with a true conjugate of 75 mm. The succeeding diameters in the pelvic cavity were correspondingly diminished, the small space between the tuber ischii especially so. An attempt an extraction with forceps was unsuccessful. Undue violence was avoided. Crying of the child in utero was distinctly heard by those present. At 9 A.M. Drs. Lockhart and Kenneth Cameron saw the case. The uterus was then tightly contracted upon the child, whose head was tightly filling the inlet. It was easily seen that the pelvis was too small to extract, and symphysiotomy was decided upon.

* Read before the Medico-Chirurgical Society of Montreal, Dec. 9, 1892.
A median incision over the symphysis, extending three-quarters of an inch above this and passing slightly to the left of the clitoris, was made down to the bone. A vulcanite rod in the urethra drew it over to the right and depressed it away from the incision. Above the pubis the incision was deepened until the loose cellular tissue was reached. The left forefinger was then passed behind, and the position of the urethra being ascertained, the symphysis was cut through. The two sides sprang apart, leaving an interval of over one inch. A pad was placed over the wound and the fetus rapidly delivered with forceps by Dr. Lockhart, proper support being given laterally to the pelvis. The child was in good condition and not disfigured by the instruments.

The total time was one hour and a quarter from the commencement of the operation until all dressings were completed.

The measurements of the child's head are:

- B.P. = 94 mm. in diameter.
- F.O. = 120 " "
- M.O. = 145 " "
- B.T. = 88 " "
- Shoulders = 155 " "
- Circumference of head = 33.5 cm.
- " " shoulders = 40.5 cm.
- " " hips = 28 cm.
- Length of child = 53 cm.
- Weight = 3629 grms.

Both mother and child have done well since. There is considerable pain about the left sacro iliac synchondrosis, due, I believe, to rupture of the anterior ligaments.

Symphysiotomy, or division of the pubic symphysis, has lately been brought prominently before the American profession by Dr. Robt. P. Harris of Philadelphia. On Sept. 20th he read an exhaustive and admirable paper upon the subject before the American Gynaecological Association, setting forth the many claims advanced and good results obtained by Italian obstetricians, notably Drs. Morisani and Nori of Naples, and the adoption of the procedure by Professors Leopold, Freund, Porak and others. The operation is becoming popular on the continent,
but, as yet, has not gained a foothold in Great Britain.* To
Prof. Morisani is due the credit of perfecting this operation.
His successes have dispersed the many objections to it, of
Sigault, its originator's time.

The first case in America is reported by Dr. Jewett of Brook-
lyn on the 30th September. Drs. Barton Cooke Hirst and A.
S. Broomall have each reported one since. All were successful.
The operation is limited to a true conjugate diameter of not less
than 2½ to 2¾ inches. It is not applicable to certain deformed
pelves (Robert Naegele, coxalgic anchylosis); nor should it be
applied to cases of cancerous or other growths in the pelvis.

It is claimed that the operation will be conservative in the
child's interest to the extent of the abandonment of craniotomy.
Moreover, it is said that symphysiotomy will supersede the
Caesarian operation, when the latter is performed for the lesser
degrees of contracture to which symphysiotomy is applicable.

Dr. Harris, in his paper, gives interesting statistics in a
tabular form of 44 cases collected from various continental
sources. One mother died from metro-peritonitis, not supposed
to be due to the operation; five suffered from vesico-vaginal
fistulae. With these exceptions the recoveries were perfect;
the longest period of confinement to bed being 35 days. The
results to the children showed five deaths; of these three were
born dead (?), the remainder living for some time after birth.
All children dying before three days being counted in the mor-
talities of the operation.

The greatest comparative size of the foetal head to the true
conjugate was 100 mm. to 67 mm. in a case of Dr. Nori's; the
smallest being in a case of Prof. Freund's, of 110 to 100.

The simplicity of the operation is one of the claims advanced
by its advocates. It is said that lameness as a result is very
rare, Dr. Harris, in his report, not mentioning a case. The
operation has been approved of by Charpentier, Leopold, Porak,
Hirst and many others; and if it does all that is claimed for it,
it will be welcomed by all.

* Since reporting the above, I see a case mentioned in the British Medical Journal,
operated upon by Dr. Smylie, of the Rotunda Hospital, Dublin, on Nov. 22nd.