The Midwife.

SYMPHYSIOTOMY.

Professor Frank, of Cologne, speaking in the Section of Gynæcology and Obstetrics at the Annual Meeting of the British Medical Association at Aberdeen, as reported in the *Lancet*, said that 100 years ago people tried by law to prohibit the operation of symphysiotomy as if it were an attempt to murder. To-day he thought that it was the most successful operation in the whole of midwifery and one that should be brought to the notice of every accoucheur, because it was so simple and free from danger. Nevertheless, the tendency appeared to be to regard it as more of historical than of scientific importance. This opinion was almost universal, and had its basis in the unfavourable results which attended the older methods. As regards the original technique, the danger of severe hæmorrhage, septic infection of a hæmatoma, or severe laceration of the tissues was a very real one, and even masters of their art like von Rosthorn were unable to avoid all deaths. Professor Frank observed that in the subcutaneous method devised by him these dangers were eliminated. He then proceeded to demonstrate his operation by means of diagrams. Hæmorrhage was prevented by pulling the clitoris downwards from under the pubic arch by means of the left hand, whilst the actual division of the symphysis was performed with a bistoury. The second risk, infection, was obviated by the fact that the operation was completely subcutaneous. In fact, the external wound must not be larger than the breadth of the narrow knife, which was the only instrument employed. The speaker impressed on his hearers the fact that when the knife left the wound the operation must be entirely finished. The opening in the skin was immediately sutured with catgut, and a hæmatoma prevented by compression. If care was taken not to operate in cases of too great disproportion between the head and the pelvis, and to control the position of the legs before and after the incision, there need be no danger of lacerating the soft parts. Professor Frank had performed the operation in his clinic 155 times without mortality as a direct result of the technique. Two deaths which occurred in the series had nothing to do with the operation. One patient was infected with gonorrhœa, and died on the eleventh day of the puerperium with a right pyosalpinx and gonococcal peritonitis. The second fatal case was admitted with severe nephritis, and died eleven days afterwards from uræmia. No hæmatoma or any other complication was noted. The speaker noted as contraindications to the operation extreme narrowing of the conjugate and the absence of complete dilatation of the os. Pyrexia was no contraindication if it was desired to save the child. After division of the symphysis it was desirable as far as possible to leave the birth to nature. Statistics had shown most encouraging results in the diminution of fœtal mortality. In the case of mothers who had already borne children, only 23 per cent. were live births. With symphysiotomy, on the other hand, the percentage of living children was raised to 94 per cent. Professor Frank, therefore, came to the following conclusions regarding the treatment of pelvic contraction :—(1) In cases with large disproportion classical Cæsarean section was advised, if strict asepsis could be guaranteed. (2) If the asepsis was in doubt, delivery by the suprasymphyseal extraperitoneal route was advocated. (3) In moderate degrees of narrowing, subcutaneous symphysiotomy was to be preferred in multiparæ. In primiparæ with a narrow vagina, suprasymphyseal delivery was advised if there was any suspicion of infection. In "clean" cases, classical Cæsarean section should be performed. (4) If the delivery to obstruction was only slight, symphysiotomy should be considered. With regard to suprasymphyseal delivery, the speaker emphasised the fact that the uterus must be opened without injury. Should trauma occur, the wound must be carefully sutured. The suprasymphyseal operation was undoubtedly more difficult than classical Cæsarean section, but it could be performed when the latter was contraindicated. Professor Frank's statistics included 100 cases, 52 being primiparæ and 48 multiparæ. Two patients died, one from puerperal sepsis, and the other from septic peritonitis, the result of a laceration in the peritoneum at operation. All the children were saved with the exception of four.

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