

and the wound in the rectum closed. The patient had no trouble whatever after this operation, nor did it interfere with the bowel function. The tumor was found to be myofibroma undergoing myxomatous degeneration.

Case of Interstitial Pregnancy Complicated by Labor.—STONE (*Am. Jour. Obst.*, February, 1917) reports the case of a multipara, five and one-half months pregnant, taken with symptoms of intravaginal pregnancy. There had been pain in the right side, and a diagnosis had been made of pregnancy in the right broad ligament, or that the uterus contained a fibroid in or near the broad ligament. On examination the os was soft, but there was no reason to suspect intra-uterine pregnancy. The abdomen was distended by the tumor, movable, but strongly inclined to the right side, not unlike a pregnant uterus. The fetal body could not be made out. After waiting thirty-six hours for the condition of the patient to improve the abdomen was opened, when free hemorrhage was found, proceeding from rupture of the upper part of the tumor. A large quantity of blood poured out of the incision. A rapid supravaginal hysterectomy was done, which showed the extent of the hemorrhage. When the specimen was examined the uterine wall was found very thin. Rupture had occurred because of the thinness of the wall from the intermittent contractions of pregnancy, although the patient was not in active, full-term labor.

Labor Complicated by Emphysema.—MURRAY (*British Med. Jour.*, January 6, 1917) was called to a primipara who was attended by a midwife and had been in labor fourteen hours. She presented a most alarming appearance. The face was scarlet and swollen to twice its normal size, both eyes being completely closed. The upper part of the chest wall and neck were much swollen and the affected parts presented the appearance of subcutaneous emphysema, being soft to the touch and with fine crepitations. This was interfering with respiration, so that the patient seemed to be in a dying condition. It was thought best to immediately deliver by forceps and a very large child was born. Twenty-four hours after labor the emphysema had somewhat subsided. The condition had undoubtedly arisen from the efforts of the patient in straining, probably with the mouth closed. Similar cases on record show that this accident is preceded by strong contractions of the uterus supplemented by vigorous general exertions on the part of the mother. While the condition is alarming at first sight it is rarely attended by much danger to life.

Retraction of the Uterine Muscle in Obstructed Labor.—NICKS (*British Med. Jour.*, October 14, 1916) describes the case of a primipara, aged thirty years, rather short in stature and with a large cranium, who was in labor at full term. When seen the fetal head was high above the brim and freely movable. The cervix hung loosely below the presenting part. Labor went on to full dilatation, but the presenting part did not descend. A few hours later the membranes ruptured, forceps were applied to the sides of the head, but moderate traction failed to bring the head down. A second application of forceps was made some time later without result. A third forceps application was subsequently