recovery. She is still well, and has come to this meeting, and will be seen in the adjoining room.

I have brought with me to-day, that the members might see it, a ruptured ectopic gestation-sack which I recently removed together with the ovary. Time will not permit a report of the case now, and I will dismiss it for the present by stating that the operation proved the correctness of the diagnosis and saved the life of the woman who was rapidly sinking from hemorrhage. This lady is also with us to-day; and the members are now at liberty to see and examine these cases.

It has been suggested that these cases should be reported to some special society whose function it is to study and discuss cases of abdominal section, and where a sufficient number of experts may be found to appreciate their special features, to criticise their management and to suggest such lessons of instruction as their peculiar features might make possible; that this Society, being composed of general practitioners whose time and thought are given to matters of general medical and surgical import, should not be troubled by reports of cases that are without the usual routine of general practice and which really belong to the field of specialism.

Were the specialist to listen to this report of a case which typifies what he has already seen, I fancy he might criticise it unfavorably, especially that portion in which the symptoms are dwelt upon, and consider the description of the operation and the after-difficulties as a waste of time. He might marvel at the mention made of doubts before operation, and exclaim anew, "Diagnosis before operation is unnecessary; open the belly and find the disease." To a surgeon securely established in that elevated position the essentials of which rest upon the pedestal called specialism, this may seem conclusive: but to the great mass of physicians, like ourselves, engaged in the work of alleviating the ills and suffering of our fellow-men, not dwarfing our capabilities by confining our attention to the diseases of a single organ, but living and acting in a mental and professional world large enough to include the whole man, the mention of such clinical features as this case presents will not be without benefit.

It does us good—it does good to the community in which we live and which we serve—to come here with our cases of interest, especially our troublesome cases, and in our own way talk them over together. If we did more of it, and with less reserve, and more frankness in acknowledging our mistakes as well as shouting our successes, we would be happier, and our patients would profit accordingly. When the time shall come that the Fellows of this Society shall bring reports of their cases of pus-tubes (with the specimens in a bottle to be seen and studied), their cases of ovarian and other tumors (some of which may have reached that degree of danger that a life has been saved by an emergency operation), their cases of extra-uterine pregnancy and appendicitis—when, I repeat, the meetings of this Society, and of other societies throughout the land of which this is a fair type, shall be frequently occupied by the report and intelligent discussion of cases of this nature, with their proper treatment, then that dread disease peritonitis will have become far less frequent and will have lost many of its terrors.

The time will come when the doctor who signs the certificate of cause of death unqualifiedly as *peritonitis*,

will be classed with that other who uses the convenient terms of *dropsy* and *heart failure*.

There is a cause back of the one as there is behind the other, and it must be recognized. We general practitioners meet these cases first, and upon us rests the responsibility of their early recognition—responsibility from which we cannot free ourselves except by a faithful and careful discharge of our whole duty. It is not intended that every family physician shall become an expert laparotomist, but that he shall study these conditions with the same care and diligence that he is wont to apply to other diseases; that he shall be acute enough to recognize their dangers sufficiently early to allow of their successful surgical treatment. Progress is often rapid after the appearance of symptoms, and the distance short in point of time between safety by operation and that unfortunate state where the forlorn hope only can be claimed as recompense for the dangers of an abdominal section. When confronted with symptoms which point in the direction of pelvic inflammation and abscess or ovarian disease, with possible internal hemorrhage or other conditions of this region equally dangerous, it becomes us to consider carefully before assuming the responsibility of caring for the case with the idea of expectancy in mind. When in doubt as to the advisability of an operation, we should not wait, but make haste to consult with some professional brother who has had sufficient experience with this kind of cases to make his opinions valuable.

There is a class of excellent physicians whom we are pleased to call to our aid in most cases, but who seldom or never operate, and when the question of operation is to be decided, are almost certain to counsel delay or directly oppose it. This class of consultants should now be avoided; conservatism has no place in these cases; surgical aid is here imperative.

Lawson Tait and Joseph Price, with their many followers, are now teaching the world such surgical truths that pelvic pathology is being rapidly revolutionized, and we are being guided to more rational and successful treatment. We should keep in line with this movement, and so best serve our patients and secure our own reward.

TWO CASES OF ANTE-PARTUM HÆMORRHAGE, BOTH TERMINATING FATALLY.¹

BY M. V. PIERCE, M.D., MILTON, MASS.

Mrs. A., ii-para, thirty-two years of age, expected to be confined early in February, 1893.

During the hot weather of July she was greatly troubled by vomiting, which was finally relieved by replacing a retroverted uterus. In December, I was once called to see her on account of abdominal pain, which was evidently due to indigestion, and was relieved by a movement of the bowels.

With these exceptions she was unusually well. Her urine, examined on several occasions, was free from albumen.

On January 11th, at eight o'clock in the evening, thinking she heard some one coming, whom she did not wish to see, she suddenly got up from a rather low chair in which she was sitting, and at once putting both hands on her abdomen, said that it hurt her.

¹ Read by invitation before the Obstetrical Society of Boston, March 11, 1893.

About a half-hour later she had a chill, and at ten o'clock a quite severe pain, which was followed at short intervals by others.

At half-past ten I was telephoned for, and arrived at the house at eleven. The patient told me she had not felt any motion for two hours; at nine o'clock had vomited the dinner she had eaten at seven: that the pain was quite constant, with occasional exacerbations, and was wholly low down in the abdomen. As it was a very cold night, and the room was exceedingly cold, I did not make a careful external examination, but simply noted that the uterus felt hard, as if in contraction.

Examining by the vagina, I found that the cervix was not taken up; the external os admitted the finger; the internal os was completely closed; head to be felt through the vaginal walls. A half-hour later I examined again and found the same condition, and determined that labor had not begun.

At 1.45, as she had vomited several times, and the pain continued, I gave her a subcutaneous injection of one-eighth of a grain of morphia. This eased her somewhat, but not completely; and I repeated it in an hour. She was then quiet till about six in the morning, when, after vomiting, a severe pain came on, and I found, on examination, the cervix taken up, os about an inch in diameter, and the occiput presenting. The pains now became very severe and very frequent, and in about an hour the child was born. Ether was given during the pains.

The cord was pulseless, and as I could not feel the baby's heart beat with my hand on the chest, nothing having occurred during the labor to cause the death of the child, I concluded there was no use in trying to resuscitate it.

As I was removing the baby from the bed, the mother had a violent pain, and the placenta with two large clots, and a good deal of liquid blood, was forced out into the bed. Up to this time there had not been the least trace of blood.

The uterus contracted well and at once, but to maintain the contraction I gave a hot vaginal douche. The amount of blood lost after the expulsion of the placenta was about as much as after an ordinary labor. The only noticeable symptom now was a rather quick pulse.

For an hour I kept my hand on the uterus, which kept up a good contraction, awaiting the nurse. After her arrival we began to right the bedding without disturbing the patient, when she became faint, and pulseless. She revived somewhat from stimulating subcutaneous injections, but soon relapsed; and, in spite of all the stimulation I could give, by the stomach, rectum, or subcutaneously, she died at half-past eleven, five hours after the birth of the child.

One of the clots passed with the placenta was organized, and the placenta showed that it had been separated from the uterus on about a quarter of its surface.

The loss of blood in this case was not sufficient to blanch the patient; the syncope came on suddenly, at least an hour after the expulsion of the placenta, and without further loss of blood; and I am in doubt as to the immediate cause of death.

The second case occurred in less than three weeks after the first one.

The patient was thirty-nine years old, vi-para, quite stout, and expected to be confined early in March.

There was a history of post-partum hæmorrhage at the last two labors.

On January 30th, after a night made restless by a severe cough, the patient was awakened at five in the morning by severe flowing. She got up at once, and walked into the bathroom, where I found her a half-hour later, standing in a bathtub, blanched and pulseless. I carried her into bed, and summoned Dr. J. S. Greene to my assistance.

As yet there had been no pain; but it soon began—a constant, bearing-down pain, in the lower part of the abdomen, with occasional pains like labor-pains in addition.

By vaginal examination the cervix was found to be taken up; the os easily admitted two fingers, but was quite rigid; occiput presented; no placenta to be felt; slight flowing.

It seemed best, under the prospect of pains coming on, to wait, which we did for about an hour. At the end of this time, the pains not having accomplished anything, and the patient having passed a clot of some four ounces of blood, we decided to empty the uterus as speedily as possible. The pulse at the time was 90, but very weak.

Having made all preparations, I gave the patient chloroform, and later ether, and Dr. Greene dilated the os manually, got hold of a foot, turned and extracted a dead fœtus, taking a half-hour for the procedure. He at once removed the placenta, which was attached to the posterior part of the fundus, a large amount of fluid blood coming with the liquor amnii.

With his hand still in the vagina he passed a tube into the uterus, and gave an injection of hot corrosive sublimate solution (1 to 4000), and followed it with hot vinegar and water, equal parts. This caused a good contraction, and stopped the flowing, not necessitating the packing with iodoform gauze with which we were provided. To keep up a constant contraction, besides pressure over the uterus a current of faradic electricity was used, one pole over the uterus, the other on the lumbar spine. By these means the flowing, except for a very slight oozing, was stopped. At short intervals subcutaneous injections of brandy, ether and nitro-glycerine were given; but the pulse remaining scarcely perceptible, a pint of one per cent. solution of salt was injected into the subcutaneous cellular tissues above the crest of the ilium, by means of an aspirating needle attached to the tube of a fountain syringe. The temperature of the solution in the syringe was 105°.

The pulse improved somewhat as a result of this, but only for a very short time: and after a half-hour another pint was injected into the other side, but without effect. Some oxygen was obtained, but the patient was moribund before it could be used.

She died two hours after delivery, evidently from loss of blood. The placenta showed evidence of having separated from the uterus at its centre, the space being about three inches in diameter.

A marked symptom in both these cases was a constant, severe pain, low down in the abdomen.

PERMANGANATE OF POTASH.—Antal by experiments in the laboratory concludes that permanganate of potash is a very valuable antidote to certain organic poisons, among them muscarine, strychnine, colchicum and oxalic acid. It is used in solution of about one-half of one per cent.