the normal position for a gall-bladder but the surfaces, both anterior and posterior, were continuous with the liver substance. As no gall-bladder could be discovered an incision was made on the posterior surface into the swelling when bile gushed out, and on further exploration two large gall-stones, one barrel-shaped and the other conical, were secured; there was an additional facet on the barrel-shaped stone showing that a third stone had been present, but as a probe passed the whole length of the common duct without striking one it had evidently been passed previously. The edge of the incision into the gall-bladder at the time of operation was at least three-eighths of an inch thick, the circularly arranged coat of the gall-bladder being marked off very definitely from the liver substance on the one hand and the mucosa, &c., of the bladder on the other. Having secured a specimen for microscopical examination the usual procedure for closing the abdomen and draining the gall bladder was undertaken. On examination with the naked eye after the usual hardening process the specimen measured about three millimetres and showed the same three layers as already mentioned. Under low power the layers were made up of (1) an outer thick layer of connective tissue, probably a continuation of Glisson's capsule; (2) a circularly arranged layer of connective tissue, evidently the true covering of the gall-bladder; and (3) the mucosa, muscular tissue, &c., of the gall-bladder. The thickness of the anterior surface of the bladder and liver appeared to be slightly more than that of the posterior surface, but no section was made of it.

Curiously enough on the same day at another operation for appendicitis a divergence from the normal was seen in the appendix. On lifting the cæcum into view a small elevation on the anterior surface of the cæcum, about five inches from the extremity of the gut, was seen from which a little pus oozed. At first sight it looked like a perforation of the cæcum itself, as no trace of the appendix connected with it could be seen, but on further examination a little loop of appendix with a diameter of half an inch sprang from the extremity of the gut and, passing upwards, appeared to end in the cæcum half an inch away from its origin. No elevation appeared on the smooth peritoneal surface to indicate that the loop had any connexion with the perforated elevation four and a half inches distant. However, taking the loop as a guide and carefully dissecting away the peritoneum the appendix was traced till it ended in the elevation. The appendix was then stripped off the cæcum and removed in the ordinary manner. The exposed surface beneath was the muscular tissue of the cæcum and it bled freely. After careful application of a continuous suture of fine catgut through the free edges of the peritoneum, including some of the muscular layer, the bleeding was stopped, and for further security a second row was inserted invaginating the first and including the stump of the appendix. The abdomen was then closed.

Both cases did excellently. I am indebted to Dr. Bouton for permission to publish them.

Hawthorn, Victoria, Australia.

CAESAREAN SECTION FOR CONGENITAL MALFORMATION OF THE CERVIX UTERI; RECOVERY.

BY H. TRAILL SKAE, M.B., CH.B. ABERD.,

HONORARY DISTRICT SURGEON TO THE ROYAL MATERNITY CHARITY.

THE patient, aged 24 years, married, pregnant for the first time, was taken in labour early on June 12th, 1904, being then seven and a half months pregnant. She was a well-built, healthy woman. Her menstrual history was normal except that she sometimes had a good deal of pain. She was seen about 1 P.M. by a medical man of much experience who found an apparent absence of the cervix but did not interfere. At 9 P.M. he handed the patient into the care of my partner, Dr. W. D. G. Mulloy, who subsequently asked me to examine her with a view to operation. The patient had then been in strong labour for about 12 hours and was becoming exhausted. The liquor amnii was stated to have been dribbling away all day. The patient was emphatic in saying that she had felt the child move a few hours before.

On examination at 10.30 P.M. pains were found to be frequent and sharp but of short duration. The patient was a well-formed woman with no abnormality of the bony

pelvis. The fundus uteri was one and a half inches above the umbilicus (most of the liquor amnii had dribbled away). The foetal head could be felt above the pubes. The external genitals were normal. The vagina was unusually short, the finger being brought to a standstill quite unexpectedly, and just for a moment the impression of total absence of a cervix was strikingly given. The vaginal walls were quite lax and undilated. On further examination it was found that the vaginal cervix was represented by a small flat warty projection, somewhat irregular and quite hard and firm. At its centre was the os—a small opening hardly large enough to admit a probe. This projection was placed almost in contact with the rectal wall, the posterior fornix being almost unrepresented. A slimy purulent discharge was oozing from the opening. The foetal head could not be distinctly felt through the vagina. No foetal movements could be felt and the heart sounds were not to be heard. It was evident that there would be much difficulty in introducing any instrument to dilate the os and further, that any attempt to dilate would inevitably result in rupture into the rectum. And as it appeared advisable to sterilise the patient by tying and dividing the Fallopian tubes abdominal Caesarean section was decided upon. (Permission to sterilise was, however, subsequently refused.) Sedatives were given to enable the patient to get some rest.

At 11 A.M. on the next day chloroform was administered by Dr. R. Purdie, the patient having been prepared in the usual way, and Dr. Mulloy assisted me in the operation. The abdomen and uterus were opened in the middle line, an elastic ligature being placed round the latter. This tourniquet had afterwards to be temporarily loosened as it was found to have caught the foetal scalp; bleeding, however, was readily controlled with the hands. The foetus had evidently been dead for some days as putrefactive decomposition was well marked. The placenta, attached to the posterior wall of the uterus, was soft and foul-smelling—quite putrid. The uterus was emptied and scraped and then swabbed with perchloride solution (1 in 2000) followed by sterilised water. With considerable difficulty a narrow strip of gauze was forced into the vagina, about one and a half inches projecting into the uterus to act as a drain. The uterus was closed with deep and superficial sutures and contracted well. The abdominal wall was sutured in one layer and dressed. Vaginal douches of izal were given twice daily. There was a little feverishness for some days owing to the imperfect drainage from the uterus. The gauze drain was expelled on the fifth day. The perchloride swabbing caused no ill-effects and the patient made a good recovery.

There was no history of any malformation in the patient's family.

Hampstead, N.W.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

A Case of "Splénomégalia" or "Myelopathia" Polycythæmia with True Plethora and Arterial Hypertonia, without Cyanosis.

A MEETING of this society was held on May 9th, Mr. H. T. BUTLIN, Vice-President, being in the chair.

Dr. F. PARKES WEBER read a paper on a case of "Splénomégalia" or "Myelopathia" Polycythæmia with True Plethora and Arterial Hypertonia, without Cyanosis, which is published in full in this issue of THE LANCET.

Dr. J. S. HALDANE agreed that all facts pointed to an increase in the activity of the bone marrow as the cause of the polycythæmia. The method of determining the total volume of blood by the carbon-monoxide method gave results which were identical with results obtained by older methods. He referred to the extraordinary constancy of the ratio of the hæmoglobin and of the total blood volume to the body weight under various conditions. In the case under consideration, however, the blood volume was nearly double the normal ratio. The patient's condition was similar to that of an animal into which blood from another animal had been injected—there were an increase in the percentage of hæmoglobin and an enormous increase in the number of blood cells.