similar circumstances; it is the more so that during pregnancy (with its increased plastic functions) traumatic lesions generally, surgical cut wounds in particular, tend to heal most kindly and rapidly. As a matter of fact, in his case no urethro-vaginal fistule resulted from the operation in question.—*Proceedings of the Kier Obstetrical and Gynecological Society* for 1887, Vol. I.

II. On Supra-vaginal Amputation of the Uterus. By DR. PETR. A. RAKUZA (Odessa, Russia). The author has made the operation in 12 cases. In 9 of them, it was resorted to on account of uterine fibro-myomata; in a tenth case on account of hæmatometra with hæmatosalpinx and hæmatocolpos; in an eleventh, the amputation became necessary in the course of an unusually difficult double ovariectomy, where there were met with extensive and extremely dense adhesions of cysts with the broad ligaments and womb; in the remaining case, Porro's Cæsarean section for osteo-sarcoma of the pelvis and femur was performed. In seven cases the operation was made after an extra-peritoneal method (first described by Kleberg in 1875), all the patients making good recovery. In the other five cases, an intra-peritoneal operation was performed, with 3 recoveries and 2 deaths from peritonitis. Dr. Rakuza's general deductions are these: 1. The extra-peritoneal method gives by far better results than the intra-peritoneal. 2. Even under strictest antiseptic precautions the intra-peritoneal amputation is always associated with the danger of a secondary infection (through the cervical canal). 3. The operation is justified only in cases of pedunculated fibroids and in such ones where the stump is very short.—(*Transaction of the Third General Meeting of Russian Medical Men at St. Petersburg*, 1889, No. 10).

VALERIUS IDELSON (Berne).

III. Intraligamentous Tubal Pregnancy; Successful Removal By Abdominal Section of a Four-Pound Living Child with all its Appendages. By JOSEPH EASTMAN, M.D., (Indianapolis). Mrs. C., æt. 39 years, bore one child nineteen years ago. Suffered from frequent paroxysms of intense pain and rapidly increasing abdominal enlargement, since

her flow stopped last Christmas. Admitted to hospital on July 9 ; operation July 10. Abdominal inspection and palpation showed tumor extending from near pubes upward, and to the right reaching near liver. Conjoined manipulation disclosed uterus normal in size, well up between tumor and symphysis pubis. There was not less than three inches of fat between integument and tumor. The author failed to detect sound of foetal heart. Breasts not enlarged. Very little discoloration around the nipple.

Abdominal section revealed extra-uterine pregnancy, tubal variety. The tube seemed to have much of the right broad ligament surrounding its uterine attachment, as if the tube had been originally beneath the peritoneal fold of the broad ligament. The sac containing the child was a dark purple and tore open easily on the touch of small forceps. Placenta was nearly under line of abdominal incision. yet he was enabled to open sac and extract child without detaching much of its tissue.

Any manipulation of sac caused hæmorrhage. He determined at once to remove tube and placenta in mass, and began by separating an adherent intestine and then an adherent omentum, being compelled to use pressure forceps and ligate five times before he reached and surrounded the tube with his fingers. By this time there was free hæmorrhage from the margins of placenta and tube. He applied Eastman's clamp below his fingers around the neck of the sac, and found by this means he could so constrict as to arrest all bleeding; then cut off above clamp, and using No. 14 iron-dyed silk, quilted the pedicle (which the clamp had made) with cobbler's stitch.

He washed out the peritoneal cavity with pure water (temperature 105°) three times, put in glass drainage tube, and closed wound with silk-gut, and found that the patient had suffered little shock. Her highest temperature was 102°. Bowels moved on third day, and drainage tube was removed on fifth day.

The mother made a complete recovery and the child which was eight months advanced was living and six months later weighed eleven pounds.—*Am. Jour. Obstetrics.*

JOSEPH EASTMAN (Indianapolis).