

F In the discussion upon this paper, Zweifel reported a case in which a pregnant woman having a brain tumor was thought to be dying at the termination of pregnancy. She had high fever and had been for some time unconscious; the child was removed by Cæsarean section with the hope of saving its life. It was, however, dead, and upon autopsy ecchymoses were found throughout all the serous membranes. Zweifel believes that operation should be done in all cases where the mother is fatally ill, with the hope of saving the child.

Myasthenia Complicating Pregnancy and Resulting in Cæsarean Section.—GEMMELL (*Journal of Obstetrics of the British Empire*, April, 1905) reports the case of a married woman, aged twenty-five years, who, during a pregnancy, had progressive muscular weakness, which was diagnosed as severe myasthenia. The muscles were all weak, even those supplying the organs of the special senses acted very deficiently. The patient's condition became so bad that it was impossible for her to perform the most trivial acts for herself without the greatest exhaustion and alarming dyspnoea.

On admission to the hospital she had repeated attacks of dyspnoea and slept but very little. As the patient continued to grow worse, it was decided to deliver her by Cæsarean section, with the hope that she would improve. The operation was successful and the patient recovered from it without infection. She recovered some time after the operation, but continued to be helpless. The child was well nourished. After leaving the hospital her attacks of dyspnoea ceased. There was no other considerable improvement.

Thirty Cases of Cæsarean Section.—In the *American Journal of Obstetrics*, June, 1905, KERR, of Glasgow, publishes a paper reporting 30 cases of Cæsarean section. His mortality was 2 deaths, 6.6 per cent.; other figures give a mortality from 6.8 to 8 per cent. One of Kerr's fatal cases resulted from hemorrhage; at its autopsy several of the catgut uterine sutures were untied. His second fatal case resulted from septic infection, as the patient had been in the hospital but a short time before delivery. There was a morbidity of 26.6 per cent.; 1 patient having mitral disease and suffering greatly from bronchitis, while another had pleuropneumonia; 2 patients had foul lochia, with fever and rapid pulse, and were given intrauterine douches. One case had double parotitis; in 1 case suppuration occurred about the uterus, and free incisions were made in the cellular tissue. This was a case of celiohysterectomy, in which the stump was dropped. The patient was very ill for a time, but after the incisions and discharge of pus occurred she recovered.

Kerr cleansed the vagina very thoroughly before he operated. In his cases he had 23 in which the uterus was retained, with 2 deaths, a mortality of 9.8 per cent. In 7 cases, in which the uterus was removed and the stump dropped, there were no deaths. The morbidity in the first series was 28 per cent., and in the latter series 25 per cent. He believes that hysterectomy is the safer operation.

He believes that resection of the tubes should be performed in emergencies where the operator has not sufficient assistance and must operate in a private house. Kerr has had 1 case of rupture of the uterus through a fundal scar after a former Cæsarean section; the patient was operated upon the second time with a good recovery.