A CASE OF CONSERVATIVE CÆSAREAN OPERATION.

DOCTOR (*Centralblatt für Gynäk.*, 1893, No. 27) reports an interesting case in which the Cæsarean operation was done on a primipara, thirty-two years old, of undeveloped appearance. The height of the patient was 132 cm., her deformity consisting in an angular lumbo-sacral kyphosis at the fifth lumbar vertebra. Sacrum convex posteriorly. The transverse outlet was also much narrowed, two fingers being unable to find entrance between the ischia. The abdomen was opened when labor began. The uterus was brought out through the abdominal wound, an assistant grasping the uterine neck so as to compress it and hold it upright. The incision was made from the fundus to the neck, through the placenta, and the child quickly extracted. Severe hemorrhage was encountered from the placental site. The uterus was closed by silk sutures passed through its entire thickness about $\frac{3}{4}$ cm. apart, the abdominal sutures being of silkworm-gut. The strictest asepsis was maintained. Before the operation two injections of ergotine were employed, yet even with this and the manipulations, no active contraction of the uterus was observed; the retraction, however, was satisfactory, and the volume reduced to that of a recently delivered uterus. The total hemorrhage was not more than is found in the ordinary labor.

Recovery was prompt; little lochial discharge was present. The writer draws attention to the following points:

1. The operation was done at a most convenient time.
2. To arrest bleeding no elastic band was used, and no compression with the fingers.
3. The wound was closed with the simplest sutures. The onset of hemorrhage must have been from uterine contraction.
4. Absolute asepsis.

A METHOD OF REDUCTION OF THE COMPLETELY RETROVERTED GRAVID UTERUS BY THE APPLICATION OF A PESSARY.

LEVRAT (*Le Mercredi Médical*, No. 30, 1893) describes a method for the replacement of the gravid uterus by manual means, the operation being that used for several years by Laroyenne. The manipulation consists in passing the hand between the uterus and promontory, avoiding all pressure upon the former, this being most easily done by following the lateral wall of the pelvis to the sacro-vertebral angle. When the hand has arrived here, the uterus is generally found partially enucleated from the promontory, but often the reduction is incomplete. The first stage having been successfully accomplished, the second consists in placing in position an appropriate pessary. This should have the form of a Hodge ring, with the posterior arc very large and of such a shape as not to press on any one point of the uterus. The ring should occupy the gutter made by the hand of the operator, between the uterus and sacrum. In these conditions, after a lapse of twenty-four hours or so, the reduction is complete. Two symptoms indicate complete restitution of the uterus, namely, cessation of the retention of urine and the restoration of the utero-placental souffle. The pessary may be withdrawn after four or five days from the time of the restitution of the uterus. The operation may require anaesthesia.

BRINGING DOWN THE FOOT IN BREECH PRESENTATIONS.

BONNAIRE, in a lecture on the above subject (*La Semaine Médicale*, 1893, No. 50), says: Cazeau observes in such cases that the great difficulty may be considered as being that a straight inflexible mass must pass through a curved canal little longer than itself (30 to 35 cm. against that of child, 20 cm.). Under favorable conditions of breech presentations with relaxed perineum, a very small child, or when the fœtus is macerated, the delivery is easy; but when the opposite obtains, the birth is one of dystocia. In such cases it is useless to worry with fillets or hooks, but remove the rigidity by taking from the fetal body its props—the legs. To do this one should draw down the anterior—the easier of access—and allow the other to glide across the belly. The body then regains its suppleness. The movement of extraction can be performed above the superior strait even, by compressing the leg, bending it on the thigh, extending the whole, and finally obtaining complete lowering of the foot. Once the leg and foot are lowered in the inferior segment of the uterus and vagina, the vertical column of the infant ceases to be bridled laterally. The author would distinguish, besides the above manœuvre, a partial drawing down of the turned-up member—simply flexing the leg on the thigh. In the above methods prolapse of the cord must be borne in mind. Bringing down both feet is possible only if the presentation is above the pelvic excavation, or partially beyond and without the inferior strait. The manœuvre ought to be only used during labor, provided the cervix be sufficiently dilated to let in three fingers of the examining hand. The integrity of the bag of waters constitutes a contra-indication in the interests of the child. This method should not be used before the eighth month of pregnancy, or if the child be dead. It is also useless in cases in which great relaxation of the pelvic floor exists. Bringing down one foot risks less a prolapse of the cord, and is easier to perform.

PUERPERAL APHASIA.

CARAE (*Archives de Tocologie et de Gynécologie*, 1893, vol. xx., No. 7) reports four cases of puerperal aphasia.

In the first the patient presented a cardiac trouble, which developed during her second confinement, and perhaps contemporary with a phlebitis following her first labor. Under the influence of lively emotion, a clot from the heart entered the Sylvian artery and temporarily cut off the blood-supply. The embolism gradually disappeared and the centres recovered their functions, cerebral paresis remaining.

In the second case there was marked manifestation of embolism limited to the left hemisphere, and due to impoverishment of the blood. In this case, two weeks after confinement, the lochia and milk suddenly ceased. Thirty-six hours later complete aphasia set in, the only words which the patient could speak being "yes" and "no." Profound coma, succeeded by fever, and convulsions of the right side. These symptoms soon disappeared.

Case III. was a primipara with a normal delivery. Nineteen days after parturition she developed headache and otorrhœa, accompanied by fever and photophobia. There was aphasia of reception and transmission. These