

present on the chorions, both ova had united before the reflexa was formed. The foetal surface of the placenta was divided into unequal halves; there were no anastomoses between the bloodvessels of the two ova. The placentæ were attached together, an imperfect partition existing between them. Twin pregnancy had occurred twice in the families of the parents.

EXTRA-UTERINE PREGNANCY.

TREUB (*Zeitschrift für Geburtshülfe*, Band 15, Heft 2) reports two cases of extra-uterine pregnancy treated by laparotomy. The first was diagnosticated by the presence of an abdominal tumor, pain, slight fever, discharge of decidua, and an empty uterus: as pregnancy advanced the fœtus could be outlined in the abdominal cavity. A few weeks before term laparotomy was performed. The placenta lay in the line of incision, and was partially cut through and partially perforated by the hand; the child was extracted and the placenta removed. Adhesions were ligated, and the edges of the foetal sac were stitched to the abdominal wall. The sac was tamponned with iodoform gauze. The patient rallied from the operation, and the sac lessened in size. Suppuration persisted in the sac wall, and the patient suffered from septicæmia. Other applications failing to arrest suppuration, the following powder was used freely in the cavity:

Sodii biborat.	.	.	.	.	.	.	50 parts.
Acid. salicyl. pur.	.	.	.	.	.	.	20 "
Iodoform	.	.	.	.	.	.	10 "

The patient gradually became afebrile, suppuration ceased and recovery ensued. The child also recovered.

A second case of tubal pregnancy, which became abdominal by the rupture of the tube, was allowed to go on undisturbed until the fœtus died, and by its maceration the mother contracted septicæmia. Laparotomy was performed, but too late; the patient died soon after. The second case was allowed to go on in the hope that the placental circulation would become obliterated, thus removing the danger of hemorrhage; the delay was fatal.

EXTRA-UTERINE PREGNANCY, WITH FORMATION OF A LITHOPÆDION.

BREISKY (*Wiener klinische Wochenschrift*, No. 38, 1888) reports a case of tubal pregnancy which became abdominal by the bursting of the tube. As no great shock resulted, the patient was instructed to return for operation when foetal movements were no longer perceived. Eight years after the patient returned, the fœtus having become a lithopædion, which was causing pain and irritation of the surrounding viscera. It was removed with difficulty by laparotomy; to release the fœtus from its adhesions it was necessary to incise the abdominal walls laterally as well as in the median line. The mother recovered. Very little calcification had occurred; the organs of the foetal body were intact, and the microscope demonstrated the various tissues.

MATERNAL AND FŒTAL LEUCÆMIA.

SÄNGER (*Archiv für Gynäkologie*, Band 33, Heft 2) reports a case of leucæmia during pregnancy, characterized by splenic tumor, which became so