

with the ilio-pectineal eminence, while the former is as far back as the synchondrosis; here is ample space for manipulation and extraction.

The important structures that Dr. Polk regards as most likely to suffer are the vessels going to the uterus through the broad ligaments. These, by being stretched and dragged upon in extraction, might be torn if the sides of the incision were not carefully supported in cases requiring powerful traction.

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*Unsuccessful Porro Operation.*

Dr. GERICHARD publishes an account of an unsuccessful Porro operation on a woman, aged 25 years, with dorsal cyphosis of the eighth vertebra, of inflammatory origin, dating from the age of six. The inferior strait of the pelvis was reduced in diameter to 4 centimetres. The uterus at term caused the abdominal walls to hang down like a wallet five fingers' breadth below the knees. Porro's operation was performed, and a healthy male child was extracted. The mother died on the third day without any peritoneal complication, but accompanied by meteorism, dyspnœa, and heart failure.—*Ann. de Gynecol.*, May, 1882.

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*Extra-Uterine Fœtation treated by Antiseptic Abdominal Section; Recovery.*

A paper on this subject was read by Mr. KNOWSLEY THORNTON, at the meeting of the Obstetrical Society of London, held April 5th.

The early history of the case was narrated at the March meeting of the Society. The author would divide cases of extra-uterine fœtation into three classes: 1. Those in which accurate diagnosis is possible. 2. Those in which probability, but not certainty, in diagnosis can be reached. 3. Those in which the nature of the case is not suspected until internal hemorrhage or other untoward accident takes place. In Cases 1 and 3 he thought it bad practice not to operate; in Case 2 an exploratory operation should be performed if the symptoms were urgent. But such operation should only be performed (1) under strict Listerian precautions, and (2) by a surgeon of special experience in abdominal section, for they were extremely difficult.

Dr. ROUTH said that wherever there was a growing abdominal tumour, and a complete decidua was voided per vaginam, the diagnosis of extra-uterine fœtation might be made. The successful removal of the placenta in this case was due to its hypertrophied condition. Possibly the placental souffle might have been heard.

Dr. ROGERS said that the souffle heard over fibroids was not so marked as that of the placenta. He thought the presence of milk in the breasts would aid diagnosis.

The PRESIDENT drew attention to the persistent life of the placenta after fœtal death, and its great hypertrophy. He did not believe the souffle was placental; he called it uterine. The discharge of an entire decidua was a valuable diagnostic aid. He remembered a case in which such a decidua was passed; rupture of the sac and internal hemorrhage took place. After a few days he evacuated the hæmatocele per vaginam and found chorionic villi in the fluid. The patient did well. Nowadays he would have had laparotomy done to get the bleeding stopped.

Mr. THORNTON said the souffle was not heard; had it been it would have to him strengthened the diagnosis of fibroid. The case narrated by the President was a very rare one. He thought that now abdominal section would be attended with less risk than the course followed.—*Lancet*, April 22, 1882.