

in head. Characteristic signs and symptoms of the disease were very clearly present. The heart-sounds of the child were plain, and it was determined to perform Cæsarean section, and in addition to entirely remove the uterus. This was done in the usual manner, although difficulty was found in checking the bleeding because of the relaxed condition of the tissues in the broad ligaments. The patient had hemorrhage after the operation, and perished in collapse. Abdominal section showed a considerable amount of blood in the abdomen, which had apparently oozed from the stumps of the broad ligaments.

Case third, aged thirty-nine years, had borne four children without assistance. During the third pregnancy symptoms of osteomalacia appeared, and were aggravated during the fourth pregnancy. She suffered severe pain in the sacrum and legs, and the pelvis was greatly deformed. The child was removed by transverse incision across the fundus. The uterus was amputated and the stump stitched in the lower end of the abdominal incision. The patient made a good recovery from operation and her pain was relieved.

Case fourth was in her eighth pregnancy, having passed through seven normal labors. Five years previous she had noticed symptoms of osteomalacia, and these had steadily grown worse. As the patient was highly deformed, Cæsarean section was chosen and the uterus amputated and its stump fastened in the lower end of the abdominal incision. This patient made a good recovery and was relieved of her symptoms.

Siebourg considers total removal of the ovaries, tubes, and uterus to be the best operation in these cases. His good results with amputation and stitching the stump in the abdominal incision lead him to advise this in cases where for any reason total removal of the uterus cannot be performed.

Incarcerated Ovarian Dermoid Removed During Labor.—In the *Transactions of the Obstetrical Society of London*, vol. xl., Part I., SPENCER reports the case of a patient, aged twenty years, who had had one dead child previously without difficulty. With the second child the labor was obstructed by an ovarian dermoid, weighing sixteen ounces, incarcerated in the pelvis. As the tumor could not be pushed up, laparotomy was performed, the uterus withdrawn from the abdomen, the tumor removed, and the child delivered by forceps applied in the dorsal posture. Mother and child recovered.

In the treatment of ovarian tumor obstructing labor, Spencer would push the tumor out of the pelvis if possible. He discards version, forceps, craniotomy, and simple incision or tapping of the tumor, on account of the danger. Cæsarean section will very rarely be necessary if the tumor be withdrawn from the pelvis. Abdominal ovariectomy is the safer operation, and should be preferred to vaginal ovariectomy.

Spencer also reports a dermoid ovarian tumor which was incarcerated in the pelvis and obstructed labor. The tumor was pushed up out of the pelvis under chloroform, the child delivered by forceps, and ovariectomy performed seven months later.

Rupture of the Uterus During Unobstructed Labor.—In the *Transactions of the Obstetrical Society of London*, vol. xl., Part I., DAKIN reports the case of a woman in her eleventh labor, aged forty years, who had a normal pelvis and whose child was in the normal position. Former labors had been

normal. There was no history of acute disease, although the patient was not well nourished. The patient had slight sharp pains, followed by slight bleeding. The membranes ruptured and the os dilated completely. As the patient was pale and had a pulse of 100, she was delivered easily by forceps. The child was dead. Efforts were made to express the placenta, but were unsuccessful. The physician who introduced the hand found above the external os a rent on the right side and the placenta half-way through it. He extricated the placenta, and then severe collapse occurred, in which the patient died.

On autopsy, the abdomen was full of blood. The uterus was well contracted. The tear extended from a point a little above the internal os and three-quarters of an inch below the retraction ring to a point between the right tube and round ligament. The tear was at first almost horizontal, then oblique and then vertical. The placental site was torn through by the rupture.

A microscopical study of the muscle fibres showed them to be fatty and abnormally friable.

Two Cases of Cæsarean Section.—In the *Boston Medical and Surgical Journal*, June 2, 1898, WASHBURN reports two Cæsarean operations done in the homes of the patients. Both were successful. The houses were country tenements, and very limited conveniences for operation were at hand.

In the first case the true conjugate was a little over three inches. The patient had been in labor twenty-four hours, was thirty-eight years old, and this was her first pregnancy. The usual colio-hysterectomy was performed, the placenta and membranes were torn off rapidly, the uterus washed out with hot lysol solution, the washing being done through the cervix and vagina, and a strip of iodoform gauze was packed through the uterus and down into the vagina. The muscular portion of the uterus was sewed with a No. 3 catgut, the stitches about an inch apart. The serous layer was closed with continuous suture of small catgut. The abdomen was closed as usual and the usual dressing applied. The child weighed eleven pounds. Some portions of membrane were left in the uterus, and an intra-uterine douche was given, which brought them away. The patient was up and about in five weeks, and three months later was perfectly well. She got out of bed several times during the first ten days when the nurse was absent from the room.

In the second case high forceps had been tried unsuccessfully. The same method of procedure was followed with a very good result.

Exploratory Laparotomy in Vomiting of Pregnancy.—REYNOLDS (*Boston Medical and Surgical Journal*, June 2, 1898) reports a case of pernicious vomiting in which a pelvic enlargement complicated the condition. Without an anæsthetic the cervix was dilated sufficiently to permit the passage of a small curette. As a clear diagnosis could not be made in this manner, the patient was quickly etherized and the abdomen opened, when it was seen that the mass was a fibroid, the uterus pregnant at about three months. The abdomen was immediately closed, the cervix was then forcibly dilated, and a small ovum removed from the fundus above the fibroid. The patient instantly improved and subsequently made a good recovery.