

the operation and reacted, but collapsed and died in four or five hours without hemorrhage. Here again, while the patient's compensation carried her through pregnancy, forty-eight hours of labor was more than the heart could endure.

Newell concludes that an organic heart lesion in a pregnant woman calls for constant watchfulness, and should compensation begin to fail at any time in pregnancy an attempt should be made to restore compensation by rest and tonics, but unless these measures are promptly successful, pregnancy must be interrupted. In all such cases labor must be made as brief as possible, and terminate promptly in the interest of the mother.

Tubal Gestation with Continued Growth of the Fœtus after an Hematocele had Developed.—FAIRBAIRN (*Jour. Obstet. and Gyn. Brit. Empire*, December, 1906) reports a very interesting case in which a patient had typical signs of ruptured ectopic gestation. Her pain grew gradually better and hemorrhage ceased, but returned profusely. On examination, the uterus was slightly distended and so rigid and tender that it was very difficult to make out the position of the womb. Upon operation the omentum and underlying viscera were matted together by adhesions, suggesting a condition of inflammation. There was yellow lymph among the adhesions, and a dirty, almost purulent fluid escaped from the abdomen. After separating the adhesions the swelling was found to be the left Fallopian tube with an hematocele sac. During the removal of the mass the sac ruptured, followed by the discharge of the fœtus, placental tissue, and blood clot. The cavity in the pelvis was drained by gauze, and the patient made a good recovery. Upon examination of the specimen, abundant evidence was found that the embryo had continued to develop after rupture of the old sac, with formation of a pelvic hematocele.

Acute Salpingitis Complicating Tubal Gestation.—EDEN (*Jour. Obstet. and Gyn. Brit. Empire*, December, 1906) reports the interesting case of a woman with tubal gestation, complicated with acute salpingitis. Upon opening the abdomen, omentum and coils of small intestine were found adherent to a pelvic tumor. This was gradually isolated and its pedicle traced to the right broad ligament. The pedicle was clamped, and the tumor removed. There were many adhesions, recent and very vascular, and oozing from the bed of the tumor was arrested by packing. The left uterine appendages were found to be practically normal. The patient made a good recovery. Upon examining the specimen, the gravid Fallopian tube was also the site of an acute salpingitis. It is difficult to understand how the ovum can implant itself upon the mucous membrane of a tube in a state of acute inflammation. The most rational explanation is found in the fact that conception and infection must have occurred at about the same time.

Ruptured Ectopic Gestation Following the Alexander Operation.—BATCHELOR, (*Jour. Obstet. and Gyn. Brit. Empire*, December, 1906.) reports 4 cases of ruptured ectopic gestation occurring in patients upon whom had been performed the Alexander operation. It seems difficult to trace the cause of relationship between the ectopic gestation and the Alexander operation.