

the sexual feelings remain pretty much the same. Kœberlé, who has a large experience in double ovariectomies, avers that "the extirpation of both ovaries does not produce a single marked change in the general condition of the woman. She has simply attained the menopause abruptly." This opinion tallies with that expressed by Wells, Hegar, Peaslee, and Atlee, and is certainly confirmed by the history of my own patients, who are not conscious of any physical or psychological changes whatever.

The operation of spaying is yet in its infancy, and time is needed to develop its resources. But I cannot help feeling that in carefully selected cases it will prove the sole means for curing many mental and physical disorders of menstrual life which have hitherto baffled our science, and are a standing opprobrium to our profession.

## DYSTOCIA FROM DORSAL DISPLACEMENT OF THE ARM.

BY C. H. BROCKWAY, M. D., LYNN, MASS.

THE above cause of obstructed labor may not be an uncommon one, but it is difficult of diagnosis, and has been seldom described by accoucheurs.

Simpson observed it, and advised the difficult manœuvre of bringing down the arm, and so converting the case into a hand-and-head presentation.

Tyler Smith quotes Simpson, but cites no case as having fallen under his own observation. He adds, "It would be well if accoucheurs meeting with such cases should put them on record." Playfair, in his excellent work on obstetrics, describes a case occurring in his own practice, in which he tried to get the head through the brim with forceps, and failed. He finally delivered by turning. So little attention has been given to this complication by obstetrical writers that I thought it might not be unwise to record my own experience in reference to it.

On the evening of May 26, 1878, I found Mrs. R. J., age twenty years, in labor with her first child. The lady, who was well built, had been in excellent health throughout her gestation, except that during the two weeks preceding labor she complained of pain in the abdomen on moving about, and as that region was very protuberant I ordered a well-fitting bandage to be worn until labor should begin. I saw her at nine P. M. of the day above mentioned, and learned from the nurse that she had suffered with well-marked pains since noon; these continued until four A. M., the day following, when the os was fully dilated, and the waters broke.

With a view to stimulating the womb to more active contraction, I then began gently to manipulate it externally, when I was surprised to

find on the left side, about half-way from the fundus, a spot that was quite tender on pressure, and also that the womb bulged out at that point, making its contour somewhat irregular. I was unable to satisfy myself in regard to the probable cause of this condition.

The head presented in the first position, and with difficulty entered the pelvic brim. Although the pelvis was roomy and the pains strong, the head advanced very slowly, seemingly out of all proportion to the expulsive force and good size of the pelvic cavity; but as it *did* advance, though with extreme labor, I thought it unwise to send for forceps, as my office was at a great distance. The lady complained much of the tender spot on the womb, and I ordered fomentations of hot rum to be applied. The head finally reached the perinæum, and aided by the most powerful uterine and abdominal action it passed into the outer world. Although the expulsive force continued to be strong, the shoulders refused to come. Passing my hand into the vagina I found that the child's right arm was displaced, and lay across the back of its neck; hooking my finger into the axilla I brought down the arm across the chest, when the body was immediately expelled. The placenta came away in the course of an hour after the exhibition of ergot and the practice of considerable traction on the cord. The child's arm was much flattened and completely paralyzed, but as the bone was intact I gave a favorable prognosis.

The cause of the tender spot with the bulging of the uterine wall was now explained. It was evidently due to pressure exerted by some portion of the displaced member. After the os uteri was fully dilated this arm formed a bar which hitched against the pelvic brim, and prevented the head from entering freely, but the expulsive force was so great that the head and arm were pushed on, and the second stage of labor completed after three hours of powerful and continued uterine action. Had the presenting part failed to engage, an examination would have been made, and the offending arm doubtless discovered; but the pains being strong and the pelvis roomy the head was born, and the displaced arm was then revealed, owing to the delay in the expulsion of the shoulders. The child was a girl, weighing twelve pounds.

When in a case of dorsal displacement of the arm the head fails to engage in the brim, an effort should be made to bring down the arm as Simpson suggested, especially if the size of the pelvic cavity and the character of the pains give reason to believe that nature can effect delivery, as she did in my case even with the arm displaced.

The last time I visited my patient was nine days after delivery, when she was comfortable, and as far as I could judge every function was properly performed. I ordered her to be kept in bed several days longer. There was no tenderness of the womb remaining. While in the room I noticed that the child had acquired full use of her previously paralyzed arm.

A month later I was surprised to learn that a few days after my last visit the lady had been seized with some trouble in the abdomen, and through the influence of an officious relative had been suddenly removed out of the city, and put under the care of an irregular practitioner. What this affection was, and whether it had any relation to her accouchement, I was unable to learn.



## EMBOLISM OF LEFT FEMORAL ARTERY CONSEQUENT ON VALVULAR HEART DISEASE; DEATH.

BY E. P. HURD, M. D., NEWBURYPORT.

Mrs. R., aged forty-seven, had been since 1870 under my care for valvular heart disease. There were symptoms of both aortic and mitral insufficiency, and the case was so diagnosticated by me in 1870, Dr. F. I. Knight, of Boston, concurring. The leading features of the case were frequent attacks of pain over the heart, palpitation, and dyspnoea; these were at times most distressing. In 1878 she had pneumonia of right lung, with persistent cough, orthopnoea, and prostration. To the surprise of everybody she recovered from this illness, a troublesome cough remaining. Mrs. R. was always weak and anæmic, although her naturally energetic disposition kept her almost constantly at work. There was never any anasarca.

February 22, 1879, nine o'clock, A. M. Mrs. R. was suddenly seized with a violent pain in left lower extremity, which sometimes took the form of cramp of the muscles of the calf, sometimes was like a burning sensation in the foot. Associated with this pain there were coldness and numbness, — *anesthésie douloureuse*. Above the knee the natural sensibility and warmth were retained. Veins of foot and leg were distended, and there was stasis. *There was no pulse in left popliteal, nor was any pulse discoverable in any artery of the member supplied by that vessel.* Pulsation in the femoral at the base of Scarpa's triangle could be felt, but at no other part of its course. The circulation of the right lower extremity was normal.

Diagnosis. Embolism of femoral or popliteal. The clot had evidently been washed out of the left ventricle; it might have been formed during the transit of blood over a roughened aortic orifice.

Treatment. Whatever could make the patient most comfortable, a fatal issue being foreseen. The limb was wrapped in warm flannels; these, assiduously renewed, brought back heat.

The heart's action was weak, rapid, and tumultuous, as if that organ were becoming paralyzed from shock. It was a condition of *asystolie*. Tincture of digitalis in ten-drop doses every hour, in a tablespoonful of