

modern practice and principles of obstetrics. The most improved principle is asepsis. How it can be applied to forceps with so much machinery as this I can not understand.

Another objection to the forceps is their weight. Forceps should be as light as possible. These remind me of some of the older forceps in use. And this handle control I think is entirely unnecessary. Our aim should be not to use brutal force, but intelligent manipulation in expanding, and in rotation of the head in the delivery of the child. I think this forcep will not find much favor with the profession at large.

DR. W. WINTERBERG.—In talking about making that instrument aseptic, my friend Dr. Mayer, evidently forgot that we have sterilizers, and I think it would be very easy to make an instrument like that aseptic. I am in possession of an instrument which will hold that forcep and a whole obstetrical outfit, and all that is necessary to make the total outfit aseptic is to put it in the sterilizer and leave it for a few hours at a certain temperature. I think this is a very nice forcep. I do not object to complication in an instrument, but simplicity is always certainly desirable.

DR. BROWN, California.—I have had considerable experience in obstetrics for the last eighteen years, and I have observed the same objections that Dr. Mead has mentioned. It has not the curve that I like. I have found better success with the old Eclectic or old Philadelphia forceps than any others. I have never had any difficulty with it. I believe that it will fulfil all indications better than any instrument I ever handled.

As far as the complication is concerned of this instrument exhibited here, I can hardly see any objection against that, provided it has all the utilities. But I do think the mechanical shape of the instrument is objectionable.

DR. W. A. BRIGGS.—I will say in regard to the curve of this instrument, that it is really greater than it seems, for the reason that we are all used to the ordinary forceps where the handles instead of being parallel to the axis of the blade are set at quite an angle. This angle makes the blade seem to possess a greater curve than they really have. In these forceps I have measured the curve. I ordered it to be made the same as in the classical forceps; the curve is half an inch less than that of the classical forceps. But it is a condition more in appearance than in reality.

In the second place, in regard to asepsis, that is not, as Dr. Winterberg has said, dependent upon the instrument itself, but upon the care you take of it and the interest you take in making it aseptic. We do not keep an instrument aseptic, but we make it aseptic. This instrument as easily as any other can be made aseptic by heat. What I believe to be the advantage of this instrument is, the greater area for pressure, and the regulation of the direction of traction, so as to make it come within the line of least resistance in any possible application of the forceps.

#### ABDOMINAL PREGNANCY—FULL TERM, COMPLICATED WITH FIBROID OF UTERUS— CELIOTOMY AND REMOVAL OF THE CHILD AND PLACENTA AND ABDOMINAL HYSTER- ECTOMY.

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It is not the object of this communication to discuss the various views of abdominal pregnancy—whether it is a primary or secondary condition, that is, as to how the fecundated ovum found itself in the abdominal cavity, nor to discuss the formation of a capsule about the ovum and the development of the

blood vessels, nor to refer to the different methods of treatment as to the fetus or to the management of the placenta. This case is reported in the belief that abdominal pregnancy (as distinct from all other extra-uterine pregnancies) is sufficiently rare to justify its being recorded, especially as a living child was removed at full term, and the diseased uterus removed as well.

On August 24, 1893, I was called across the bay by Drs. Payne and Hirshiser, to see Mrs. D., age 34; she had gone to nearly or quite her full term, when she was taken with abdominal pains similar to those of labor pains, with active delirium. Mrs. D. had been delivered of a child seventeen years before, had not been pregnant since till now. Had been in fairly good health while carrying the child and had spent most of the summer at the World's Fair, Chicago. I saw her late in the afternoon; she had then been delirious for thirty-six hours, with a good deal of abdominal pain. The bed had been quite saturated with water which was supposed to have been due to the rupture of the membranes. The child's head was thought to have been felt at the brim of the pelvis; the cervix while soft was as long as an unimpregnated cervix, though the abdominal walls were contracted. The child could be felt very distinctly by abdominal examination. This was then late in the evening; I advised giving the woman rest for the night, and that I would return in the morning. Not being able to go over in the morning, I sent Dr. Winslow Anderson, and asked him to carefully examine her per rectum, with the view of ascertaining if what was thought to be the child's head, might not be uterine fibroid, and the case was probably one of abdominal pregnancy. Dr. Anderson examined her carefully, with Dr. Payne and Hirshiser, and telephoned me to come over with instruments, feeling quite sure it was a case for operation. On my arrival we chloroformed her and opened the abdominal cavity, where I found a living ten pound child, loose in the cavity, not encased in membranes. Lifting the child out and having tied the cord I found the placenta a large one, attached along the margin of the right broad ligament and to the peritoneum, and over the ascending colon nearly to the liver. I detached it rapidly; the hemorrhage was profuse, and would have been greater, had not Dr. Anderson controlled the ovarian circulation. It soon ceased after the placenta was detached and a couple of ligatures used, one included in the ovarian artery. We found a large fibroid of the uterus, which had been taken for the child's head at the brim of the pelvis. Thinking it best not to close the abdominal cavity with such a fibroid, I removed the uterus. As the fibroid involved the lower portion of the body and the upper portion of the cervix it was not possible to make a Porro and the whole uterus was removed. When coming out from under the influence of the chloroform, the woman resumed her delirium, showed no evidence of shock, but died forty-eight hours after.

The cause of the delirium was a question of great interest, as the membranes had ruptured, the child escaped from the sac and there was no fluid in the abdominal cavity. Had the absorption of the amniotic fluid by the peritoneum been the cause of the delirium, or had the fluid escaped by the tube, or had the fluid that had wet the sheets been from the bladder?