

The references and descriptions furnished by the few authorities whom I have consulted are mostly brief and imperfect; but Rigby, quoted by Churchill, and Spiegelberg supply adequate enough accounts of this condition and its management. Rigby says: "We may suspect that the protraction of labour arises from agglutinated os uteri when at an early period of it we can discover no vestige of the opening in the globular mass formed by the inferior segment of the uterus, which is forced down deeply into the pelvis, or at any rate when we can only detect a small fold or fossa, or merely a concavity, at the bottom of which is a slight indentation, and which is usually a considerable distance from the median line of the pelvis. The pains come on regularly and powerfully, the lower segment of the uterus is pushed deeper into the cavity of the pelvis, even to its outlet, and becomes so tense as to threaten rupture; at the same time it becomes so thin that a practitioner who sees such a case for the first time would be induced to suppose the head was presenting, merely covered by the membranes. After a time, by the increasing severity of the pains, the os uteri at length opens, or it becomes necessary that this should be effected by art. Although the obstacle is capable of resisting the most powerful efforts of the uterus, a moderate degree of pressure against it, whilst in a state of strong distension, either by the tip of the finger or a female catheter, is quite sufficient to overcome it." Spiegelberg practically corroborates this description: "Only when the parts are greatly expanded, thinned, and smoothed out, are difficulties likely to arise; similarly, when the seat of the orifice is displaced far backwards and cannot easily be reached by the examining finger. Under such circumstances practitioners have repeatedly failed to recognise the stretched lower uterine segment and vaginal fundus, believing the presenting head to be only covered by the foetal membranes. The os may either not be detected at all, or else it merely presents a shallow groove which is very apt to be overlooked. It is generally spontaneously remedied when the ovum is forced down, but if it detains the latter, it must be ruptured by a finger during a pain, or by the uterine sound."

In this case there is no doubt that the breech presenting, instead of the head, produced a modified state of parts differing somewhat from these descriptions, and not only slightly increased the difficulties of diagnosis, but materially affected the progress of the labour. For the uterine contractions do not bear with the same direct force on the lower segment of the uterus when this is occupied by the breech; and when especially the os was situated somewhat obliquely and out of the normal axis, the expanding power of the pains would to a certain extent be lost, demanding therefore a much longer time for their opening up the womb. It seems to me there is no advantage gained, but the reverse, in waiting for the natural efforts to remove the obstruction, once the diagnosis is made and the labour has made fairly distinct progress. The only dubious point of treatment in the case was whether, after an opening had been made, the labour might not have been better left to nature; but the woman was certainly becoming tired, and a hope was entertained that by expediting delivery the chances of saving the child would be thereby increased.

I would only add, in conclusion, that Mattei, who brought together a careful statistical collection of cases, found that thirty-six operations were necessary among forty-two patients, of whom three died. In twenty-eight cases in which the operation was not done till late, seven children were stillborn, and two of the mothers died.

Dundee.

A CASE OF DOUBLE PYO-SALPINX IN A CHILD ONE YEAR AND NINE MONTHS OLD.

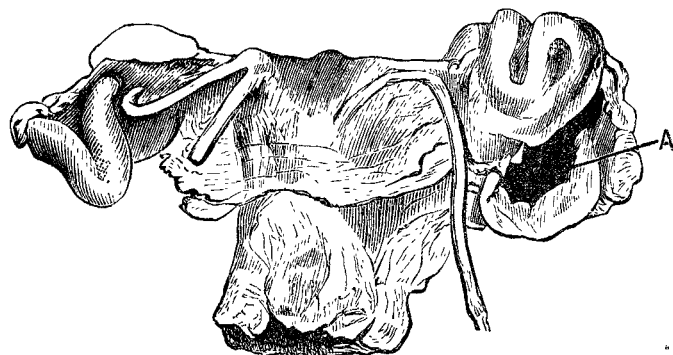
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L. B—, aged one year and nine months, was admitted in May last into the Evelina Hospital, under Dr. Frederick Taylor (who kindly allows me to publish the case), with tubercular disease of the right lung. Nothing abnormal was detected in the abdomen beyond some tumidity, the walls being lax and admitting of free examination.

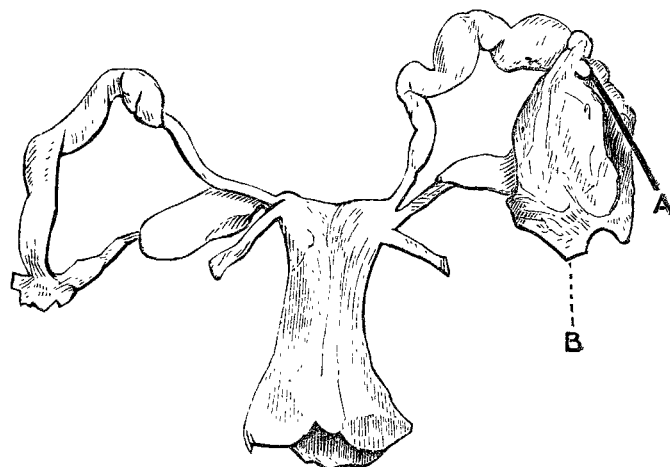
No vulvo-vaginitis present. At the post-mortem examination, a large irregular cavity, containing an ounce and a half of thick pus, was found in the superior lobe of the right lung, surrounded by tubercular consolidation. Tubercular deposits were also found scattered through the middle and inferior lobes, in the liver and right kidney. The peritoneum was studded with yellow tubercles, especially in the pelvic region. No ulceration

FIG. 1.



AS REMOVED.
A, Abscess cavity.

FIG. 2.



AFTER DISSECTION.
A, Probe passed into Fallopian tube. B, Abscess wall laid open.

was detected in the small intestine. On removing the sigmoid flexure some thick pus was observed at the left pelvic brim, which was found to be exuding from an abscess in the left broad ligament. The uterus and its appendages were then removed, both Fallopian tubes found to be coiled and distended with pus, the left more so than the right, and apparently in communication with the abscess, the left ovary being completely hidden and the right tube prolapsed when the specimen was looked at from the front, the whole presenting the appearance represented in the first sketch. On dissection, the peritoneum, though somewhat thickened, was fairly easily dissected off. The proximal ends of both tubes were found to be healthy, the right for an inch, the left for a quarter of an inch, the left opening into the abscess and forming its wall, the abscess containing about one drachm of thick pus. The uterus was found to be perfectly healthy. The second sketch represents the specimen after dissection.

FUNERAL REFORM AND CREMATION.—Surgeon-General Sir Joseph Fayrer, presiding last week at a meeting of the Funeral Reform Association in the Church House, Westminster, said that on the battlefield and during a pestilence cremation might be necessary, but if the body were buried in a perishable coffin in suitable soil there was no need of cremation. The Hon. George Waldegrave Leslie and General Lowry, C.B., moved resolutions, which were carried unanimously, advocating a return to the ancient practice of burying simply in the plain earth. It was also resolved to urge the transference from the Home Office to the Local Government Board of the control over burial places. Other meetings were held during the week in the Town Halls of Leeds, Manchester, and Colchester, and at Dewsbury.