

**Cæsarean Section for Labour Obstructed by Adhesions
between the Anterior Uterine and Abdominal Walls.**

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chester.*

The patient was a primigravida, aged 39 years, who had had an abdominal myomectomy performed four years previously. There was no mention of a ventral fixation having been performed.

She was admitted to hospital three days after the commencement of labour and the pains were few and weak.

The breech of the child presented and bulged down the anterior vaginal wall. The cervix was not dilated and could be felt only with difficulty, being high up and posterior.

As natural delivery was not to be hoped for on account of the position of the cervix, Cæsarean section was decided on.

The abdominal incision was made high up and the subjacent area of uterine wall incised. The abdominal wall below the level of the umbilicus was firmly adherent to the uterus. A living male child was delivered and the operation completed in the usual way.

On the sixth day the patient developed symptoms of acute intestinal obstruction and the abdomen was therefore re-opened. The scar in the uterus was now seen to be entirely on the posterior wall and a loop of bowel had become adherent to it. This was separated and the patient made a good recovery.

The unusual site of the uterine incision had undoubtedly favoured the occurrence of intestinal adhesions.

In this case the uterus was adherent to the abdominal wall as high as the fundus and the anterior wall could not therefore grow during pregnancy. To compensate for this, the posterior wall became much stretched, pulling the cervix up with it. Natural delivery was prevented by the cervix being displaced above and behind the presenting part.

**Cæsarean Section for Labour Obstructed by Non-Gravid
Horn of a Double Uterus.**

By DANIEL DOUGAL, M.C., M.D., Ch.B. (Victoria).

This patient, a primigravida, aged 33 years, was seen two days after the commencement of labour. The general condition was good, but the pains very weak and infrequent. She stated that she had passed two pieces of "flesh" by the vagina.

The child presented by the breech but the lie was rather oblique and a soft mass could be felt lying at the brim of the pelvis on the left side and displacing the presenting part.

On vaginal examination, the cervix admitted three fingers, the membranes were ruptured and a foot presented.

I thought that labour was being delayed by a fibroid at the pelvic brim, so had the patient admitted to hospital for further examination.

As no progress was made during the following 24 hours, I decided to deliver by Cæsarean section. This was done and a living female child extracted.

The pregnancy had occurred in the right horn of a uterus bicornis unicollis and the left horn, enlarged to the size of a three months' pregnancy, lay at the level of the pelvic brim and hindered the proper engagement of the presenting part exactly in the same way as a tumour in that situation would have done. Mother and child made good recoveries.

One of the pieces of "flesh" was examined microscopically, and found to be a portion of decidua, presumably from the non-gravid horn.

Cæsarean Section for Uræmia not due to Pregnancy Toxæmia.

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Mrs. B., aged 33, ii-para; younger child $3\frac{1}{2}$ years. No miscarriages. Nothing pertinent in family or personal history.

In July 1920, when two months' pregnant the patient complained of difficulty in vision (objects appeared "crooked," no true diplopia) and intense generalized headache.

A large quantity of albumen was found in her urine by the patient's doctor, but under treatment there was considerable improvement in this respect.

Four months later on November 9th convulsive movements of the right side of face, arm and leg suddenly supervened, and the patient became unconscious and remained so (with a few lucid intervals) for ten days.

A physician who was called in diagnosed the condition as uræmic and not due to a pregnancy toxæmia.

On November 19th I found the patient unconscious, delirious and difficult to control. There was right-sided hemiparesis and hemianæsthesia—her speech was incoherent and aphasic—photophobia was marked, and an examination of the fundi disclosed that