

CASE OF DELAYED LABOR, DUE TO DROPSICAL EFFUSION.

By C. P. BISSETT, M. D., ST. PETERS, C. B.

On April 14th I was called to see a woman age 40, ill, labour since ten or twelve days. I had a distance of 20 miles to travel, and on arriving at the house at 3 o'clock, found a condition of things which made it not difficult to believe that the statement as to the duration of labour was correct.

The os was fully dilated, the abdomen still larger than at first term, though the membranes had been ruptured since eight days. The feet were presenting at the valva, both ankles dislocated by the traction employed, and the skin peeling freely from such parts of the foetus as could be examined. The woman was still quite strong. The most violent pains conjoined with traction did not cause the foetus to descend one inch. In order to clear up the case, I passed my hand far up into the uterus and found the following conditions present. Both hips were pressed over the pubic arch in front. The whole lower uterine zone filled with an elastic fluid tumour. The umbilical cord was traced to its insertion into the tumour and the diagnosis established. On puncturing the abdominal walls with Smellin scissors, fully two gallons of fluid escaped. The foetus then descended easily until the head came to the brim, when it also was discovered to be dropsical. A strong bistoury was used to cut into the spinal canal and a stiff catheter passed on to the cranial cavity. A large quantity of fluid escaped and delivery easily accomplished. The foetus was in a state of decomposition and emitted a most powerful odour. The placenta came away naturally with no hemorrhage. The parts were then flooded with a solution of tincture of iodine—and full doses of quinine prescribed.

This case made a complete recovery, contrary to the opinion I had entertained, and without any subsequent medical attendance.

A CASE OF PENETRATING WOUND OF THE ABDOMINAL CAVITY, WITH PROTRUSION OF INTESTINES AND OMENTUM.

By A. C. HAWKINS, M. D., HALIFAX.

August 15, received a telephone message that C. K., a boy 9 years old had been gored by a cow. Found the boy lying on a lounge very much scared, but apparently in not much pain. He had his hands clasped over the lower part of his abdomen. The child's clothing was scanty only a shirt and pants, on releasing the pants from the suspenders and turning up the shirt a large coil of small intestine and caecum of the large intestine covered partly by omentum was exposed to view. The mass covered half the abdominal wall. The boy's pulse was good and no apparent shock.

The history of the accident as detailed at the time was that, the boy while playing in a pasture a short distance from his home had been gored by a heifer who has a local reputation for viciousness. After being gored the boy got up and ran about 300 yards crawled under a barbed wire fence to the street. He then walked about 400 yards when his cries attracted the attention of his mother who carried him to his home where I first saw him about 20 minutes later.

I judged the boy's chances of recovery would be greater from an immediate operation than to wait for assistance or to transport him to the V. G. Hospital. So I decided to return the intestines and suture the wound forthwith employing chloroform as an anaesthetic.

While preparing my carbolized solutions, etc., I covered the exposed