

the sole factor, to the detriment of the patient and non-improvement of her condition. He points out a line of treatment which has been successful in his hands, citing cases in proof. We are of opinion that the views so ably set forth are not altogether confined to the author, and that others, especially those having experience of such patients, have had like ideas forced upon them, though they may not have been able to express them so forcibly. The subjects of the different papers are as follows:—

*A Case of Rupture of the Perineum without Implication of the Vulva.* By T. C. REEVE, M.D.

*On the Surgical Treatment of Stenosis of the Cervix Uteri.* By J. MARION SIMS, M.D.

It is impossible, with the limited space at our command, to fully review this long and valuable paper. The various operations for the relief of the stenosis and the modes of performing them are clearly set forth. Simpson's Bilateral and the author's antero-posterior incision are contrasted, and the conditions given for which one or the other is to be preferred. The former where the cervix is normally developed, the Ant. and Post. segments normal and the Os pointing backwards. Sims, where the intra-vaginal cervix is abnormally developed, posterior segment longer than anterior, and where there also exists antelexion. Full details of the operation and precautions to be observed are given, the whole illustrated with numerous diagrams. Only an experienced specialist should ever practice this operation, for, from the fact that it has failed to accomplish its object, and that even death has followed its performance, it must be a comparatively rare procedure. The discussion which followed, showing that, even with the prestige that Dr. Sims' name bestows upon the operation, much divergence of opinion exists as to its value or necessity.

*A Case of Extra Uterine Pregnancy with discharge of the fetal bones through the bladder.* F. P. WHITE, M.D.

The difficulty in making a correct diagnosis in such cases was in this fully exemplified, it being at first mistaken for a pelvic hemocele, and so treated, the patient nearly dying from peritonitis. The nature of the case was not

determined until long afterward, when the discharge of the fetal bones proved its true nature. Parry's conclusion that operative interference should be delayed until the symptoms demanded it, is adopted by the author—a conclusion that will likely be followed by those who have had any experience of such patients, for only in exceptional cases can any other plan be pursued.

*A Case of Foot and Head Presentation; Fracture of the Spine in Utero.* F. T. JOHNSON, M.D.

The case records a presentation but rarely met with, and the danger the child runs from delay. Life would no doubt have been preserved had skilled assistance been called in earlier. The difficulty of completing delivery by forceps was also shown. We have experience of one such presentation. Version was early performed without much difficulty and the child saved, and our opinion is that, as soon as such a presentation is discovered, turning should be resorted to in preference to forceps.

*The necessity for early delivery as demonstrated by the analysis of one hundred and sixty-one cases of Vesico-Vaginal Fistula.* T. A. EMMET, M.D.

In the majority of cases tabulated, it was proved on enquiry that but few of these women were attended by physicians or, if one was called in, it was only at the last moment and only to effect delivery. The analysis and the discussion which followed is of especial value in its medico-legal aspect. The opinions expressed supporting the author in his views, which were that in the production of Vesico-Vaginal Fistula there are two causes; a direct, from long impaction of the head interfering with circulation and subsequent sloughing, and an indirect from neglect to empty a distended bladder. Dr. Emmet states that he never met with a case that could be shown to have resulted from instrumental delivery. It was generally agreed by the speakers that it should be the rule as soon as the head ceases to recede (and consequently to advance) to use the forceps without delay, and that such interference should not be regarded as an operation but as an accompaniment of labor for the purpose of relieving suffering and shortening its duration. Regret was expressed by speakers that forceps had not been resorted to earlier in some