

Returning to town on the 17th I was informed that he was well enough to be up, so did not see him until the 19th, when I was at once struck with his altered appearance. He had evidently grown much weaker, and was also in considerable pain. The preceding night he had suffered from diarrhoea and tenesmus. The lower part of his abdomen was tympanitic, he had difficulty in micturition, and complained greatly of a severe pain about the middle of the sacrum. The passage of about six ounces of urine by the catheter gave some relief. On examining by the rectum the tip of my finger came in contact with a large irregular mass, which seemed to occupy the whole of the pelvis, and which was compressing the rectum against the hollow of the sacrum. It had a soggy feel, but palpation between the hand on the abdomen and the finger did not give very definite results on account of the tympanitis. Temperature 101, pulse 96. Next day the tympanitis had extended upwards; he suffered from most severe colicky pains, principally in the epigastric region, and he was able to take but little nourishment. I then decided to operate, but owing to circumstances it was impossible to do so till two days later. On 21st, temperature was 98, 22nd 97, and on morning of 23rd, 96.6. The colicky pains were persistent, and on 22nd, hiccough was a depressing feature.

On the 23rd, after consultation with Drs. Mewburn, Deveber and Fraser, and assisted by them, I operated by making the median incision just large enough for two fingers. The small intestines were a little injected, and there was a considerable quantity of dark greenish colored fluid in the general peritoneal cavity. Finding it necessary to continue the incision downwards I did so carefully, and my finger soon tore into an abscess cavity, the mark of which was quickly drawn up to the incision, and a large quantity of foetid pus evacuated. It was then thoroughly washed out by a stream of hot water, and after the peritoneal cavity had been similarly treated, a drainage tube was inserted in the abscess cavity, its mouth stitched to the sides of the lower corner of the incision, and the whole sewn up. All the ordinary antiseptic precautions were observed. The latter stages of the operation had to be hastened, the patient's pulse being very low, and it being necessary to inject brandy freely.

Death followed some eight hours after return to consciousness. An autopsy revealed the fact that the front wall of the abscess was formed by the bladder, that it projected well down into the pelvis, and that its superior wall was composed mainly of small intestines adherent and matted together.

The noticeable features of the case are the cause, which is unusual; the long history of the disease, extending over six months; and its periodical lighting up and subsidence. Another point is the following: The man's life would probably have been saved had he been operated on last March; I was fairly certain of the diagnosis, and discussed the matter with him, but did not feel justified in insisting on an operation before trying palliative measures, and afterwards when he was apparently getting well. What is a surgeon to do in these circumstances?

Selections.

POST-PARTUM HÆMORRHAGE.*

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This is a subject of such transcendent importance that it never fails to claim attention, or to be welcomed as a subject for discussion.

Cases, from various causes, will occur in the practice of every obstetrician.

When it does occur, it is generally successfully treated. Yet every one will prefer prevention to its cure, for prophylaxis is one of the best achievements of our art.

I wish to record my experience in dealing with the third stage of labor in a practice of over two thousand cases, during the space of twenty-two years.

I do not intend to present this matter in all its relations, but with special reference to the practice of expression of the placenta, known as the Dublin method, or still more widely as Credé's method. When a student, I was taught to press away the placenta. I followed this practice for several years, and frequently met with this complication of post-partum hæmorrhage, sometimes so severe as to cause much anxiety to both patient and accoucheur, as well as danger to the former. I could not account for the frequency of these occurrences.

*Read before the Detroit Gynecological Society.