September, 1877, two months after the operation; anasarca developed later, and there was frequent diarrhœa; so that she sank from the internal complications in October, 1878. At the *post mortem* examination, the empyema was found to occupy chiefly the posterior part of the chest, reaching from base to apex. The lung was airless, except at the apex. There was no tubercle. The sixth, seventh, and eighth ribs were united by bony bridges. The liver, kidneys, and intestines were lardaceous, and there was recent acute peritonitis. The operation performed in this case permitted more falling in of the chest than would have otherwise taken place, but did not facilitate the drainage so much as was desired. This was due to the rapid development of granulations and bone which took place after the operation, the opening being quickly reduced to a narrow sinus. In another case, it would probably be advisable to remove the periosteal tissue much more freely, even if it necessitated also the removal of the thickened pleura. The large opening thus obtained would also allow more complete exploration of the smaller cavities, apparently distinct from the main cavity, such as were found in this case at the time of the operation. Dr. Powell said he had now a patient under his care where something of the kind must be done. Would not gouging away a portion of the rib, so allowing a kind of bed for the canula, be equally satisfactory? Dr. F. Taylor said their object was to prevent closure of the opening, and, if possible, to aid in the falling in of the ribs. Gouging, he thought, might fail, as this plan had done. Hence they did not repeat the operation, on account of the bad constitutional state. Mr. Howse thought gouging had little chance in such cases. The operation itself was easy enough.—*Brit. Med. Jour.*

CÆSAREAN SECTION, WITH EXTIRPATION OF UTERUS AND OVARIES.

A Vienna correspondent of the Boston *Medical and Surgical Journal* says:—On Sunday, May 25th, I had the good fortune to see a case of Cæsarean section with extirpation of the uterus and both ovaries, a description of which may be of interest to your readers. This operation, which originated in America, has lately been revived here, and is now well established, having been done, in all, twenty-two times, and seven times in Vienna alone. Professor Carl Braun has operated three times previous to the operation I am about to describe. One of the patients was in a very bad condition at the time of the operation, and died soon after, but the other two cases were successful. Professor Spaeth has operated twice. In one case, the patient was almost dead at the time of the operation, dying soon after, and a putrid child was extracted. In the second case both mother and child were saved. Professor Gustav Braun has operated once, the mother dying, and the child being saved.

Professor Carl Braun performed his fourth operation at 10.40 p.m., May 25th, in the lecture room, about fifteen spectators being present. The patient is a dwarf, four feet in height, and is twenty-five years old. She had rachitis when a child, and is frightfully deformed. She was raped by a drunken man, thirty-six years old, last August, and had no difficulty during her pregnancy, coming to the hospital soon after labor pains began, and being in apparently excellent condition, with the exception of a slight attack of bronchitis. The abdomen was very large, the child being apparently of full size. The head presented, but was freely movable above the brim of the pelvis. The pelvis was of the rachitic type, with an antero-posterior diameter of two inches. The operation was performed soon after the beginning of labor, by Professor Carl Braun, assisted by Professor Gustav Braun, and other gentlemen.

The patient was narcotized with a mixture of ether and chloroform, which is in general use here, the abdomen washed with carbolic acid and water, the pubes shaved, and the catheter introduced. The membranes had ruptured spontaneously about half an hour previously. An atomizer with a solution of thymol stood in the room, but the stream was not directed over the abdomen. The incision was made from the umbilicus downward within three inches of the symphysis, in the linea alba, and carefully deepened until the peritoneal cavity was opened. The arteries, two small branches, were secured by torsion, and then a probe-pointed bistoury was introduced, and the incision prolonged upward and to the left one and a half inches. The uterus was thus exposed, and was pushed forward by an assistant, so that its anterior surface protruded through the abdominal wound, and an incision being made with a scalpel, a probe-pointed bistoury was introduced, and the incision prolonged to about four inches. The gush of blood which followed was prevented from entering the abdominal cavity by the forward position of the uterus. The child was then extracted by the feet, and the placenta was torn off at the same time. The uterus was then grasped around the vaginal portion and compressed, the bleeding being controlled in this way until the chain of Billroth's ecraseur was adjusted. This was so applied as to inclose the uterus at the anatomical internal os, both ovaries thus being above the chain, and was strongly compressed. The uterus was then excised three-quarters of an inch above the chain, the ovaries being included in the excised mass. The stump of the uterus was then inclosed in a steel clamp, below the chain of the ecraseur, and, the latter being removed, the stump above the clamp was transfixed