

### Selected Abstracts

---

#### TREATMENT OF RUPTURE OF THE UTERUS.

The writer (Cristeanu, C., *Annales de Gynecologie*, 1901, Vol. LV., p. 251) is able to record a series of three cases of complete rupture, in which abdominal hysterectomy was performed with success in each instance. The histories of these cases are briefly as follows:

CASE 1.—A multipara had been in labor many hours, with the child's head remaining above the pelvic brim. The pains then suddenly ceased, but without any grave symptoms such as hemorrhage or syncope.

On examination a few hours later, a complete rupture of the uterus was found, and the fetus had escaped into the abdominal cavity. The child was extracted by version, but with much difficulty, owing to prolapse of coils of intestine. Fourteen hours later the patient had a greatly distended abdomen, frequent bilious vomiting, and a pulse of 135 per minute. Abdominal section was performed. Complete laceration of the lower segment of the uterus, with rupture of the left uterine artery, was found. The peritoneum in both iliac fossæ was much torn; the pelvis contained blood-clots adherent to coils of bowel, and also meconium. Total abdominal hysterectomy was performed, followed by thorough cleansing of the abdominal cavity and vaginal drainage. The patient, though very ill for 48 hours, made a good recovery.

CASE 2.—A multipara, with a history of difficult deliveries, was suddenly seized during labor with intense abdominal pain, vomiting and vaginal hemorrhage. The fetus was found to have escaped from the uterus, the fetal head being fixed above the brim of the pelvis. Abdominal section was performed at once. A large quantity of blood clot and meconium escaped. The fetus and placenta were extracted. Complete laceration of the left side of the uterus was present, with large tears of the peritoneum in both iliac fossæ. Total hysterectomy was performed, and the peritoneal lacerations carefully sutured. Vaginal drainage. The patient, though she had lost much blood, made a good recovery.

CASE 3.—A patient, aged 27, with a history of two difficult labors at term, admitted into hospital in a very grave condition, with a pulse almost imperceptible. The uterus lay in the right iliac fossa, firmly contracted; the fetus was plainly felt in the abdomen, lying to the left side. *Per vaginam*, the cervix was fully dilated, and the head lay at the pelvic brim. Version was performed, and the head extracted by forceps with considerable