

removed occasionally, together with foetal hair which had become adherent to the internal surface of the cyst, and been detached from the scalp in removing the child, until November 29th, when the great mass of the placenta was removed. After this the cavity rapidly closed, the part in the pelvis being quite obliterated early in December, and the whole shut up by the end of the month, leaving only a small sinus. The patient had a severe struggle with hectic.

The chief peculiarities of the case are—the absence of any “false labour” previous to the death of the child, the leaving the placenta undisturbed, and the peculiar method of closing the peritoneal cavity, and leaving the parietal wound partly open. To leave a communication between the cyst and the peritoneum is to run the gauntlet of pyæmia and peritonitis. Closing the parietal wound entirely must lead to similar results.

The operation, performed as in this case, would seem to have no greater risks than ovariectomy, and it is certainly preferable to leaving the cases to take their chance of discharging the misplaced fetus by suppuration. If possible, the operation ought to be done near the term, and before the death of the child. If the latter condition cannot be obtained, the operation ought to be undertaken as soon after the death of the child as possible, to avoid the serious complications of adhesion between the fetus and the cyst.

Mr. Spencer Wells thought the paper was of importance as showing that the placenta might be left and allowed to be discharged through the abdominal opening. This removed one of the great difficulties and dangers of the operation. From the account given, he thought that in this case the incision might have been made through the posterior wall of the vagina; it would have allowed more perfect drainage, and have imitated the natural process when the fetus was spontaneously discharged, which was usually through the vagina or rectum.

Dr. Heywood Smith said there had recently been three such cases at the Hospital for Women, but all had proved fatal. In one case gastrotomy was performed and the placenta removed; the patient died from hæmorrhage and shock. In another the placenta was left to be discharged through the abdominal opening; the patient died of peritonitis, which came on before the operation. He thought it was best to operate early during the life of the child.—
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