

DR. KEENAN had seen a case last winter where there was a clear history of fibro-adenoma having been present for ten years and then rapid enlargement following a slight injury. The growth had proved to be fibro-adenoma with sarcoma cells invading it.

### **Deformity following Anterior Poliomyelitis.**

DR. A. MACKENZIE FORBES showed a patient with deformities due to anterior poliomyelitis and explained the nature and cause of deformities.

### **Pregnancy complicated by Ventro-Fixation.**

DR. J. J. ROSS reported this case.

DR. W. W. CHIPMAN had been associated with Dr. Ross in this case and thought it a very interesting one and somewhat exceptional, in that there was a history given of a number of labours before the operation and a number after, and thus a comparison could be drawn between them. He had been called to see the case on Nov. 5th and found her rather a short-bodied woman in very urgent labour, with frequent, severe and protracted pains. He had noticed that the pains were not of the usual second stage character, showing very little of the down-bearing quality. On inspecting the abdomen the uterine tumour had been seen to be more than usually prominent and rather unusual in shape, rather wider from side to side than the usual pyriform tumour. There was the mark of a laparotomy wound and traction upon it during a pain and palpation had been difficult owing to a state of tonic contraction of the uterus. By vagina, the cervix had been found very high up and the topography of the parts obliterated by a firm tumour mass, about two inches in diameter, lying directly behind the symphysis pubis and ending in the anterior lip of the external os. Three methods of procedure were considered—Caesarean section, turning, or forceps, and it was decided to attempt the latter first. Turning would have been difficult on account of the fact that the walls of the uterus were firmly contracted around the child and were unusually thin, while the after-coming head would have been difficult to deliver. The long axis traction forceps were used, and when applied the lock of the forceps was at the level of the external os and the fixation handles were out of sight. When delivery was completed the head was found vigorously moulded, but both mother and child made a good recovery and the latter showed no pressure paralysis.

Dr. Chipman pointed out that there were three features of special interest in this case, the nature and etiology of the mass in front, the difficulty in diagnosis and the choice of treatment. With regard to the first, it had to be remembered that in ventro-fixation, the fixation in-