

while persons above thirty could have the trouble greatly diminished, but never to the extent that they could eat all kinds of food.

Yours truly, F. C. IRELAND.

Toronto, April 6th, 1891.

### Reports of Societies.

#### GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

##### FEBRUARY MEETING.

The President, Dr. Henry M. Wilson, in the chair.

Dr. Neale reported the following case of "Occlusion of the os uteri during four days parturition."

Mrs. K. W., æt. 26 years, white, 1 para. Past history unimportant. Last menstruation early part of April, 1890. Pregnancy, normal up to Nov. 1st, 1890, when she slipped and fell violently on her right side on the pavement. There was no vaginal discharge at the time and no discomfort except from the jar, bruising, etc., and the patient was up and about all the time. No movement of the child was felt after the fall.

About Christmas, 1890, an offensive, yellowish, vaginal (uterine) discharge occurred, and continued for one week.

On the night of January 12th, 1891, her first labor pains began, and were so severe as to require morphine to be given by her attendant. There was no show or discharge of any kind. The pains increased and the patient was suffering severely when I saw her for the first time Friday evening, January 16th, 1891. She was a large, well-built and well-nourished woman. Could not distinctly map out the child by abdominal palpation. By auscultation gurgling over the entire uterine tumor, and not a trace of fetal heart sounds could be heard.

By vaginal examination: Very short and small vagina, no cervix and no os! A continuous layer of mucous membrane, flush with the vaginal walls, closed over the entire vault of the vagina, and a little dimple in its centre was the only indication of where the os ought to be.

Patient chloroformed, placed in position, hand passed into vagina, finger pressed against the

dimple when it suddenly yielded or burst open like a membranous web, permitting a gush of *not* foul-smelling bloody water to escape, and at once the rapidly enlarging outlines of the os could be felt, then about as wide as a silver half-dollar piece. The soft bagging scalp and loose cranial bones came down upon the enlarging os, and as the expulsive efforts were, almost *nil*, I grasped the head with a Simpson's cranioclast which tore away, and then the blades of a Tarnier basiotribe were adjusted over the head and neck, and a thoroughly macerated, but not decomposed or foul, small child was easily extracted. Perineum intact; os fissured slightly. Small placenta expressed within six minutes. Considerable post-partum hæmorrhage, uterus acting feebly. Os remained open about size of silver half-dollar piece, thick edges, uterus rather small, but not firmly retracted. Two quarts of a hot intra-uterine 1-4000 bichloride douche were injected. Patient rallied well, and, debarring an occasional slight rise of pulse and temperature and faintly fetid lochia, which readily yielded to the antiseptic douche, the puerperum was uneventful and recovery complete. This case was a novel one to me. I am quite sure the membrane I felt was mucous and not the amniotic sac, nor do I think the case should be classed among those of cervical occlusion or stenosis from endotroachelitis.

Dr. J. Whitridge Williams read a paper on "The Induction of Premature Labor in Contracted Pelvis." He pointed out that the comparative neglect of the operation in this country was due to two causes, the absence of large lying-in institutions and the consequent lack of large amounts of clinical material, and the almost total neglect of pelvic measurement.

By the term premature induction of labor, we understand the artificial interruption of pregnancy at such a period that a viable child may be born; that is, any period from the 28th to 30th week to the end of pregnancy.

Dr. W. then went into the history of the operation and showed that it was first rationally employed for this indication in England, as the result of a conference of the eminent physicians of London, in the year 1756.

Within fifty years it was quite generally employed on the Continent, and even enjoyed a popularity which caused it to be resorted to on the most trifling pretexts, and which in 1869 called forth Spiegelberg's forcible denunciation of the operation, by which he showed that the mortality, both of the mothers and children, was nearly