

free from tubercular taint and endowed with the vivid intelligence and bright social attributes which are well known to be so common amongst those who now often succumb to the disease, and that we may look forward to its ultimate extinction as a cause of death.

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### Reports of Societies.

#### BALTIMORE GYNECOLOGICAL AND OBSTETRICAL SOCIETY.

##### DECEMBER MEETING.

Vice-President, Dr. Charles H. Riley, in the chair.

Dr. Wm. E. Moseby related the following case: Mrs. Maggie G., a light-colored woman, about 30 years of age, twice married, had had two children by her first husband. Had suffered much during the past twelve years from dysmenorrhœa; had been unable to do ordinary work.

Examination showed the uterus to be retroflexed and firmly bound down, but the character of the adhesion could not be definitely made out. There was an irregular-shaped elastic mass in the position of either tube, diagnosed as cystic ovaries, together with chronically inflamed tubes. All the pelvic tissues were very sensitive to pressure. There was a deep, double laceration of the cervix, and a lacerated perineum, with very lax vaginal wall, but only slight rectocele.

When the abdomen was opened the mass on either side of the pelvis was found to be composed of a cystic ovary, and the corresponding tube firmly matted together by old organized adhesions, each mass being firmly bound down to the pelvic wall by numerous old and many more recent adhesions. There were also adhesions to the omentum. The left ovary ruptured before it could be removed. The mass in the right side appeared to be a large hematosalpinx, but examination proved it to be an ovarian cyst into which blood had entered from a ruptured Graafian follicle. The adhesions behind the uterus were very broad, strong bands, and were pulled off the uterine wall. All possible care was used to secure

the patient against hæmorrhage, and the abdomen<sup>11</sup> was douched out with hot boiled water until the uterine flow was practically colorless. A glass perforated drainage tube was introduced to the bottom of the *cul de sac*, and the incision closed above it. The extreme difficulty of separating the adhesions and the douching prolonged the operation to about one and a-half hour.

Although stimulants and artificial heat were pushed, no reaction could be obtained, the temperature never reaching 95°, and the patient died about six hours after the operation, apparently from shock.

At no time was there any discharge of blood from, or even bloody fluid from, the drainage tube. Dr. W. G. Keirle, however, kindly examined the pelvic cavity post-mortem, and reported that death was due to hæmorrhage, the exact source of which could not be made out.

Dr. J. Whitridge Williams, kindly furnished the pathological report, which will be given below.

Dr. Thomas Opie exhibited a placenta that he had gotten a few hours before the meeting, from a case of placenta prævia.

The patient was 35 years of age, and had borne one child previously. When he saw her first she was blanched and exsanguinated. The blood-flow began three days before, with a loss of a quart, and continued with more or less rapidity up to the time of operation. Her confinement was not expected for two months. When first seen by him there were some rhythmical pains, and some dilatation. The cervix was dilated with the fingers and cone of the hand; the placenta was detached with a sweep of the forefinger around the cervix; the bag of waters was artificially ruptured and traction forceps applied. The child was delivered in fifteen minutes without further loss of blood, the placenta coming away simultaneously with the birth of the child. Though the position was occiput posterior, there was no laceration of the perineum, and the child was unscathed. Both mother and child were left doing well.

Dr. Opie also exhibited a specimen of an ovarian tumor which he had recently removed. The tumor had developed into the epigastric region, and the abdomen was about as large as it would have been at the full term of pregnancy. It took two hours to break up the adhesions, which were