

here, shows the extreme contraction of the outlet, and a typical well-marked osteomalacic pelvis. The skiagram was not available before the operation, but the external measurements and the fact that two fingers could with difficulty be introduced into the vagina, owing to the extreme lateral contraction of the outlet, made it apparent that nothing short of Cæsarean section could save the life of mother and child. Porro's operation was decided on to prevent the possibility of further pregnancies, and was justified by the successful result, both to mother and child; and labour having commenced, it was decided to operate at once.

The patient having been very carefully prepared, the abdominal walls being sterilized by washing thoroughly with soap and water and afterwards with a solution of 1—500 perchloride of mercury, the vagina douched and washed



thoroughly with carbolic lotion 1—50, and the bladder and lower bowel emptied, I performed Porro's operation. Nothing further need be said than that the child was extracted alive and healthy, the patient stood the operation well, and the abdominal wound and stump subsequently healed without the formation of a sinus and absolutely without suppuration. Three weeks after the operation the mother started to suckle her child, which she still continues to do, the flow of milk being ample. A photograph was recently taken, and shows her and her child both in the best of health, and the husband appears content with his wife.

Since writing the above account I have performed two more Porro's operations in osteomalacic pelvis:—In one case, the wife of a Khidmatgar; the patient came in good time to

hospital, and a completely successful result was secured, but no milk appeared in the breasts. In the other, labour had commenced at least 12 hours previously; when the woman was brought to hospital, the child was dead and the operation had to be performed in a hurry by lamplight. The woman in this case died a week afterwards of septicæmia. These three cases show the great importance of being able to secure the best time for operation.

A CASE OF RUPTURE OF UTERUS IN AN OLD CÆSAREAN SECTION SCAR.

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[Reported by S. Rangachary, M.B.]

THE patient, 4th para, a Mahomedan female, age 29 years, was admitted into hospital on the night of 12th December 1910.

Previous history.

1st confinement 1906: Premature labour, dead child.

2nd confinement: Patient was admitted into the civil hospital on 2nd December 1907, vertex presentation, membranes ruptured, forceps failed; contracted pelvis diagnosed. Cæsarean section was done and a live child extracted.

3rd confinement: Patient was admitted in the civil hospital on the morning of 17th February 1909, said to have been in labour for 12 hours. Vertex presenting, membranes ruptured; head not fixed. Podalic version was done. There was a little delay in the extraction of the head and the child was still born.

On admission for her 4th confinement: Patient walked into the ward, said to have been in labour for four hours. Pulse very quick, no labour pains.

Abdominal examination.—No uterine contractions felt, limbs of foetus felt very superficial, abdomen tender.

P. V.—Cervix thick, admits three fingers; head felt very high up, a red discharge present.

Diagnosis.—Rupture of uterus.

Treatment.—Laparotomy done at once; a large quantity of blood and clots escaped out of abdominal cavity. There was a median longitudinal rupture of the uterus along the scar of the old Cæsarean section. The child and placenta were lying free in the peritoneal cavity which was full of blood.

Porro's operation done.—Patient did not recover from the shock and died shortly after the operation.

The case is of interest as Cæsarean section had been performed for the second confinement. The third confinement had passed off without mishap to the patient, and the fourth labour had resulted in rupture of the old cicatrix in the uterus after patient had been in labour for only a few hours. This case points to the advisability of dividing the Fallopian tubes between ligatures whenever Cæsarean section is performed