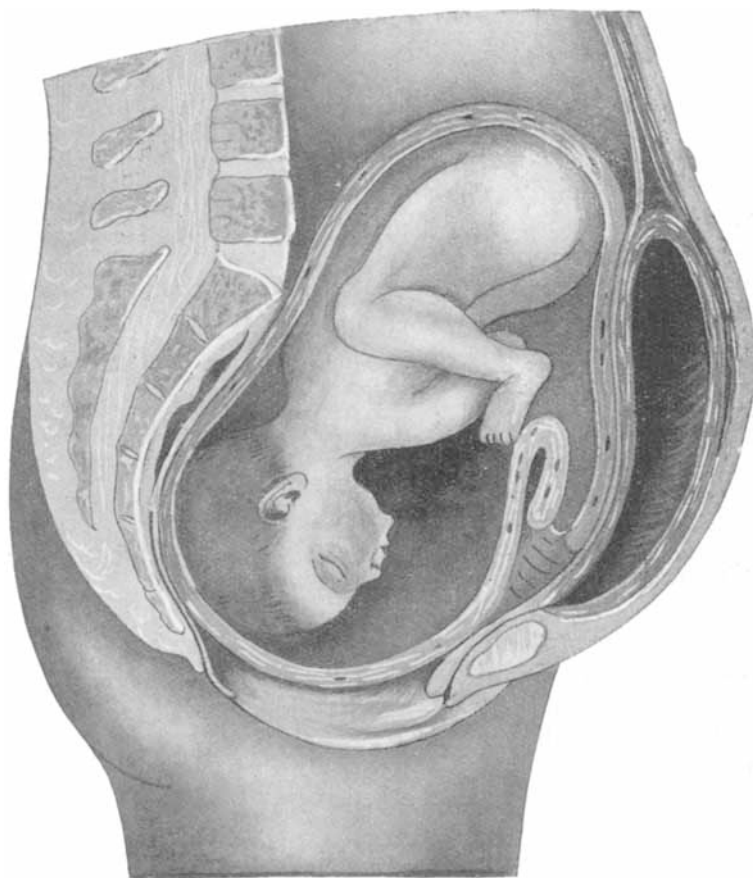


Cæsarean Section for Sacculation of the Uterus.

By BECKWITH WHITEHOUSE, M.S., M.B. (Lond.), F.R.C.S. (Eng.).

Honorary Obstetric Surgeon, General Hospital, Birmingham.

Mrs. R., a multipara, was admitted to the General Hospital, Birmingham, on account of severe cystitis and intense abdominal pain. She was seven months pregnant in her third pregnancy, and the symptoms had progressively increased in severity from the third month. On admission the patient appeared to be in great pain, and the pregnant uterus presented the appearance shown in the accompanying plate.



Sacculation of the Uterus.

On abdominal examination a median bilobed tumour was palpable extending to the level of the umbilicus. The lower portion consisted of the distended bladder with much thickened walls. The upper portion was formed by the upper pole of the pregnant uterus.

Vaginal examination was almost impossible owing to the much distended sacculus of the uterus in the pouch of Douglas, extending almost to the perineum. The urine contained much pus and blood.

Owing to the impossibility of replacement and the extremely septic condition of the urine it was decided to adopt the abdominal route. The sacculation of the uterus could not be relieved and Cæsarean section was performed through a fundal incision. A dead seven months' foetus was delivered. In spite of considerable thinning of the posterior wall of the uterus involution proceeded normally and the patient made a good recovery. The cystitis rapidly subsided after operation.

Post Mortem Cæsarean Section.

By CARLTON OLDFIELD, M.D., B.S. (Lond.),
F.R.C.S. (Eng.),

Hon. Obstet. Surgeon, General Infirmary, Leeds.

The patient, a multipara, aged 40, was admitted to the Women and Children's Hospital, Leeds, in the last month of her pregnancy, on account of valvular disease of the heart with failure of compensation. One morning I was going round the ward when a nurse came up hurriedly to report that the patient had suddenly died in bed. It was clear, when I arrived at the patient's bed-side, that she was dead. An incision was made with a scalpel at once through the abdominal wall, which did not bleed, and then through the uterine wall, which oozed slightly. A living child was extracted: it cried at once, but only faintly. The body of the mother was removed to the mortuary. A post-mortem examination was not allowed. The child only lived three days. It was never vigorous and did not take its food satisfactorily. The cause of its death was not diagnosed, but it was probably due to deficient vitality.