formed, and the tumour became more mobile, that I agreed to operate. The vascular thrill was explained by omentum adherent to the lower part of the tumour, and containing very large blood vessels.

The next case is also one of almost unexpected, but complete, recovery. In May 1876, a married lady, aged 38, called on me with a letter from Dr. Birch of Hazaribagh, in India, under whose care she had been since May 1875. She was married in 1871, went to India in the same year, had never been pregnant, but remained in good health until she suffered from fever in September 1874. In February 1875, Dr. Ewart of Calcutta discovered an abdominal swelling which he thought might possibly be early pregnancy, although there had been no irregularity in menstruation. The swelling increased rapidly in 1875, and, when I saw her in May 1876, the uterus was evidently enlarged to the size in the fifth or sixth month of pregnancy. As there were no urgent symptoms, she returned to India, and I did not see her again until May 1877. There had been some slight increase in the size of the uterus, and menstruation was becoming rather profuse; but she remained in fairly good health till July 1878, when her general health suffered after much anxiety and over-exertion; but she got over this, and went through 1879 pretty well. In June 1880, the tumour having considerably increased in size, Sir W. Jenner saw her with me in consultation as to the question of operation, and it was decided that there should be further delay, but that the tumour should be removed as soon as it became intolerable. Menstruation became still more profuse, size increased, she lost flesh, became unable to take any but very short walks, the feet swelled, and purpuric spots appeared on the legs. In December 1880, at another consultation with Sir W. Jenner, we found a large solid tumour, reaching quite up to the ensiform cartilage, and an ovary could be felt and moved in each iliac region. The uterine cavity was slightly elongated, but I thought the tumour and part of the fundus uteri might probably be removed without opening this cavity. It was agreed that I should attempt to remove the tumour; but that, if the difficulty proved to be greater than I expected, I should then remove both ovaries in the hope of thus leading to atrophic change in the tumour. We waited until after the cessation of another menstrual period, and I then went into Gloucestershire, and operated on February 12th, 1881, assisted by Dr. Forty and Mr. Simmons of Wotton-under-Edge, Mr. Wickham of Tetbury, and Mr. A. Grace of Sodbury. Dr. Day administered methylene. After making an incision from two inches above to six inches below the umbilicus in the median line, the enlarged solid uterus was exposed, free from adhesions, but covered by very large veins, and there was no distinct neck to the tumour or fundus. The left ovary was large, and both were easily separable from the tumour. My first intention, accordingly, was to be satisfied with removal of both ovaries, and leave the uterus alone. On drawing up the left ovary, a cyst, or corpus rubrum, in it burst, and much black clot was pressed out. I then transfixed, tied the connecting tissues between the ovary and the enlarged uterus, and cut the ovary away. Very free bleeding followed, and successive ligatures cut through a soft venous plexus. I, therefore, felt compelled to remove the tumour, and, after applying on each side, before and behind, four pairs of large pressure-forceps, I amputated the tumour, cutting through the fundus uteri diagonally from the right Fallopian tube, downwards and to the left of the bleeding surface, where the left ovary had been attached. The uterine cavity was not opened. Part of the fundus and the body left with the cervix were normal in size and consistence. The left Fallopian tube was removed with the tumour. The right remained; and the right ovary, although rather large, was not disturbed. Theoretically, it would have been better to remove it; but I was very unwilling to prolong a serious operation by anything not absolutely necessary. Several very large arteries and veins were secured, some by ordinary ligature of carbolised silk, some by ligature after transfixing the uterine tissue; and then the peritoneal edges of the divided fundus were brought together by suture. Although a great deal of blood was lost, the lips never lost their colour, and there was no vomiting. The patient was exactly an hour under the influence of the anæsthetic, and Dr. Day told me that he had never given so much methylene before at any of my operations. Nearly two ounces were used. I did not make any provision for drainage, as I had carefully sponged away all blood and clot; and the wound was united in the usual way by silk sutures. Phenolised spray was used, phenolised sponges, ligatures, and instruments, and dry dressing. The tumour was a solid fibroma, with several projections or outgrowths from the peritoneal surface. It weighed 11½ lbs.

The patient was left in charge of Dr. Forty of Wotton-under-Edge, and recovery was uninterrupted by any bad symptom. The temperature reached 101°, and the pulse 104, on the third day; but the convalescence may be said to have been without fever. I saw the lady in London on April 28th, quite well, and with nothing but the linear

scar in the abdominal wall to be detected as showing that there had ever been any disease of the uterus. The cervix was mobile, and nothing abnormal could be discovered anywhere. The catamenia appeared quite as usual the first week in May, after an interval of three months, and passed off quite normally.

These are all the cases in which I have removed uterine tumours entirely since August 1880, and all have recovered in the most satisfactory manner. In three other cases, I made simple exploratory incisions; doing nothing more, as the difficulties of removal appeared very great. One patient died a week after the incision, of peritonitis. The other two were neither better nor worse for the incision. In another case, a patient of Dr. Andrews of Hampstead, a single lady, aged 60, I was only able to remove part of a fibroma, after emptying a large cyst-like cavity. The patient died on the third day. And, in one other case, a patient of Dr. Monro of Newtown, Montgomeryshire, where I could only remove a projecting outgrowth from the main part of the tumour, the patient, who was in an extremely feeble condition before operation, died on the eighth day.

I feel very hopeful that, by the use of the improved pressure-forceps, the arrest of hæmorrhage will be effected much more easily and completely than before; that suture of the uterine wall will obviate more than one source of danger; and that, by careful attention to all needful antiseptic precautions, the removal of uterine tumours may now be undertaken with a far more confident expectation of a successful result than could have been reasonably entertained a very few years ago.

CLINICAL LECTURE

ON A

CASE OF CÆSAREAN HYSTERO-OÖPHORECTOMY, OR PORRO'S OPERATION; WITH REMARKS.*

By ALEX. RUSSELL SIMPSON, M.D., F.R.S.E.,

Professor of Medicine and Midwifery and the Diseases of Women and Children in the University of Edinburgh.

MRS. B., aged 24, quintipara, had suffered from rickets in childhood. Her height is 4 ft. 8 in. The measurements of the pelvis are: interspinous, 9½ inches, or 24 centimetres; intercristal, 9½, or 24; external conjugate, 5½, or 14; diagonal conjugate, 3¾, or 8; internal conjugate, 2¼, or 5.7; transverse at brim, 4¼, or 10.8; between the tubera ischii, 4¾, or 11.5. At her first confinement, she had twins before the full time, and both still-born. At the second, the foetal head was perforated. At the third, she came under Dr. Hart's care, who, finding a conjugate diameter about two inches and a half, and a small child, turned, hoping that the transverse diameter might be long enough to allow the head to pass. But the head could not be brought past the sacral promontory, and he had to perforate. At her fourth confinement, I delivered her by trephining the base of the skull through an opening in the vault, and crushing the head with Guyon's apparatus.

She menstruated last on May 20th, 1880, and, according to her calculation, was within a week of her confinement, when I again undertook her delivery. She was very anxious to have a living child, and I proposed to give her the chance offered by the Cæsaean section, supplemented by Porro's utero-ovarian amputation. On examination before the operation, the foetus was found to be lying with the dorsum to the right side, and the head resting above the brim of the pelvis. There were occasional uterine contractions, but no true labour-pains, and no dilatation of the uterine orifice was found on vaginal examination. From the distinctness with which the outline of the foetus could be made out through the abdominal parietes, it was judged that the placenta was not attached to the anterior wall of the uterus.

The operation was performed, in a lodging to which the patient had been removed, on February 21st, with the assistance of Dr. Halliday Croom, Dr. Berry Hart, and Dr. A. H. Barbour. Dr. F. M. Caird administered chloroform, and Messrs. Hewetson and Huxtable took charge of the instruments and sponges. Surgeon-Major Johnston was also present. The operation was done under the carbolic spray, and all antiseptic precautions were carefully carried out. An incision, fourteen centimetres in length, was made in the abdominal wall, in the middle line, ending about three centimetres above the symphysis pubis. It was observed that vigorous foetal movements occurred when the skin was being divided. On cutting through the abdominal walls, bleeding occurred from a considerable number of vessels, which were tempora-

* Communicated to the Edinburgh Obstetrical Society.

ily secured with Péan's forceps before the peritoneal cavity was opened. The peritoneum was cut into with a sharp-pointed bistoury, and the incision extended with a probe-pointed one, guided by the finger. The clear red surface of the uterus came at once into view. Neither now, nor at any subsequent stage of the operation did the intestines or omentum give any trouble. An opening, sufficient to admit the point of the forefinger, was made in the wall of the uterus at the upper angle of the abdominal incision, and by means of a probe-pointed bistoury extended downwards to the length of thirteen centimètres. This was followed by a gush of liquor amnii, and a hand of the fœtus was extruded through the wound. Knowing the exact lie of the child, I passed my hand into the lower segment of the uterus and lifted out the head instantly. The body and the remainder of the liquor amnii followed at once. During the time that the opening was being made in the uterus and the child extracted, Dr. Hart kept the abdominal parietes in close apposition with the uterus; and, as the latter became evacuated, he caused it to emerge through the abdominal aperture, so as to be able to grasp and compress the vessels entering at the sides and neck. During this time, the amount of blood that escaped was very trifling—less than had occurred during the incision through the abdominal walls. The child, on its escape from the uterus, at once began to cry. The uterus contracted uniformly on the placenta, which was left *in situ*. The umbilical cord was ligatured and divided, and the child given to Dr. Croom, who found it so vigorous that he handed it over to the nurse. A piece of stout whipcord, made antiseptic, was passed round the broad ligaments and cervix uteri, drawn tight, and knotted firmly. This controlled all hæmorrhage. A double thread of carbolised silk was now passed, on a needle with fixed handle, through the broad ligament on the left side of the isthmus uteri. The loop of thread drawn through was divided, and one half tied round the broad ligament and Fallopian tube of the same side external to the ovary. A similar needle, armed with a single thread, was passed through the broad ligament at a corresponding point on the right side. This thread was tied round the broad ligament and Fallopian tube of the right side external to the ovary. Before the needle was withdrawn, it was used to draw back the posterior extremity of the free thread that had been introduced on the left side, so that this ligature embraced the isthmus of the uterus and the blood-vessels beside it. The pedicle thus consisted of three portions—one ligature controlling the ovarian arteries and venous plexuses on each side, a third embracing the isthmus uteri and uterine arteries.

The uterus was now amputated, the knife being carried along the line of the attachment of the broad ligaments to the uterus, and through the lower segment of the uterus, 1.5 centimètres above the ligatures. The whipcord ligature was cut through and removed. There was no hæmorrhage from the stump. The ovaries, which had not been removed with the uterus, were then cut away, and the whole surface of the stump secured with the Paquelin cautery.

There was no exposure or escape of the intestinal coils. The peritoneal cavity, into which but little blood had escaped, was carefully sponged out. Fearing lest some blood might have run down into the pouch of Douglas, I passed one or two sponges on fixed handles down behind the stump. The pouch was shallow and empty. Unfortunately this procedure caused a displacement of the ligature on the posterior aspect of the stump, from the surface of which some oozing now set in. To control this, a double thread was passed through the middle of the stump, and the central part was thus ligatured again in two portions. This stopped all oozing. The cautery was reapplied. The abdominal incision was closed with eight silkworm-gut and four horsehair sutures.

The child was removed from the uterus within twelve minutes from the commencement of the operation; the ligature and amputation of the uterus within half an hour; the completion of the operation required another hour and ten minutes. The head of the child presented the following measurements: Occipito-frontal diameter, 11 centimètres; biparietal, 8.2; bitemporal, 7.

After the operation, the patient's pulse was 110, and fairly good. The after-progress is as follows. February 20th, 8 P.M. Temperature 99.7; pulse 100, good and steady; six ounces of urine drawn off with catheter; she had no pain, and took iced milk occasionally. 12 P.M. Temperature 100.8; pulse 116; a quarter of a grain of morphia was given subcutaneously.—February 21st, 3 A.M. Temperature 100.6; pulse 106, good; she complained of slight pain in the abdomen; had slept at intervals. 8 A.M. Temperature 100.7; pulse 112; she complained of no pain; had slept quietly; eight ounces of urine drawn off. 10 A.M. Temperature 100.6; pulse 108; a quarter of a grain of morphia was given subcutaneously. 12 noon. Temperature 101.8; pulse 118. 4 P.M. Temperature 101.8; pulse 114; one minim of tincture of aconite was given every half-hour; she had no pain, and slept occasionally. 9 P.M. Temperature 102.4; pulse 130.—February 22nd, 8 A.M. Temperature 102;

pulse 116. 12 noon. Temperature 102.2; pulse 106. 6 P.M. Temperature 101; pulse 112; the wound was dressed under the spray, and looked quite fresh; a little serum exuded from the lower part of it, devoid of smell; perchloride of iron and turpentine were given every hour; a quarter of a grain of morphia was given hypodermically thrice daily; she complained of abdominal pain occasionally.—February 23rd. Morning temperature 102, pulse 132; evening temperature 102, pulse 140; she complained more of pain to-night, and had vomited occasionally.—February 24th. Temperature 101.8; pulse 170; she died at 11.50 A.M.

Post Mortem Examination.—The abdomen was distended, and contained a considerable quantity of serous exudation and lymph. The abdominal wound was healthy-looking, and adhesion had taken place along the whole line of incision. The intestines were matted to the pedicle with recent lymph. The pelvis and its contents were removed and placed in spirits. A sagittal section was made. The accompanying woodcut (see Fig. 1) represents the appearance of the left side of

Fig. 1.—Left surface of a Sagittal Section of the Pelvis and its contents—half the natural size.

the section. It will be seen that the site of the ligature is about two inches (5.2 centimètres) above the os externum. The empty bladder lies behind the symphysis pubis.

REMARKS.—The patient, who, so far as I know, is the first in Great Britain subjected to the operation I have described, had previously given birth to five children. These had all perished, in consequence of her contracted pelvis. The premature birth of the small but still-born twins made me hopeless in her case of any good result from the induction of premature labour. When she was in her fourth pregnancy, I was disposed to attempt Dr. Gaillard Thomas's laparotomy; the rather that I was impressed by the encouraging results of Skene's† cases and Gillette's‡. The woman was very willing to run any risk to have a living child. But the vaginal roof felt very narrow; and there was some induration still remaining in the right broad ligament, the result of a cellulitis from which she suffered after her delivery by cranioclast. I therefore sacrificed that child also, using Guyon's apparatus for intracranial cephalotripsy, the successful employment of which led me to propose the basilyst§ as a safe and simple instrument for effecting the dissolution of the basis cranii. When I found that the woman was again pregnant, I was tempted to test the

* *American Journal of Obstetrics*, April 1879.

† *Ibidem*, vols. ix and x.

‡ *Ibidem*, January 1880.

§ See my *Contributions to Obstetrics and Gynecology*, p. 373.

TABLE I.

No.	Date.	Operator.	Place.	Indication.	Result to Mother.		Causes of Death.	Result to Child.	
					Lived.	Died.		Lived.	Died.
1	July 21, 1869	Storer	Boston	Uterine Fibroid	..	1	Shock	..	1
2	May 21, 1876	Porro	Pavia	Rickets	1	..	..	1	..
3	Jan. 3, 1877	Porro	Parma	Osteo-sarcoma	..	1	Peritonitis	1	..
4	Mar. 28, ..	Hegar	Freiburg	Rickets	..	1	Peritonitis	1	..
5	April 25, ..	Previtali	Bergamo	Rickets	..	1	Moribund	..	1
6	June 22, ..	Spaeth	Vienna	Malacosteon	1	..	..	1	..
7	Sept. 3, ..	Spaeth	Vienna	Malacosteon	..	1	Peritonitis	1	..
8	Sept. 9, ..	C. Braun	Vienna	Malacosteon	..	1	Peritonitis	1	..
9	Dec. 16, ..	Chiara	Milan	Rickets	..	1	Shock	1	..
10	Feb. 4, 1878	Müller	Berne	Malacosteon	1	..	..	1	..
11	April 11, ..	Franzolini	Udine	Dyspnoea	..	1	Pulmonary oedema	1	..
12	April 14, ..	Wasseige	Liège	Rickets	..	1	Hæmorrhage	1	..
13	May 10, ..	C. Braun	Vienna	Rickets	1	..	..	1	..
14	May 22, ..	Chiara	Milan	Rickets	..	1	Peritonitis	1	..
15	May 28, ..	Tibone	Turin	Rickets	..	1	Peritonitis	1	..
16	June 14, ..	Litzmann	Kiel	Stenosis vaginae	..	1	Peritonitis	1	..
17	July 9, ..	Breisky	Prague	Rickets	1	..	..	1	..
18	Aug. 3, ..	Wasseige	Liège	Rickets	..	1	Peritonitis	1	..
19	Aug. 23, ..	Perolio	Brescia	Rickets	1	..	..	1	..
20	Sept. 16, ..	Riedinger	Brünn	Rickets	1	..	..	1	..
21	Oct. 7, ..	Fehling	Stuttgart	Rickets	..	1	Peritonitis	1	..
22	Oct. 19, ..	Chiara	Milan	Malacosteon	..	1	Peritonitis	1	..
23	Dec. 13, ..	G. Braun	Vienna	Rickets	..	1	Peritonitis	1	..
24	Dec. 30, ..	Previtali	Bergamo	..	..	1	..	1	..
25	Jan. 17, 1879	Tibone	Turin	Rickets	1	..	..	1	..
26	Feb. 2, ..	Fochier	Lyons	Rickets	1	..	..	1	..
27	Feb. 11, ..	Coggi	Cremona	Rickets	..	1	Peritonitis	1	..
28	Feb. 24, ..	Tarnier	Neuilly	Uterine fibroid	..	1	Septicæmia	..	1
29	Mar. 1, ..	Tibone	Turin	Rickets	..	1	Peritonitis	1	..
30	Mar. 20, ..	Tarnier	Paris	Rickets	1	..	..	1	..
31	Mar. 20, ..	Peyretti	Turin	Rickets	..	1	Tetanus	1	..
32	April 1, ..	C. Braun	Vienna	Rickets	1	..	..	1	..
33	May 3, ..	Previtali	Bergamo	..	..	1	..	1	..
34	May 16, ..	Berruti	Turin	Rickets	1	..	..	1	..
35	May 25, ..	C. Braun	Vienna	Rickets	..	1	Peritonitis	1	..
36	June 19, ..	Mangia-galli	Milan	Rickets	1	..	..	1	..
37	June 20, ..	C. Braun	Vienna	Rickets	1	..	..	1	..
38	Aug. 28, ..	Chiara	Milan	Rickets	1	..	..	1	..
39	Nov. 19, ..	L. Cham-pionnière	Paris	Rickets	1	..	..	1	..
40	Dec. 3, ..	..	..	Rickets	..	1	Peritonitis	1	..
41	Dec. 30, ..	..	..	Rickets	1	..	..	1	..
42	Jan. 2, 1880	Hausner	Barmen	Rickets	..	1	Hæmorrhage	..	1
43	Jan. 9, ..	Previtali	Bergamo	..	..	1	..	1	..
44	Jan. 17, ..	L. Cham-pionnière	Paris	Rickets	..	1	..	1	..
45	Feb. ..	Valorta	Venice	..	..	1	..	1	..
46	Feb. 17, ..	Chiarleoni	Milan	..	..	1	..	1	..
47	Feb. 25, ..	Mangia-galli	Milan	Rickets	1	..	..	1	..
48	Mar. 7, ..	G. Braun	Vienna	Dwarf pelvis	1	..	..	1	..
49	Mar. ..	Cuzzi	Modena	..	..	1	Peritonitis	1	..
50	Mar. 20, ..	Hubert	Louvain	Rickets	..	1	Hæmorrhage	1	..
51	Mar. 21, ..	Veit	Bonn	Malacosteon	..	1	Septic peritonitis	1	..
52	April 5, ..	Taylor	New York	Rickets	..	1	Thrombosis	1	..
53	May 28, ..	C. Braun	Vienna	Rickets	1	..	..	1	..
54	June 1, ..	Omboni	Cremona	..	..	1	Peritonitis	1	..
55	June 13, ..	Tarnier	Paris	Malacosteon	1	..	..	1	..
56	June 24, ..	Peruzzi	Liege	Rickets	1	..	..	1	..
57	July 3, ..	Ramello	Turin	Rickets	1	..	..	1	..
58	July 4, ..	Oppenheimer	Würzburg	Rickets	1	..	..	1	..
59	July 31, ..	Zweifel	Erlangen	Uterine fibroids	..	1	Septicæmia	1	..
60	Aug. 17, ..	Agnew	Philadel-phia	Uterine fibroid	..	1	..	1	..
61	..	Pasquali	Rome	..	..	1	..	1	..
62	Sept. 12, ..	Richardson	Philadel-phia	Rickets	1	..	..	1	..
63	Sept. 18, ..	Veit	Bonn	Rickets	1	..	..	1	..
64	Oct. 21, ..	Fiki	Warsaw	..	..	1	..	1	..
65	Dec. 3, ..	Tibone	Turin	Malacosteon	..	1	Peritonitis	1	..
66	Dec. 15, ..	G. Braun	Vienna	Rickets	1	..	..	1	..
67	..	Halbertsma	Utrecht	Partial rupture of uterus	1	..	..	1	..
68	Jan. 21, 1881	Parona	Novara	Rickets	..	1	Tetanus	..	1
69	..	Kreuzman	Erlangen	Rickets	..	1	Peritonitis	..	1
70	..	Breisky	Prague	Rickets	1	..	..	1	..
71	Feb. 21, ..	Simpson	Edin-burgh	Rickets	..	1	Peritonitis	..	1
72	April 1, ..	Olivieri	Naples	Rickets	..	1	..	1	..

value of the new instrument on the sixth child's head. But it was full time to give her the chance of obtaining her wish, and becoming the mother of a living child; and it seemed to me that the operation I carried out gave her the best chance of such a happy delivery. I was the more disposed to carry out this procedure, that, besides noting the growing favour which Porro's operation was attaining on the Continent generally, I had had the opportunity, when visiting Paris a year ago, of receiving from M. Tarnier a photograph of a patient on whom he had operated successfully, and of hearing from M. Lucas-Champonnière how by means of it he, in four operations, had saved two mothers and four children.

HISTORICAL.—It was on the 11st of May, 1876, that Professor Porro of Pavia performed for the first time the operation with which his name will ever be honourably associated. I spare you the recital of historical details, as these are given in an able memoir on the subject by Porro* himself, and in sketches of the later progress of the operation by M. Pinard† of Paris, Dr. Fritz Levy‡ of Copenhagen, and, best of all, by Dr. R. P. Harris§ of Philadelphia, who has very carefully sifted and tabulated all the cases operated on up till November 1879. How Cavallini, a namesake of the woman on whom Porro performed his first operation, made experiments a century ago on the lower animals, with the view of determining whether the Cæsarean section would not be made less fatal by extirpating the uterus; how, more recently, similar experiments had been repeated by Blundell, Geser, Fogliata, Rein, and by Porro himself; how G. Ph. Michaelis of Harburg made the still-born suggestion, in the early part of this century, to extirpate the uterus, with the view of lessening the risks from the wounded uterus; and finally, how, in 1869, Dr. Horatio R. Storer of Boston, U.S.A., after removing a dead child from a gravid uterus which was the seat of a fibro-cystic tumour, and finding that the hæmorrhage could not otherwise be controlled, proceeded with great coolness to ligature the isthmus, to amputate the diseased uterine mass, to cauterise, and eventually to clamp the stump, and secure it in the lower part of the abdominal wound; with the unfortunate result, however, that the patient died in sixty-eight hours;—all this is fully related in the works to which I have referred, and need not detain us longer now. Since Porro published the history of his first case (which, happily, was attended with successful results), the operation has been repeated by many obstetricians, till the tabulated list that I have before me now amounts to a total of seventy-two well-authenticated cases. For the most part, full records of the individual operations have been published, and I need not repeat the references, which have been so carefully verified in the works of Harris and Levy. I have gathered some of the more recent cases from a "Cronaca dell' Amputazione Cesarea Utero-Ovarica", in various numbers of the *Annali di Ostetricia e Ginecologia, e Pediatria*; and also from the *Centralblatt für Gynäkologie*. Nos. 58 and 71 are recorded by Zweifel in the *Archiv für Gynäkologie*, xvii, 355. The list might have been lengthened by the introduction of such cases as those of Wasseige, Kaltenbach, and others, who have removed the uterus and ovaries in cases where the foetus was not yet viable; or that of Salin, where the foetus was in the by-horn of a malformed uterus. But it seems to me better to register only the cases where we have to do with labours at or near the full term, and in a uterus of normal configuration. The cases tabulated by Pinard, etc., of Prevôt and Fornari, are also omitted, on the suggestion of Dr. Harris, because the women have suffered a total rupture of the uterus, with escape of the foetus into the peritoneal cavity. In both of these cases, the mothers and children were all lost. The seventy-two operations given in the table are distributed over the various countries as follows:—Italy, 30; Austria, 14; France, 8; Germany, 8; Belgium, 4; United States, 4; Switzerland, 1; Poland, 1; Holland, 1; Scotland, 1.

[To be continued.]

* "Dell' Amputazione utero-ovarica come complemento di taglio cesareo; pel dottore Edoardo Porro, Professore Ordinario di Ostetricia e Ginecologia nell' Università di Pavia", in the *Annali Universali di Medicina*, vol. 237, p. 289. Oct. 1876.

† *Annales de Gynécologie*, xii, 411; xiii, 22. 1879-1880.

‡ *Wiener Klinik*, vi, 287. November and December, 1880.

§ *American Journal of the Medical Sciences*, vol. lxxix: 1880. Dr. Harris has further extended his table in the same journal in the number for April, 1881, p. 515.

UNIVERSITY OF CAMBRIDGE.—Dr. Barclay of London, Dr. A. Ransome of Manchester, Dr. De Chaumont of Netley, and Dr. Corfield of London, have been appointed examiners for the Sanitary Science Certificate. The examination will commence on October 4th. Professor Liveing is the secretary.

BEQUESTS.—The late Miss G. F. Downil of Appin has bequeathed to the Edinburgh Royal Infirmary £500, to the Glasgow Royal Infirmary £500, and to the Edinburgh Medical Missionary Society £1,000.