

The Midwife.

INTERESTING CASES.

In the *Lancet* of April 27th there are accounts of several cases which are of interest to midwives.

Dr. J. B. Hellier, Honorary Obstetric Physician to Leeds General Infirmary describes a Cæsarian section performed for labour obstructed by a suppurating ovarian dermoid cyst. The patient, aged 30, was in the last month of her third pregnancy. Her first labour had been terminated by craniotomy, and her second induced at eight months, a living child being delivered by forceps. After this labour a posterior uterine tumour was diagnosed, and as it increased in size during the third pregnancy she was sent to Leeds Infirmary.

The usual signs of pregnancy were found on examination. The presentation was vertex I., the foetal heart normal, the oblique conjugate measured 4in., the estimated true conjugate being 3½in. In Douglas' pouch a rounded elastic movable tumour could be felt, which threatened to obstruct labour. Labour, however, was allowed to start naturally, and shortly after the onset an abdominal section was performed. An ovarian cyst, which was discharging foul pus, was found to occupy the pouch of Douglas, and was removed. A living female child of 7½lbs. was extracted from the uterus, and on account of the infected condition of the pelvis, the uterus was then amputated through the cervix. The patient did well and eventually made a good recovery, though there was an accumulation of fluid which had twice to be drawn off by vaginal incision.

The pathological examination of the tumour revealed that, besides the usual dermoid contents of hair, teeth, tissue, etc., there was a quantity of septic fluid. And Dr. Hellier points out that, had the case been delivered without abdominal section, the cyst would have been crushed and its septic contents have been emptied into the abdomen; also, the child must in all probability have been sacrificed. Had Cæsarian section been performed without removal of the uterus, the uterine incision might have suppurated.

The interest of the case lies both in the diagnosis and skilful treatment, and in the peculiar nature of the obstruction itself. These dermoid cysts are always congenital in origin,

although they frequently continue to grow and develop in after-life. They were formerly thought to be the remains of an undeveloped foetus inside another perfectly developed child. That theory is now generally discredited, on account, chiefly, of the irregular proportion of the contents, which consist of hair, glandular tissue (occasionally fully formed mammary glands with nipples), teeth (sometimes as many as 100), sebaceous and sweat glands, and fatty matter probably secreted by these glands. Some few contain also bones, nerve tissue, and striated muscle. They are covered by a wall of skin or mucous membrane. Their true origin is extremely obscure, but they are probably due to some form of mal-development in early embryonic days. Those which do not contain bone or nervous and muscular tissue are derived, as the term dermoid or dermatoid suggests, from the epithelial tissue. The more complicated ones are known as proliferative cysts. They are found most commonly on the ovaries, and occasionally in other parts of the body cavity. They usually cause obstruction during labour, and their chief danger is that the greasy and sometimes foetid contents may escape and infect the peritoneal cavity or uterus.

M. F.

THE NATIONAL INSURANCE ACT AND THE ROTUNDA HOSPITAL, DUBLIN.

The Master of the Rotunda Hospital, Dr. Henry Jellett, has presented to the Board of that hospital an exhaustive report, in connection with the National Insurance Act. It will be remembered that we recently reported the views expressed by Dr. Jellett to the Irish Insurance Commissioners, and he refers to his interview with them in the present report. Dr. Jellett informs the Board—

"The Act will affect us in three ways: (1) By causing a probable reduction in the amount of our subscriptions; (2) By causing additional expenditure, in consequence of having to insure both servants and staff, and possibly the probationer nurses; (3) By penalizing all patients who are admitted to the intern maternity department of the hospital, or who are attended in the extern maternity department of the hospital." In regard to the first point, Dr. Jellett does not think it likely that the Rotunda Hospital will lose so much as the general ones. As to the second, a committee, representing the interests of the Dublin Hospitals, have requested the

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