

ment do. He has abandoned colon and stomach washes as being sources of irritation and unnecessary, since the mag. sulph. alone suffices.

The routine treatment adopted by him is as follows :—

1. Twenty c.c. 10 per cent solution MgSO is given intravenously as soon after the first convulsion as possible.
2. Repeat injection every hour until convulsions are controlled.
3. Take blood pressure hourly. If after going down it begins to rise again to near what it was at time of convulsion, repeat injection; also repeat if convulsions recur after having been controlled.
4. If patient is comatose or very restless in a semi-comatose delirium and blood pressure is falling, give chloral gr. 20 and NaBr gr. 60, per rectum.
5. All patients to be prepared for delivery as soon as they are quiet enough to do so.

THE CLINIC

Pregnancy after a Sterilization Operation

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Early in February, 1928 a patient with a generally contracted pelvis was admitted to the Maternity Block for Cæsarean section. She gave an interesting history. She was first operated on in this hospital for sterility, and had a Gilliam's operation done for retroversion. She soon became pregnant; had a long time in labour, and was finally delivered of a dead child by Cæsarean section. There was some trouble about the stitches, and the abdominal wound had to be opened up—her third operation. The fourth was a Cæsarean, with twins. The fifth was Cæsarean, with sterilization. That was seven years ago. She was much aggrieved at becoming pregnant again. I looked up the old operation register and found the last operation entered as, 'Cæsarean section, with ligation and section of tubes.' I confess I disbelieved that the tubes had been divided, and thought that they must have been merely ligated.

On February 20th she went into labour. Cæsarean section was performed, and a large male child, of eight and a half pounds, was delivered. There were no adhesions in the abdomen, a remarkable fact after so many operations. Still more remarkable, however, was the finding that both tubes were divided and the cut ends were lying about half an inch apart in the broad ligaments. The peritoneum must have become sufficiently canalized to admit of the ovum finding its way to the uterus, and the woman was lucky to have escaped an ectopic gestation. At this sixth operation and fourth Cæsarean section the portions of tube next to the uterus were re-divided and the ends overlapped, so as to avoid the risk of another pregnancy.

Although such a case must be rare, it clearly proves that section of the tubes is not sufficient to ensure sterilization, and overlapping of the cut ends is more than advisable.