

Family history.—Nil.

Respiratory, circulatory and genito-urinary systems normal.

Personal history. Patient is a small, delicate woman. Her first two confinements were exceedingly difficult forceps cases followed by post-partum hæmorrhage which nearly cost her her life. Last year on the advice of her physician in consultation with a specialist, it was decided that an abortion was called for. She was then $4\frac{1}{2}$ months pregnant; she again nearly died and was a long time convalescing.

Present condition.—She was found to have contracted male pelvis internal conjugate 7.5 cm. (3 inches.) The position by palpation was diagnosed as a breech. Placenta implanted posteriorly child probably a male. Has had irregular pains for a week past. No dilatation of os or cervix. Patient and her husband desire to have section performed and that she be rendered sterile. August 26th, operation performed as described. Placenta found posteriorly; the membranes were so adherent that they were removed with difficulty and a distinct sound like tearing of adhesive plaster from the skin could be heard. After closing the wound a slight hæmorrhage occurred from the uterus, but a hot douche controlled it and there was no further difficulty with the case. Time of operation, one hour and eight minutes. A great deal of the time was taken up in approximating the skin carefully; child, a female, weighed 6 lbs. 4 oz. Biparietal diameter being 9.5 cm.

Such is the history of the six cases. Naturally the question arises what are the indications for this operation? Of late years a change has come over the profession in this special branch, with regard to the expediency of performing section, owing perhaps in a great degree to the good results obtained by modern asepsis. Conditions may be divided into absolute and relative.

Under absolute conditions calling for this operation, the mother and child being in good condition, are tumours which cannot be removed, preventing the descent of the child. Contracted pelves; here we find that almost every author varies somewhat between 7.62 cm. or 3 in. to 9 cm. or $3\frac{1}{2}$ in. In a book it is easy to take what is given as the normal diameter of the child's head and say it should pass through an 8 cm. or even 9 cm. pelvis, but in my opinion one has to consider each case on its merits. To illustrate this; in a New York Maternity Hospital the average for children is $6\frac{1}{2}$ lbs; in Montreal it is from one-sixth to one-third more and it is easy to see that although the head would not have the whole difference in it of weight, it would share proportionately, and make what in New York might possibly be a difficult forceps or version,