

the latest statistics of Leopold, in which he reports 28 Saenger operations with the loss of three mothers and one child, and 7 Porro operations with no maternal deaths.

Dr. B. B. Browne: I had a case recently upon which I did Cæsarean section. The woman was 27 years of age; she had had one child; her labor was two years ago, when she had convulsions, and a ovariectomy was done. As a result of injury received at this time, the uterus sloughed, and there was complete atresia of the vagina. This atresia was afterwards opened up, and she became pregnant. The vagina was contracted by cicatricial bands, and an opening could be felt in the side of the cervix, but to the left of the opening was a cup-shaped cavity which might have been the old cervix.

She was not sure of the time of impregnation; she was swollen, and her urine solidified with albumen upon heating; labor pains began Dec. 20 and continued for one or two days, but there was no dilatation. She came to the hospital Dec. 22; she had severe uterine contractions that day, and came for the purpose of having Cæsarean section done, but next day the pains had all gone; the night of January 1st the water broke, and severe pains began. The cicatricial bands about the cervix were cut, and Elliot's forceps were introduced. Both blades of Tarnier's forceps could not be gotten on. After several efforts I concluded that she could not be delivered in that way. In the morning the foetal heart was distinct; in the afternoon it was feeble.

The section was made without difficulty; the placenta was attached in front; the child could not be resuscitated; the placenta was readily detached, and the uterus was cleaned out and closed by the Saenger method. The operation was done on Friday, and the patient did well until the following Tuesday, when she sank rapidly and died in a few hours.

The woman had grave kidneys disease, and had little chance of recovery on that account.

In this case several things are to be considered: 1st, the woman was perfectly willing for the operation; 2nd, her life, from the condition of her kidneys, was not insurable, and the child had a good chance of living; 3rd, she had much difficulty in the former craniotomy, and barely escaped with her life.

Dr. Ashby: I have had the good fortune to witness two Cæsarean sections. One, the case of Dr. J. G. Jay, of this city, several years ago, and the recent case reported by Dr. Browne. I was impressed with the ease with which the operation can be done. Its mechanical execution is certainly much less difficult than that necessitated by many intra-abdominal operations. Hemorrhage is easily controlled, and the closure of the uterine wound is not a difficult undertaking.

In the case of Dr. Jay, the mother made a prompt recovery, and the child perished simply because of the unavoidable delay which was experienced before an attempt at the removal was made. Its death had, in my opinion, no relation to the operation, but to causes which antedated the section. I am convinced that in the case of Dr. Browne the child could have been saved had no other method of delivery been attempted. The section, I think, bore no relation to its death. In this case the operation was skilfully done, and I am inclined to believe that the mother's death should be assigned chiefly to her kidney complications. She was a bad subject but bore the section well.

My opinion of the Cæsarean section is altogether favorable. It has come to stay, and with an improved technique and larger experience will be approached with less hesitation.

Dr. Neale: As no points were raised against the paper, I have nothing to say in its defence. I did examine Dr. Browne's case, and told him in my opinion it was no case for the section. The chief obstruction was in the soft parts, that in the pelvis was very slight, if any. I thought it possible to deliver the child alive per *vias naturales*, but was sure it could be readily extracted after craniotomy. Owing to the kidney complication, the mother was in a most unfavorable condition for the section, and for that matter the child also, therefore I advised against this operation.

However, after once beginning a conservative delivery per *vias naturales*, which was persisted in too long (30 min.), I certainly never should have resorted to the section in that case, with both child and mother in the then most unfavorable condition, but would have delivered at once by craniotomy.