objection was obviated an organ was left suffering from serious traumatism, the inflammation following which is one of the deadliest perils a woman has to undergo. You all know very well that there is no region in which the inflammatory process is so uncontrollable as in the parturient uterus. So strongly have I been impressed with this that I am prepared to undertake, in the treatment of the so-called puerperal fever, removal of the suppurating uterus as probably the only treatment which we shall apply of a really satisfactory kind.

When we open the bodies of women who have died after confinement from inflammation of the uterus, we find a suppurating peritonitis, which is only a feature of the case. The real trouble is that the enormous venous sinuses of the uterus are filled with decomposing and purulent blood. This would therefore of necessity constitute a large element in the mortality of the old Cæsarean section. Removal of the uterus would obviate it. Finally, the removal of the uterus would entirely relieve the patient from the risks of again being placed in a similarly dangerous position. My thesis is therefore contained in this question: Whether, when you have before you a case of impacted labor arising from causes which you have been unable to ascertain beforehand, and in which neither the forceps nor turning are available for relief, it will not be better to put all eviscerating operations on one side, and proceed to remove the fœtus through the abdominal walls of the mother?

I believe that the operation which I advocate is simplier in its performance than the application of the long forceps, and that any man who could do the one could certainly do the other as I propose to lay it down before you. Eviscerating operations are always of the most protracted and terrible kind, absolutely fatal to the child, largely destructive to the mother, and may possibly be fatal even to the operator himself, who runs no small risk of injuring himself in the removal of the sharp fragments of bone. In advocating the performance of abdominal section in such cases it becomes perfectly evident that simplicity must be the order of the day. We must have no rival incisions nor complicated kind of sutures, but a simple, straightforward method of proceeding which may be understood by any one and practiced by the least competent amongst us. You must bear in mind that in the abdomen containing a pregnant uterus the conditions must always be alike, and that therefore this operation will always differ from all other instances of abdominal section, where, almost without exception, in variety is the order of the day.

It is practically impossible for every practitioner to be provided with all the numerous instruments which are wanted to make up the paraphernalia of the scientific obstetrician, while he would inevitably have at hand the few simple instruments required to perform the operation for which I am now arguing that it ought to be substituted for all the destructive and mutilating operations on the fœtus in impacted labor. What is required, you may carry in your pocket case: two or three pairs of catch forceps for arresting bleeding points, a small sharp scalpel, two or three bayonet pointed suture-needles, some silk, a piece of india-rubber drainage tube, and two needles of steel wire, and none better than the ordinary stocking knitting-needle can be found.

The first step in the operation is the abdominal incision, four inches in length, involving first the skin and then the muscles down to the sheath of the rectus, all of which ought to be divided by a sharp knife at one blow; then the tendon of the one or other of the recti is opened, the muscular tendons fall aside, the posterior layer of the tendon is nipped up by two pairs of forceps and divided between them. The extraperitoneal fat is treated similarly, then the peritoneum raised again by two pairs of forceps, a slight notch being made between them; and the moment this is effected air enters, and all behind falls away. No director is required, nothing but an observant pair of eyes, lightly applied forceps, and a delicately applied, sharp-cutting knife. The finger is then introduced into the peritoneal cavity, and the relations of the uterus and bladder exactly ascertained. The peri-