

view of turning, but in this I also failed), and the patient being yet strong with forcible pains, we concluded the only thing remaining was abdominal section. And this we decided on. At about 2 a.m., or about 24 hours from the commencement of labor, the patient having been removed from the bed to a table and placed under chloroform by Dr. O'Keefe, Cæsarean section was begun by Dr. Jenks. Commencing about two inches above the umbilicus, he continued his incision a little to the left till below that point, when he kept down the mesian line to about three inches above the pubis, when it was found impossible to go any lower, as on cutting through the abdominal walls and peritoneum he came upon the bladder, which was full (notwithstanding a catheter had been previously introduced). The neck was tightly wedged between the uterus and bones of the pelvis, so that the catheter could not have entered the bladder. This was, of course, a serious drawback, as it was found impossible to push it down out of the way, consequently the uterus had to be opened very high near the fundus, and to make matters worse, on cutting through this organ, the placenta was severed, and you can imagine how appalling the hemorrhage became—in fact, we thought it would prove fatal—but Dr. Jenks quickly finished the incision and removed the foetus and placenta in less time than it takes me to describe it. Of course the moment this was accomplished, owing to the strong uterine contractions, the hemorrhage ceased, but in removing the foetus the uterus was torn near the neck, which gave us some trouble, owing to a good deal of blood oozing from this rent. One of the most troublesome things connected with the operation was the difficulty of keeping back the intestines, and when they did come out, to keep them warm. This we endeavored to do by means of napkins dipped in hot water applied to them. We tried to keep the room at a temperature of 80°F., but you can imagine how difficult that would be with the thermometer about zero, and with no assistants other than the medical gentleman named. The cut edges of the uterus were brought together, and two deep and four or five superficial sutures of carbolized silk were put in, which, when done, completely closed the opening. The