

week after admission, when the R. B. C. were 1,000,000 per c.mm. and the Hb'n 15%. It was arranged that on the first sign of recurrence of bleeding the pregnancy was to be terminated, by Braxton Hicks' method if the baby had not reached a viable age, but by Cæsarean section if it had. About 11 p.m. on December 3rd a small hæmorrhage (about an ounce or two) occurred, and the child being within a few days of the seven months a section was done at once.

There was very little bleeding at operation, not more than in the ordinary abdominal section for other conditions.

The abdomen was filled with saline solution and the wounds in uterus and abdominal wall closed as speedily as possible.

The patient was returned to bed in good condition and made an uninterrupted recovery, except for a small sinus caused by the breaking of a silk-worm gut suture on attempted removal. The baby was delivered alive, but died in a few hours. This patient was confined to bed owing to anæmia for six weeks, but finally left the hospital two months from date of operation, still showing the effects of severe hæmorrhage, but having 3,450,000 R. B. C. and 30% Hb'n. She has since reported herself as quite well.

The second case, a III para, was operated on in April last. She had had two moderately severe hæmorrhages before admission and a more or less constant oozing ever since. She was a little over eight months pregnant and in good condition. After having had explained to her the relative dangers to herself and to the baby in the different methods of procedure, she elected to have a Cæsarean section done rather than expose the baby to the greater risk by turning.

In this, as in the previous case, there was a central placenta prævia. The mother made an uninterrupted recovery, and both she and the baby left the hospital in good condition within three weeks of operation.

The success which attended these two cases, with the very satisfactory reports from elsewhere, certainly justifies one in considering this method of delivery as a justifiable and valuable addition to our list of procedure in such cases.

In suitable cases, viz., those in which no attempts have been made at delivery or repeated vaginal examinations made, the operation is not attended by any more danger than the removal of an ectopic gestation. The danger of hæmorrhage is much less than in turning, the placenta being attached where there is no danger of its being encountered in the uterine incision, while on