

branes; in spite of our gauze packing, some blood and amniotic fluid escaped into the abdominal cavity, so we flushed out abdomen with normal saline till it came away clear, and left in as much as it would hold. Uterine wound was closed with continuous suture of medium heavy silk. After all oozing had stopped, apron of omentum was drawn down over anterior surface of uterus; closed abdominal wound in two layers with silkworm-gut sutures; Bis. form. iodid. dusted on freely, pad of iodoform gauze held in place firmly with adhesive strapping; a layer of absorbent cotton with binder completed the dressing. She came through the operation in good shape, seemingly not suffering from any shock. For first twenty-four hours she was allowed nothing by the mouth except sips of water; saline enemas, 8 oz. at a time, were given every four or five hours; then for forty-eight hours she was allowed $\frac{3}{4}$ i of bovine in a little water every hour, after which she was allowed milk and soup in moderation. A vaginal douche every six hours, and urine per catheter at same time. For six days we had no rise in pulse or temperature. She had had some swelling and numbness of left leg for some time previous to her confinement, but was in no pain. On the night of sixth day she complained of pain in the veins of that leg, temperature went up to 101° and pulse to 108; dressing removed, and wound was found to be healed. As there was no sign of irritation about the sutures they were not disturbed. A mixture of ichthyol, belladonna and glycerine was applied to left leg and thigh with hot flannel stupes over it, and bowels freely moved with magnesium sulphate. This treatment was kept up for a week, when phlebitis subsided, and temperature and pulse soon became normal again and she has since made an uninterrupted recovery.

I may here state that the child, a strong, healthy boy, weighed $9\frac{1}{2}$ pounds; he was kept at the breast till his mother had no more nurse for him, the course of magnesium sulphate seemed to "dry her up."

The child's head measured transverse diameter, $4\frac{1}{2}$ inches; occipito frontal, $5\frac{1}{2}$ inches; postfontanelle completely closed; anterior open but small; cranial sutures firmly knit.

The results in this case are all that could be desired, mother and child being strong and well. The mother said she was free from pain and soreness within twenty-four hours of operation.

It seems to me that this is an operation that might be more often performed with advantage to both mothers and infants. How many women might be spared troublesome lacerations with all their ill effects, and how many infant lives might be saved!

Bradford, Ont., Feb. 24th, 1904.