

nor small probe could be made to pass the internal os, which felt like gristle. With a tenotomy knife I incised the cervix in four directions, making an opening into the uterus through which I could pass Ellinger's dilator. With this instrument the canal was stretched until it would admit the index finger. The menstrual blood and mucus flowed out quite freely.

After using a bichloride of mercury douche, the opening was packed with iodoform gauze for twenty-four hours, after which the douche and packing were again resorted to. Recovery was uneventful, though it was found necessary to continue the passage of the sound once or twice a week, as the opening had at first a tendency towards narrowing. The points in these cases are, that it is better to use a knife at once, rather than attempt to force a blunt instrument through, and that we must recognize the importance of thorough antiseptic precautions.

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### LAPARO-ELYTROTOMY.\*

BY A. GROVES, M.D., FERGUS.

Some years since I saw a case with Dr. Chisholm, now of Wingham, an account of which may be of some value in arriving at a decision as to the best treatment to be adopted in those cases of labour where delivery per vias naturales is impossible. A young woman in her first confinement had been in labour many hours, in fact, I believe, two days and nights, when Dr. Chisholm was sent for. He found a solid tumour of bony hardness filling up the pelvic cavity, leaving just room to pass a finger between the pubes and the anterior surface of the tumour. Within a few hours I saw her, and entirely agreed with Dr. Chisholm that nothing except delivery through some part of the abdominal wall offered the slightest hope of saving either mother or child. The mass in the pelvis arose apparently from the whole anterior surface of the sacrum, was perfectly firm and immovable, and the antero-posterior diameter of the passage was under one inch. After thoroughly considering the case, having also the benefit of the advice of Dr. Mennie, now of Toronto, who had also been called in, it was decided to perform laparo-elytrotomy, as it appeared to be more favourable to a woman weakened by long continued labour than the more commonly performed Cesarean section. The situation was anything but encouraging. The patient, an exhausted woman; the place a shanty in the edge of a swamp; the hour midnight, and the light a smoky coal-oil lamp. Such were the circumstances and surroundings when the operation was undertaken, and such is too often the situation when a country surgeon must undertake the most serious surgical procedures. Chloroform having been administered and the bladder emptied, the catheter being left in as a guide by which to avoid wounding the urethra, an incision was made, beginning close above the pubic symphysis and extending on the right side, parallel to, and near Poupart's ligament. This incision was about six inches in length, and all the tissues down to the peritoneum were cut through, the vagina being opened by cutting on the point of a sound. Bleeding was very moderate, no ligatures being required. The child, a girl of average size, strong and healthy, was easily taken away, as the head presented and the os was fully dilated; after a few minutes the placenta was expelled through the wound, which was then stitched up, an abdominal bandage applied, and the patient put to bed. During the following day she expressed herself as feeling well, but she was excessively weak, and

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