

membranes were exposed. These were torn through and the waters allowed to escape. The feet of the child were then grasped and the fœtus so delivered through the incision, after which the cord was clamped in two places and divided. The placenta and membranes were now quickly stripped off and removed, the uterus being packed with hot towels which caused it to contract nicely. This, aided by pressure on the broad ligaments, entirely controlled the hæmorrhage. On account of the presence of a submucous fibroid the size of a small hen's egg, together with larger ones, it was decided to remove the uterus, which was done by ligating and dividing off the broad ligaments, dissecting the bladder off from the anterior surface of the uterus, isolating, ligating, and dividing each uterine artery, beginning with the left, and then dividing across the cervix. After covering the stump with peritoneum the abdomen was flushed out with normal saline solution, some of which was left in the cavity, and the wound was closed.

As soon as the umbilical cord was divided the child was handed to Dr. J. C. Cameron, who kindly took charge of it from then on. It was found to be very pale and to require resuscitation, but artificial respiration was successful in speedily producing vigorous signs of life.

I am glad to be able to report that both mother and child have made excellent recoveries, although that of the mother was slightly retarded by a sharp attack of bronchitis. She sat up in a chair yesterday (October 18th), and will leave hospital in a very few days.

This case was an especially suitable one for this method of delivery. Thanks to the care and forethought of the patient's physician, she was in the hands of the operator before she had been exhausted by the pains of labour, or before the passages had been rendered liable to infection by numerous examinations or ineffectual attempts at delivery *per vias naturales*, and so we were enabled to select our own time for operating. It was thought by the physician who first saw her that the condition might possibly be one of extra-uterine gestation at term, being misled, I presume, by the history of sudden onset of pain at the end of the fourth month of pregnancy, followed by the appearance of a small tumour in the side on which the pain was felt; by the existence of a hard rounded mass continuous with the cervix, and which felt somewhat like the fundus uteri lying in the left fornix; and by the thinness of the sac containing the fœtus, as evidenced by the ease with which the fluid wave could be felt and the fœtal parts made out. The evident rhythmic contractions and relaxations of the fœtal sac, however, were proof positive of the intra-uterine nature of the case as they never occur in the case of an ectopic gestation.

It may be asked why time was taken up during the operation in separ-