

In June, 1906, after all ordinary efforts had been made to correct the flexion of the left femur, and after it was decided that there remained no active disease at the hip joint, a Gant's sub-trochanteric Osteotomy was performed and the patient placed in plaster of Paris.

On examination to-day you will see that the patient's flexion has been reduced and there remains only $1\frac{1}{2}$ inches actual shortening with little or no apparent shortening.

The efficacy of Gant's sub-trochanteric osteotomy for the correction of such deformities as flexion, adduction and version of the femur is demonstrated by the examination of these two patients, but, more important than this, one cannot fail to be impressed with the necessity of maintaining the femur of the affected side in its normal position of extension, also in moderate abduction and eversion during the progress of tuberculous disease at the hip. As patients suffering from hip disease are frequently brought before the surgeon, only when flexion and adduction have taken place, an attempt to immediately reduce these deformities, even under an anæsthetic is suggested. This is now the almost universal practice amongst orthopædic surgeons.

This reduction of deformity should be followed by complete fixation in the corrected position. The experience at the Children's Memorial Hospital seems to prove that patients who have suffered from deformities which have proved difficult to correct, and in which it is difficult to maintain the correction, are best treated at first in the abduction splint of Mr. Robert Jones, of Liverpool. Such may later be treated with a plaster of Paris Spica, as may most other patients suffering from hip disease uncomplicated by abscess.

SERIES OF FIVE CASES OF CAESAREAN SECTION.

BY

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Case I.—Mrs. R., II. para, aged 33. Admitted to the Women's Hospital November 10th, 1905.

Personal History.—In her last confinement craniotomy was performed by Dr. Holmes of Glasgow, on account of contracted pelvis, and she was told that if pregnant again she would have to have a Cæsarean operation.

Present Condition.—Patient a small but fairly well nourished woman; height 4 ft. 11 ins.; weight 112 lbs. Systems normal. Child calculated to weigh about $7\frac{1}{2}$ to 8 lbs., and probably a female. Men-