

a six-inch incision was made in the anterior abdominal wall. Dr. Casselman was directed to control by finger pressure any large bleeding points and, if necessary, to compress the uterine arteries by grasping the cervix. The incision exposed the placenta. It was rapidly peeled off to the right, the membranes ruptured, the child's feet grasped, and extraction effected. The cord was pulsating strongly. It was clamped by two artery forceps and divided between them. The child was skillfully resuscitated by Dr. Evans.

The uterus was now delivered through the incision. It did not contract satisfactorily and, as bleeding was going on, the placenta was detached and extracted, and kneading and friction of the uterus were kept up while the uterine sutures were being put in. But the womb did not contract until hot water had been dashed over it and normal salt solution had been injected under the breasts. The loss of blood was somewhat alarming, and I thought it might be necessary to amputate the uterus to prevent the woman from bleeding to death.

Interrupted silk sutures, a centimetre apart, were used to close the uterine wound. On the serous surface the needle was entered about a quarter of an inch from the edge of the incision and brought out just short of perforating the mucosa. Each suture was tied as soon as passed. After cleansing the abdominal cavity, the abdominal wall was closed by silk-worm gut sutures through all the layers.

Recovery though complete was tedious. About the ninth day the temperature rose a little and the right thigh and leg became painful in the course of the saphenous vein, but there was no swelling. A little later a small indurated, tender mass appeared inside the brim of the pelvis on the right side. At the examination of the woman before her discharge all morbid signs and symptoms had disappeared. The uterus had undergone complete involution and was movable.

The child was suckled throughout and thrived perfectly.

In reflecting on the events of the operation some thoughts are uppermost. The fact that the application of hot water was promptly followed by contraction of the uterus, seems to favour the idea that it might have contracted sooner if it had been kept inside the abdominal cavity while the incision was being sutured. The anterior implantation of the placenta doubtless conduced in a measure to the free bleeding. The incision of the uterus here must have interfered with as complete contraction as elsewhere. The advocates of Fritsch's fundal incision would doubtless find in this case a favourable argument. I have no experience of it, but in the next case of similar position of the placenta I shall be disposed to adopt it.

In my experience of Cæsarean section this is the first case indicating,